



Additional Terms and Conditions

We hereby agree to the following terms and conditions governing OptiSaver Plus Account:

1. The account type is either a Passbook or a VISA Cardless ATM.
2. The minimum initial deposit and required minimum daily balance of this account is P 50,000.00.
3. The interest for this account is tiered based on LANDBANK's posted rates for OptiSaver Plus Customers, computed and accrued daily and shall be credited to our account at the end of every month.
4. The interest rates are subject to quarterly repricing.
5. There shall be no limit in the number or amount of deposit and withdrawal transactions per month. However, a service fee of ₱200.00 per transaction will be paid for over-the-counter withdrawals beyond two (2) per month.
6. Subject to eligibility requirements of COCOLIFE, maintaining the required ADB will enroll us in life and/or personal accident insurance, with coverage as follows:

ADB Tier	Life Insurance Coverage	Personal Accident Coverage
50,000.00 – 99,999.99	0.00	50,000.00
100,000.00 – 199,999.99	0.00	100,000.00
200,000.00 – 299,999.99	0.00	200,000.00
300,000.00 – 499,999.99	0.00	300,000.00
500,000.00 – 999,999.99	500,000.00	0.00
1,000,000.00 – 2,999,999.99	750,000.00	0.00
3,000,000.00 – 4,999,999.99	1,000,000.00	0.00
5,000,000.00 – 6,999,999.99	1,250,000.00	0.00
7,000,000.00 – 8,999,999.99	1,500,000.00	0.00
9,000,000.00 – 9,999,999.99	1,750,000.00	0.00
10,000,000.00 – 19,999,999.99	5,000,000.00	0.00
20,000,000.00 and up	5,000,000.00	1,000,000.00

7. We agree to submit any insurance claims within 30 days of insured event and provide valid identification and necessary documentation.
8. Accounts with zero balances for more than 90 days shall be automatically closed by the system.
9. We understand that our insurance will be provided by your partner, COCOLIFE, and we accept its respective terms and conditions.
10. We agree to comply with the documentary requirements to avail of the full benefits of OptiSaver Plus.
11. We shall be responsible for the designation of qualified beneficiaries under the law.

Signature Over Printed Name
Date: _____

Signature Over Printed Name
Date: _____