

Format of Will

STATE BANK OF MYSORE PENSIONERS'COMMUNE (R)

(Affiliated to State Bank Retirees Association)
Ground Floor, BKG Complex, eSBM Head Office Compound,
644/645, Mysore Bank Circle, Avenue Road, Bangalore 560009

DEED OF WILL

| l | son of / daughter of_ |
|--------|---|
| residi | ng at make this to be my last |
| Will a | nd Testament. |
| 1. | I hereby revoke all wills, codicils and other testamentary documents, made by me and particularly my will dated and codicil dated |
| 2. | I am possessed of and absolutely entitled to movable and immovable properties. Any mistake in the description or any omission therefrom will not affect the dispositions hereby made and this will deed will apply to all my properties of whatsoever nature and wherever situated and whether standing in my name alone and jointly with anybody else, if any name is first mentioned. |
| 3. | After my death, my wife / Husband Mrs. / Mr is entitled to the amounts lying in all and any of my Bank Accounts. This bequeath shall have priority over all other bequests and dispositions. |
| 4. | I bequeath my immovable property(ies) situated at and centers specifically mentioned as item No shri/Smt and item No to my shri/Smt. |
| | Shri/Smt./Ms. and Shri/Smt./Ms. and Shri/Smt./Ms. |
| 5. | I bequeath all my Gold/Silver ornaments and jewellery to my absolutely. |
| 6. | I bequeath the Shares / and Securities, MUTUAL FUND & PPF to my Shri/Smt./Ms. and Shri/Smt./Ms. |
| 7. | My, Shri/Smt./Msis entitled to receive proceeds/ |
| | benefits of or amount lying in or amounts I am entitled to from out of/in insurance policies which includes Life Insurance or any other insurance/assurance policy or insurance/assurance policies |

| 8. | I bequeath all amounts, including pensionary benefits I am entitled to receive either from State Bank of India or any other institution/person to myShri/Smt./Ms. |
|---------|---|
| 9. | I bequeath all my moveable or immoveable assets, which I might acquire or earn or deposit or buy or receive or entitled to receive after this date to myShri/Smt./Ms. |
| 10. | I bequeath all my properties which are not mentioned in this WILL in favour of Shri/Smt./Ms and Shri/Smt./Ms |
| 11. | . I bequeath all my miscellaneous assets to my Shri/Smt./Ms. |
| I have | e made this WILL while I am in sound health and of good understanding. |
| In wit | ness thereof I have put my signature hereunder in the presence of witnesses |
| on this | s day of 20 |
| Signe | d by the within named TESTATOR |
| Place | : (TESTATOR) |
| Date: | |
| IN TH | IE PRESENCE OF TWO WITNESSES SIGNATURE(s) |
| 1. | |
| | |
| | |
| 2. | (SIGNATURE) |
| | |
| | |
| | (SIGNATURE) |