

Annexure 6(a)2:



POLICY DOCUMENT

**Met Advantage – Single Pay
(A Unit Linked Pension Policy)**

The MetLife India Insurance Company Private Limited (“the Company”) has entered into this contract of insurance (“the Policy”) on the basis of the application for life insurance and the declaration, and the first premium received from the Policy Holder, for effecting a life insurance contract on the life of the person (“the Insured”) named in the schedule hereto (“the Schedule”).

This Policy is subject to terms and conditions stated herein and the Schedule, attached riders/endorsements, if any.

The Company agrees to pay the benefits, stated under the Policy upon satisfaction of the happening of the insured event, while this Policy is in force and effect, to the lawfully entitled person, subject to the terms and conditions as stated hereinabove.

The effective date and number of this Policy are as set out in the Schedule.

Signed by and On behalf of

MetLife™ India Insurance Company Private Limited

A handwritten signature in black ink, appearing to be "M. Seshamahal", written over a horizontal line.

MetLife™ India Insurance Company Private Limited
(Insurance Regulatory and Development Authority Life Insurance Registration No. 117)
Registered Office: ‘Brigade Seshamahal’, No.5, Vani Vilas Road, Basavanagudi, Bangalore – 560 004
Phone: 080-643 8638. Fax: 080- 512 04050

MetLife India Insurance Company Private Limited
Brigade Seshamahal
5 Vani Vilas Road, Basavanagudi
Bangalore 560 004, INDIA
Tel : (80) 643 8638 Fax: (80) 652 1970
email : metlifeindia@metlife.com

MetLife® India
I N S U R A N C E

Venkatesh S. Mysore, CLU
Managing Director

15/05/2004

Welcome to the MetLife India Family!

Thank you for buying your Life Insurance policy with one of the most innovative companies in the industry. There is a feeling of security that comes from knowing that the company you trust is looking after the financial well being of you and your family. That's what MetLife India is all about.

MetLife India proudly inherits its parent company's reputation of helping build financial independence for its customers. At MetLife India, we aspire to uphold the tradition of providing world-class service to our customers and meeting our obligations.

Enclosed you will find your policy and related documents, that I request you to review. For your easy reference, Please note:

Your Policy Number is **1200300000000**
Policy Owner's Customer ID is **ABCD070419751A**

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, you have the option to return the Policy as explained in the enclosed policy document.

If you have any questions or comments about this information, your policy, or any of our products and services, please contact us at our Regional Office: MetLife India Insurance Company Pvt. Ltd, First Floor, Himalaya House, 23, Kasturba Gandhi Marg, New Delhi – 110 001. Ph: 011-23314536/23321483/48, Fax No. 011-23314537. Please mention Customer ID in all communications. This would facilitate us to serve you better.

In addition, you may write to us at our Head Office : MetLife India Insurance Company Private Limited, Brigade Seshamahal, 5 Vani Vilas Road, Basavanagudi, Bangalore 560 004, Tel : (80)643 8638, Fax No. 080-51204050, or you can call us at our toll free number 1-600-44-6969 from 9.00 a.m. to 6.00 p.m., IST.

At any point of time, if there is a change in your address or the address of the beneficiary, we would request you to inform us of the change immediately so that we continue to serve you promptly by sending all communications at your new address.

Again, thank you for placing your confidence in MetLife India. We look forward to meeting your needs and providing you with the kind of personalized service you expect and deserve for many years to come.

Sincerely



**Met Advantage – Single Pay
Unit Linked Pension Policy
THE SCHEDULE**

1. Details of the Policy Owner & Insured:

Name of the Insured		Sex	
Date of birth of the Insured		Age last birthday at entry	
Address		Whether age admitted	Age Admitted
Source of Identification			

2. Policy features:

Date of Issue		Issuing Office	
Policy Number	1/2004/0000XXX	Face Amount of Insurance	N.A
Policy Term	Years	Premium Paying Period	Single
Effective Date of Policy (Date of Commencement)		Date of Vesting of Policy	
Plan of Insurance	Met Advantage	Fund Option	
Insured Event upon which Benefits Payable	1. Death of Life Insured prior to Date of Vesting. 2. Upon Survival of the Insured to the Date of Vesting.		

3. Beneficiary & Appointee details:

Name(s) of the Beneficiary	Relationship	% Share(s)
1)-	-	-
2) -	-	-
3)-	-	-
Contingent Beneficiary		
1) -	-	-
2)-	-	-
3)-	-	-
Appointee		NA

5. Premium Summary:

Policy Type	Instalment Premium (Rs)
Base Policy	.00
Mode of Payment	Single
Due date(s) of Premium	N.A
Date of Last instalment Premium due	N.A

First Premium Receipt

RECEIPT NO: FPR/2004/00000000

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POLICY DETAILS:

Policy Number	12004000XXXXXX
Life Insured	Mr
Plan	Met Advantage
Policy Term	XX Years
Premium Paying Term	N.A
Total Premium	Rs. 0.00
Initial Deposit	Rs. 0.00
Effective Date	DDth MM YYYY
Premium Mode	Single
Premium Due Dates	N.A
Due Date of Next Premium	N.A
Financial Advisor Name	
Financial Advisor Code	

This is a computer generated Receipt and does not require signature.

Place: Bangalore
Date: dd/mm/yyyy

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(Insurance Regulatory and Development Authority Life Insurance Registration No. 117)

Registered Office: 'Brigade Seshamahal', No.5, Vani Vilas Road, Basavanagudi, Bangalore – 560 004

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