

MetLife®

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MetLife India Insurance Company Limited (Insurance Regulatory and Development Authority Life Insurance Registration No.117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore – 560004. www.metlife.co.in FAX: +91-80-4150 6969

[Redacted]

[Redacted]

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 is all about.

We at India proudly inherit our parent company's reputation of helping build financial independence for its customers. At MetLife, 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. A copy of your application form is being sent to you separately. For your easy reference, Please note:

Your Policy Number is [Redacted]
Policy Owner's Customer ID is [Redacted]

No matter where you are, you can keep a close watch on your policy by logging on to Policy Information Portal (PIP) at our website <http://www.metlife.co.in>. Your log in ID will be your customer ID [Redacted] and your chosen password will be confirmed after successful registration. For registration, all you need to do is follow the instructions provided on the Policy Information Portal (PIP).

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 Limited, Wescare Centre, 16, Cenotaph Road, Teynampet, Chennai - 600 018. Tel: (044) 24315831/32/33/34, Fax No.044-24315835.

In addition, you may write to us at our head office: MetLife India Insurance Company Limited, Brigade Seshamahal, 5, Vani Vilas Road, Basavanagudi, Bangalore 560 004, Tel: (080) 2643 8638, Fax No. 080-51204050, or you can call us at the phone numbers mentioned below or email us at indiaservice@metlife.com

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. 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,



Rajesh Relan
Managing Director

Customer Service Toll free: 1800-425-6969, OR Call on: +91 -80 -2650 -2244 (8:00 am to 8:00 PM)

Write to us at indiaservice@metlife.com

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Policy Document

Met Smart Plus(A Whole Life Unit Linked Insurance Policy)

The MetLife India Insurance Company 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 Co.Ltd.



Rajesh Relan
Managing Director

Stamp Duty Rs.60,00/-

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List of Insurance Ombudsmen

Office of the Ombudsman	Name of the Ombudsmen	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri Amitabh	Insurance Ombudsman Office of the Insurance Ombudsman 2 nd floor, Ambica House, Nr. C.U.Shah College,5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel.079- 27546150,Fax:079-27546142	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Shri N.A.Khan	Insurance Ombudsm Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor,Malviya Nagar, BHOPAL Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri S.K.Dhal	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 , Tel.0674-2596461(Direct) Secretary No.:0674-2596455, Tele Fax - 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Shri K.M.Chadha	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2 nd floor, Batra Building,Sector 17-D , CHANDIGARH - 160 017 Tel.: 0172-2706196, Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Shri K.Sridhar	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI - 600 018 Tel. 044-24333678, Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri R.Beri	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel. 011-23239611,Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajashthan
GUWAHATI	Shri Sarat Chandra Sarma	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5 th floor, Nr. Panbazar Overbridge , S.S. Road, GUWAHATI - 781 001 , Tel. : 0361-2131307 Fax:0361-2732937 E-mail: omb_ghy@sify.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri P.A.Chowdary	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool HYDERABAD - 500 004 Tel. 040-23325325,Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry
ERNAKULAM	Shri James Muricken	Insurance Ombudsman Office of the Insurance Ombudsman 2 ND Floor, CC 27/2603, Pulinat Building ,Opp. Cochin, Shipyard,M.G. Road , ERNAKULAM - 682 015 Tel: 0484-2358734, Fax:0484-2359336 E-mail: iokochi@asianetglobal.com	Kerala , UT of (a) Lakshadweep , (b) Mahe - a part of UT of Pondicherry
KOLKATA	Shri K.Rangabhashyam	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road , 3 rd floor, KOLKATA - 700 001 Tel.:033-22134869, Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andeman & Nicobar Islands , Sikkim
LUCKNOW	Shri M.S.Pratap	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6 th floor, Nawal Kishore Rd. Hazratganj LUCKNOW - 226 001 , Tel.:0522-2201188, Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
MUMBAI	Shri R.K.Vashishtha	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), MUMBAI - 400 054 , PBX: 022-26106928, Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra

Note : Address and contact number of Governing Body of Insurance Council:

Secretary General
Governing Body of Insurance Council
Jeevan Seva Annexe, 3rd Floor,
S.V. Road, Santacruz (W)
Mumbai - 400 054
Tel. No. : 022 - 2610 6889, 26106245
Fax No. : 022 - 26106949, 2610 6052

Customer Service Toll free: 1800-425-6969, OR Call on: +91 -80 -2650 -2244 (8:00 am to 8:00 PM)

Write to us at indiaservice@metlife.com

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"IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER

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The Schedule – Met Smart Plus(A Whole Life Unit Linked Insurance Policy)

Policy Number	██████████	Date Of Issue	██████████	Issuing Office	██████████
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1. Details of the Policy Owner and Insured

Name of the Owner	██████████		
Proof of Identification	██████████	Sex	█
Name of the Insured	██████████		
Proof of Identification	██████████	Sex	█
Date of Birth of Insured	██████████		
Whether age admitted	█	Age last birthday at entry	█

2. Policy Features

Plan of Insurance	██████████		
Sum Assured	█ ██████████	Date of Maturity	██████████
Effective Date of Policy (Date of Commencement)	██████████		
Policy Term	█ ██████████	Premium Paying Period	██████████

3. Premium Summary

Details of Coverage	Duration of Coverage		Amount of Coverage	Installment Premium	Frequency of Payment
	From	To			
Base Policy ██████████	██████████	██████████	██████████	██████████	██████████
RIDERS					
Accidental Death Benefit	█	█	█	█	█
Term Rider	█	█	█	█	█
Waiver of Premium	█	█	█	█	█
Critical Illness	█	█	█	█	█
Extra Premium				█	
Total Installment Premium				█ ██████████	
Due date(s) of Premium				██████████	

Premium Direction	Preserver	Protector	Moderator	Balancer	Accelerator	Virtue	Multiplier	Total
	██████████	██████████	██████████	██████████	██████████	██████████	██████████	██████████

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The Schedule – Met Smart Plus(A Whole Life Unit Linked Insurance Policy)

<p>Insured Event upon which Benefits Payable (Please refer to the attached Terms & Conditions for full details)</p>	<p><u>On Death of the Life Insured prior to Date of Maturity</u> If age at death less than 7 years 100% of the Fund Value in the Unit Account. If age at death equal to or more than 7 years Higher of Sum Assured and 100% of the Fund Value in the Unit Account. <u>Upon Survival of the Insured to age 100</u> <u>Fund Value in the Unit Account</u></p>
<p>Special Provisions / Options</p>	<p>Automatic vesting of ownership option: NA</p>

4. Beneficiary Details

Name(s) of the Beneficiary	Relationship	Share(s) %
1) [REDACTED]	[REDACTED]	[REDACTED]
2)	[REDACTED]	[REDACTED]
3)	-	-
4)	-	-
Appointee		
	-	

First Premium Receipt

RECEIPT NO

POLICY DETAILS:

Policy Number		[REDACTED]	
Life Insured		[REDACTED]	
Plan		[REDACTED]	
Policy Term	[REDACTED]	Premium Paying Term	[REDACTED]
		Sum Assured / Face Amount	Installment Premium
Base Policy		[REDACTED]	[REDACTED]
Accidental Death Benefit Rider		-	[REDACTED]
Critical Illness Rider		-	[REDACTED]
Term Rider		-	-
Waiver Of Premium Rider		-	-
No. of Installments Paid		[REDACTED]	
Total Premium		[REDACTED]	
Service Tax		[REDACTED]	
Education Cess		[REDACTED]	
Total Amount Payable		[REDACTED]	
Initial Deposit Paid		[REDACTED]	
Balance in Policy Deposit		[REDACTED]	
Balance in Dump-in/Top up Account		[REDACTED]	
Excess Refund Amount		[REDACTED]	
Effective Date	[REDACTED]	Premium Frequency	[REDACTED]
Premium Due	[REDACTED]	Next Due Date	[REDACTED]
Financial Advisor Name		[REDACTED]	
Financial Advisor Code		[REDACTED]	

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

* Tax Benefits

- Premiums paid under MET Pension Plan and Met Advantage Plus Plan, are eligible for a deduction under Section 80 CCC (1) of the income Tax Act, 1961, subject to conditions as mentioned in the section.
- Premiums paid towards Critical Illness Rider, Waiver of Premium Rider and Disability Benefit Rider are eligible for a deduction under Section 80 D of the Income Tax Act, 1961, subject to conditions as mentioned in the section.
- Life Insurance Premiums paid under all other policies towards Base Premium, Term Rider Premium and Accident Benefit Rider Premiums are eligible for a deduction under 80C of the Income Tax Act, 1961 subject to conditions as mentioned in the section.

Place: [REDACTED]

Useful Information that You Can Use

Points to remember regarding your policy premium payment:

- **Payments can be made through:**

Cheques / Drafts: At any of our offices or a drop box located near you. Please ensure that the cheque/Draft is drawn out in favour of MetLife India Insurance Company Limited 1200800740676.

Note: Please mention your 13 digit policy number accurately

To enable faster processing of your cheque / draft please ensure:

- o The payment slip is completed and attached with the payment.
- o In case you have multiple policies, please clearly mention the policy numbers and the account towards each policy at the back of the cheque else it may not be accounted for correctly.

Note: No post dated or Outstation cheques would be accepted.

Cash: In person, by the policy owner, at any of the MetLife offices. Please do not deposit any cash in the drop box

Credit Card : Renewal premiums can be made through credit cards as well. Please contact the Customer Service Helpdesk,Toll Free,for this.

Standing instructions: You could avail the facility to auto debit your bank account or credit card for your Renewal Premium payment.Please contact the Customer Service Helpdesk,Toll Free,for this.

- **Delay in Payment:**

Grace Period: A grace period of 30 days is allowed, from the Premium Due Date, for payment of premium without interest.

Payment received beyond Grace Period: If the premiums are not received within the grace period the policy may lapse or be subject to the non-forfeiture options, if applicable.

Points to remember regarding any request for changes in your policy:

- **Address changes** may be done anytime by giving us a request in writing.
- **Frequency of premium payment** may be changed on policy anniversary by filling up the change of mode request form and submit this to the nearest MetLife office.
- You may **change/add a beneficiary** to the policy by filling up the beneficiary change request form and submit this to the nearest MetLife office.
- To **assign** your policy to another person/corporate, please fill up our assignment deed in 2 originals and submit along with policy document to the nearest MetLife office.

All forms and assignment deed are downloadable from our website www.metlife.co.in. For any further details you may please get in touch with any of our servicing branch.

Points to remember upon happening of the insured event:

You are requested to furnish the following documents to enable us to evaluate the claims:

- The Original policy document.
- The Claim forms as prescribed by us.
- The discharge voucher as prescribed by us.
- Written Intimation of death by the Beneficiary/ legal heir.
- Official death certificate issued by a competent authority acceptable to the Company.
- Proof of title to the Policy like succession certificate, legal heirship certificate.

The above list is only indicative. We may call for additional documents/information where ever felt necessary.

Please note that the policy shall be subject to and governed by the terms and conditions of the policy document.

Your Customer Services Toll Free Number:

You can send email to us at:

You can write to us at:

Brigade Seshamahal,5,
Vani Vilas Road,
Basavanagudi,
Bangalore – 560 004

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Statement of Account - As On 20/12/2008

[REDACTED]

[REDACTED]

Policy Details

Policy Number	[REDACTED]
Policy Owner	[REDACTED]
Life Insured	[REDACTED]
Plan	[REDACTED]
Sum Assured (in Rs.)	[REDACTED]
Premium Mode	[REDACTED]
Modal Premium (in Rs.)	[REDACTED]

Fund Option	Multiplier						
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Should you need any clarifications, please contact us at any of our designated offices. Please quote your Policy Numbers(s) in all communications. This would facilitate us to serve you better.

This is a computer generated statement and therefore does not require a signature. The units allocated to your account are subject to clearance of the cheque(s).

Please notify us in writing, within 14 days, in case of any discrepancy in your Policy Pack or Account Statement.

For any further details you may please get in touch with any of our servicing branch or call us at our toll free number listed below

IRDA vide its Circular No:053/IRDA/Actl_ULIP_G/February-07, dated 20th February 2007, has permitted Insurance companies to invest in Money Market Instruments upto 40% (increased from 20%) of it Unit Linked Funds. This has been done with the intention to enhance the flexibility in operation of the Unit linked funds. In compliance with this circular MetLife India Insurance Co. Ltd has written to IRDA and received approval to enhance the Money Market exposure in all its unit linked funds upto 40%. This is the maximum permissible exposure and not targeted exposure which would be much lower.

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Service Guidelines

Important Points to Remember:

Renewal Premium Payment	<ol style="list-style-type: none">1. For all Renewal Premium Payments(including Advance premium),the reference NAV date considered is the Payment Date or the Due Date of payment, which ever is later. The below mentioned points shall be applicable when the Payment Date is post the Premium Due Date.2. To get the same day's NAV pay your premium / Dump in / Top up premium before 1500 hours at your nearest MetLife office. Outstation Cheques and Demand Draft payments would be given an NAV as on the date of clearance.3. When you pay dump in amounts, do indicate this in writing. If this is not indicated, the money would be treated as outlined in point number 16 in the terms and conditions of your policy.In case there is a past due payment on your policy or the policy is lapsed,the payment would first be appropriated towards the past due payment or towards reinstating your policy,as the case may be.4. For local cheques / DD's payments sent through post, drop box, etc the NAV will depend on the date and time of receipt at MetLife's Office.If received before 1500 hours on any day, the NAV would be that of the same valuation date. Outstation Cheques and Demand Draft payments would be given an NAV as on the date of clearance.5. Please pay your premium within the grace period (30 days from due date) to keep your policy in-force and continue enjoying the benefits & privilege under the coverage.
Frequency of premium payment	Can be changed on policy anniversary by giving a request in writing along with the policy document
Switch of Fund Options	Facility of switch between fund options is available after 6 months from the date of issue of your policy. This can be done by sumbitting the Fund Switch Request Form by 1500 hours to get the same day's NAV
Withdrawal	Facility of withdrawing from the Policy Account is available after 3 years from the date of issue of the policy.This can be done by submitting the Withdrawa Request Form by 1500 hours to get the same day's NAV.
Address Change	Address changes may be done anytime by giving us a request in writing.
Beneficiary Change	You may change/add a beneficiary to the policy by filling up the beneficiary change request form and submitting this to the nearest MetLife office.
Assignment	To assign your policy to another person person/institution, please fill up our assignment deed in 2 original and submit along with the policy document.

1. All the above benefits/options are governed by the terms & conditions enclosed with the policy document.
2. Forms and assignment deed are downloadable from our website.
3. Please notify us in writing, within 14 days, in case of any discrepancy in your Policy Pack or Account Statement.

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Cost of Insurance Table – Met Smart Plus - Regular Pay

<u>Age Attained</u>	<u>COI Males</u>	<u>COI Females</u>
0	-	-
1	-	-
2	-	-
3	-	-
4	-	-
5	-	-
6	-	-
7	0.045238	0.045140
8	0.045727	0.045140
9	0.046804	0.045140
10	0.048665	0.045238
11	0.050917	0.045727
12	0.053854	0.046804
13	0.056498	0.048665
14	0.059338	0.050917
15	0.063940	0.053854
16	0.066877	0.056498
17	0.069227	0.059338
18	0.070990	0.063940
19	0.072458	0.066877
20	0.073340	0.069227
21	0.075396	0.070990
22	0.077452	0.072458
23	0.079410	0.073340
24	0.080977	0.075396
25	0.082348	0.077452
26	0.083523	0.079410
27	0.084208	0.080977
28	0.084698	0.082348
29	0.084600	0.083523
30	0.084013	0.084208
31	0.083719	0.084698
32	0.085481	0.084600
33	0.088223	0.084013
34	0.092140	0.083719
35	0.097329	0.085481

<u>Age Attained</u>	<u>COI Males</u>	<u>COI Females</u>
36	0.103204	0.088223
37	0.110254	0.092140
38	0.118185	0.097329
39	0.127292	0.103204
40	0.138944	0.110254
41	0.150988	0.118185
42	0.161465	0.127292
43	0.172627	0.138944
44	0.186727	0.150988
45	0.203960	0.161465
46	0.225013	0.172627
47	0.249100	0.186727
48	0.276419	0.203960
49	0.306969	0.225013
50	0.340848	0.249100
51	0.377958	0.276419
52	0.418790	0.306969
53	0.462558	0.340848
54	0.510048	0.377958
55	0.561454	0.418790
56	0.616679	0.462558
57	0.675135	0.510048
58	0.725465	0.561454
59	0.790775	0.616679
60	0.869696	0.675135
61	0.962031	0.725465
62	1.068467	0.790775
63	1.189394	0.869696
64	1.325400	0.962031
65	1.476877	1.068467
66	1.561967	1.189394
67	1.773565	1.325400
68	2.011502	1.476877
69	2.278031	1.561967
70	2.576677	1.773565
71	2.927904	2.011502

<u>Age Attained</u>	<u>COI Males</u>	<u>COI Females</u>
72	3.284810	2.278031
73	3.702621	2.576677
74	4.170075	2.927904
75	4.681885	3.284810
76	5.251858	3.702621
77	5.886848	4.170075
78	6.593415	4.681885
79	7.379490	5.251858
80	8.007455	5.711495
81	8.707860	6.200615
82	9.449081	6.720046
83	10.230458	7.269926
84	10.934760	7.881205
85	11.951333	8.830917
86	13.050500	10.417583
87	14.235250	11.536583
88	15.470750	12.808917
89	16.794417	14.090500
90	18.211000	15.618000
91	19.723833	17.293333
92	21.335500	19.128083
93	23.001583	21.031000
94	24.770250	23.041333
95	26.643667	25.400750
96	28.578417	27.766333
97	30.626000	30.204333
98	32.790000	32.653167
99	35.073833	35.073833
100	-	-



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MetLife India Insurance Company Limited. (Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore - 560 004, www.metlife.co.in, Fax: +91-80-4150 6969

Cost of Insurance Table – Met Smart Plus - Regular Pay

Age Attained	CoADBR	CoCIR
0	-	-
1	-	-
2	-	-
3	-	-
4	-	-
5	-	-
6	-	-
7	-	-
8	-	-
9	-	-
10	-	-
11	-	-
12	-	-
13	-	-
14	-	-
15	0.062500	-
16	0.062500	-
17	0.062500	-
18	0.062500	0.027300
19	0.062500	0.027300
20	0.062500	0.031800
21	0.062500	0.031800
22	0.062500	0.031800
23	0.062500	0.031800
24	0.062500	0.031800
25	0.062500	0.043600
26	0.062500	0.043600
27	0.062500	0.043600
28	0.062500	0.043600
29	0.062500	0.043600
30	0.062500	0.072800
31	0.062500	0.072800
32	0.062500	0.072800
33	0.062500	0.072800
34	0.062500	0.072800
35	0.062500	0.149400

Age Attained	CoADBR	CoCIR
36	0.062500	0.149400
37	0.062500	0.149400
38	0.062500	0.149400
39	0.062500	0.149400
40	0.062500	0.310700
41	0.062500	0.310700
42	0.062500	0.310700
43	0.062500	0.310700
44	0.062500	0.310700
45	0.062500	0.563300
46	0.062500	0.563300
47	0.062500	0.563300
48	0.062500	0.563300
49	0.062500	0.563300
50	0.062500	0.992900
51	0.062500	0.992900
52	0.062500	0.992900
53	0.062500	0.992900
54	0.062500	0.992900
55	0.062500	1.646400
56	0.062500	1.646400
57	0.062500	1.646400
58	0.062500	1.646400
59	0.062500	1.646400
60	-	-
61	-	-
62	-	-
63	-	-
64	-	-
65	-	-
66	-	-
67	-	-
68	-	-
69	-	-
70	-	-
71	-	-

Age Attained	CoADBR	CoCIR
72	-	-
73	-	-
74	-	-
75	-	-
76	-	-
77	-	-
78	-	-
79	-	-
80	-	-
81	-	-
82	-	-
83	-	-
84	-	-
85	-	-
86	-	-
87	-	-
88	-	-
89	-	-
90	-	-
91	-	-
92	-	-
93	-	-
94	-	-
95	-	-
96	-	-
97	-	-
98	-	-
99	-	-
100	-	-



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Terms & Conditions – Met Smart Plus

Annexure 6(b) – Terms & Conditions

1. Owner of the Policy

The Owner of the Policy, subject to the provisions of section 2(2) of the Insurance Act, 1938, may or may not be the Insured. An owner other than Insured would be someone (either an Individual or a company) who is purchasing the Policy for the Insured.

2. Understanding this Policy

- ✓ "You" and "your" refer to the Owner of the Policy.
- ✓ "We", "us", "our" and "Company" refer to MetLife India Insurance Company Limited.
- ✓ "Insured" named in the Schedule is the person on whose death, or happening of any other insured event, the benefits as defined in the Schedule, subject to the terms and conditions of this Policy, will become payable.
- ✓ "Application" refers to the Proposal Form as defined under the Insurance Regulatory and Development Authority (Protection of Policyholders' Interest) Regulations 2001.
- ✓ "Schedule" refers to the schedule issued by the Company to evidence the Insurance Cover
- ✓ "Policy Anniversary Date" is one year from the Issue Date of the Policy and every date falling one year thereafter till the Date of Maturity.
- ✓ "Monthly Anniversary Date" is one month from the Issue Date of the Policy and every date falling one month thereafter till the Date of Maturity.
- ✓ "Regular Premium" is the Base Premium payable by you in regular installments in amounts specified in the Schedule.
- ✓ "Top-up Premium" is the premium paid by you in the form of a single payment separately from and in addition to the required Regular Premium.
- ✓ "Net Premium" is defined as the Regular/Top-up Premium paid less the respective Premium Allocation Charge.
- ✓ "Annualized Premium" refers to the Regular Premiums payable by the insured in a policy year as in the Schedule.
- ✓ "Unit Linked Fund" refers to an Investment Programme established for the express purpose of this Insurance Cover and run according to terms stated under the Investment Unit Linked Fund Provision.
- ✓ "Unit" refers to a proportionate part of a Unit Linked Fund solely for the purpose of establishing the benefits under the policy.
- ✓ "Unit Account" is an individual account administered by the Company for a given policy and consisting of Units of individual Unit Linked Funds allocated in respect of Regular Premium and any Top-up Premiums paid.
- ✓ "Net Asset Value" is the price at which the Company allocates/cancels Units in the Unit Linked Fund at each Valuation Date.
- ✓ "Fund Value" is the total number of Units held in the Unit Account multiplied by the Net Asset Value.
- ✓ "Valuation Date" is the date on which the assets to which the Unit Linked Fund is referenced are valued and the date on which the Unit Prices of Units are determined.
- ✓ "Net Amount At Risk" is defined as the Death Benefit Minus the Fund Value in the Unit Account.
- ✓ "Col" refers to the Cost of Insurance as attached with the Schedule.
- ✓ "CoR" refers to the Cost of Rider, if applicable as attached with the Schedule. "CoADBR" refers to the Cost of Accident Death Benefit Rider; and "CoCIR" refers to the Cost of Critical Illness Rider.
- ✓ "Business day/Working Day" is the common working day of the Corporate Office of the Company (Monday – Friday)

3. The Contract

This Policy Document, Application and the Declaration are all part of this contract.

4. Beneficiary

The Beneficiary/Beneficiaries is/are the person or persons the Insured may nominate, to whom the insurance proceeds are payable upon death of the Insured. Where the owner of the policy is different from the insured, nomination of a beneficiary is not permissible as per Section 39 of the Insurance Act, 1938.

The "Contingent Beneficiary" is the Person(s) named by the Insured to receive insurance proceeds in case the Beneficiary is not alive. A contingent Beneficiary/Beneficiaries may also be named by the Insured to become the Beneficiary/Beneficiaries if the Beneficiary/Beneficiaries die while the Insured is alive.

While the Insured is alive, the Insured may change any Beneficiary. or contingent Beneficiary.

Where the beneficiary is a minor, the Insured may appoint any person to receive the benefits payable during the minority of the beneficiary. If more than one Beneficiary are alive when the Insured dies, the benefits will become payable in equal shares unless you have chosen otherwise.

5. Unit Linked Funds

There are seven Unit Linked Funds which have different risk-return profiles and different asset allocation patterns. Each Unit Linked Fund is referenced to separate and identifiable assets of the Company. The investment objectives and investment patterns associated with the different Unit Linked Funds are explained in the following sections:

(A) Preserver

Investment Objective

To generate income at a level consistent with preservation of capital, through investments in securities issued or guaranteed by the Central or State Governments.

Investment Pattern

The investments shall be made in a mix of long term Government securities and Treasury Bills. Investments shall be made in both Central Government and/or State Government securities. To meet liquidity needs, a small portion of the investments shall be held in the form of money market instruments.

(B) Protector

Investment Objective

To generate income at a level consistent with protection of capital by investing in high investment grade Fixed Income Securities.

Investment Pattern

This fund will primarily invest in a portfolio of bonds and other fixed income securities issued by the Government, Government Agencies and Corporate Issuers rated AA and above. To meet liquidity needs, a small portion of the investments will be held in the form of money market instruments.

(C) Moderator

Investment Objective

To generate regular income by investing in high investment grade Fixed Income Securities and to generate capital appreciation by investing a limited portion in equities.

Investment Pattern

This fund will invest in a portfolio of high investment grade fixed income securities, government bonds, and infrastructure bonds and money market instruments with a limited exposure to equities to enhance returns. The limited exposure to equities will be with the objective of achieving capital appreciation. The Fund will target to invest 20% in blue chip constituent stocks of the Nifty 50 index. (In other words, the target mix between debt and equity securities underlying this fund will be 80:20.) The fund will invest in all equity sectors, thereby diversifying the risk and will be subject to the prudential and exposure norms stipulated by the regulatory framework.

(D) Balancer

Investment Objective

To generate capital appreciation and current income, through a judicious mix of investments in Equities and Fixed Income Securities.

Investment Pattern

This fund will invest in a portfolio of listed equities and high investment grade fixed income securities, government bonds, infrastructure bonds and money market instruments. The fund intends to adopt a relatively balanced approach towards exposure to bonds and equities with the objective of achieving capital appreciation with reduced short-term volatility. The Fund will target to invest 50% in blue chip constituent stocks of the Nifty 50 index. (In other words, the target mix between debt and equity securities underlying this fund will be 50:50.) The fund will invest in all equity sectors, thereby diversifying the risk and will be subject to the prudential and exposure norms stipulated by the regulatory framework.

(E) Accelerator

Investment Objective

To achieve capital appreciation by investing predominantly in equities, with limited investment in Fixed Income Securities

Investment Pattern

This fund will invest in listed equities and high investment grade fixed income securities, government bonds, and infrastructure bonds and money market instruments. The fund intends to adopt a relatively aggressive approach towards exposure to bonds and equities with the objective of achieving significant capital appreciation. The Fund will target to invest 80% in blue chip constituent stocks of the Nifty 50 index. (In other words, the target mix between debt and equity securities underlying this fund will be 20:80.) The fund will invest in all equity sectors, thereby diversifying the risk and will be subject to the prudential and exposure norms stipulated by the regulatory framework.

(F) Virtue

Investment Objective

To generate long term capital appreciation by investing in diversified equities of companies promoting healthy lifestyle and enhancing quality of life.

Investment Pattern

The diversified pure equity fund is a long term growth fund. The Fund's primary objective is to have high capital appreciation through investment in equity and liquid money market investments in India. The fund will emphasize on wellbeing and a healthy life and invest in diversified equities of Companies. The Investments shall not be made in Banks, Financial Institutions and Companies operating in Gambling, Alcohol, Tobacco and Entertainment industries.

(G) Multiplier

Investment Objective

To maximise capital appreciation over the long term by investing in a diversified portfolio of equities selected from S&P CNX Nifty Index.

Investment Pattern

The diversified pure equity fund is a long term growth fund. The fund's primary objective is to have high capital appreciation through investment in equity and money market instruments. The scrips would be selected from S&P CNX Nifty. The fund will invest in all equity sectors, thereby diversifying the risk and will not invest more than 10% of the funds in single scrip (subject to IRDA (Investment) Regulations in this regard).

The following table presents the minimum and maximum percentages of funds to be invested in different asset classes for the different Unit Linked Funds.

Table A : Asset Allocation Patterns for the Different Unit Linked Funds: Caps & Floors

<i>Min - Max % of funds to be invested in</i>	<i>Unit Linked Funds</i>						
	<i>Preserver</i>	<i>Protector</i>	<i>Moderator</i>	<i>Balancer</i>	<i>Accelerator</i>	<i>Virtue</i>	<i>Multiplier</i>
Government Securities (including Government guaranteed securities)	80%-100%	25%-90%	10%-60%	10%-60%	0%-50%	0%-0%	0%-0%
Infrastructure / Social Sector Securities	0%-0%	0%-60%	0%-60%	0%-60%	0%-60%	0%-0%	0%-0%
Other "Approved" Investments	0%-0%	0%-0%	10%-30%	35%-65%	60%-95%	60%-100%	80%-100%
- Listed Equities	0%-0%	10%-60%	0%-60%	0%-60%	0%-60%	0%-0%	0%-0%
- Long Term Bonds	0%-0%	0%-45%	0%-35%	0%-35%	0%-35%	0%-0%	0%-0%
- Short Term Bonds	0%-40%	0%-40%	0%-40%	0%-40%	0%-40%	0%-40%	0%-40%
- Money Market Investments							

The actual asset allocations patterns under each of the Unit Linked Funds will be governed by the aforesaid caps and floors; the relevant provisions of the Insurance Act, 1938; the IRDA (Investment) Regulations prevailing from time to time; and subject to the investment objective of each of the funds. The company would rebalance on a periodic basis to ensure that the actual funds are within the above prescribed percentage ranges.

6. Unit Allocations & Nominal Value

The unit allocations would be rounded up to four decimal places. The nominal value of the Units is Rs.10 each.

7. Valuation of the Unit Linked Funds

The assets to which the Unit Linked Funds are referenced, will be valued every day and will be based on whether the Company is net purchasing (appropriation price) or net selling (expropriation price) the assets in order to meet the day to day transactions.

The Appropriation price of a Unit Linked Fund will be determined by the Company and will be computed as: Market value of investment held by the fund plus the expenses incurred in the purchase of the assets plus the value of any current assets plus any accrued income net of fund management charges less the value of any current liabilities less provisions, if any.

The Expropriation price of a Unit Linked Fund will be determined by the Company and will be computed as: Market Value of investment held by the fund less the expenses incurred in the sale of the assets plus the value of any current assets plus any accrued income net of fund management charges less the value of any current liabilities less provisions, if any.

The Company will make all decisions about the selection and valuation of the assets to which a Unit Linked Fund is referenced subject to the Regulatory Guidelines in this regard.

8. Calculation of Net Asset Values under a Unit Linked Fund

The Net Asset Value would be calculated as:

(Market value of investments +/- Expenses incurred + Current Assets+ Accrued Income - Current Liabilities and Provisions – Fund Management Charge) / (Number of outstanding units under the relevant Unit Linked Fund)

The Net Asset Value would be rounded up to four decimal places. There would be not any difference between the prices at which the units are sold or bought.

9. Risks Inherent in the Unit Linked Funds

Due to the nature of the Unit Linked Funds, the Company does not guarantee the price of the Units of any of the Unit Linked Funds offered by it.

The Insured (and the Policyholder, if different) is aware that the investment in units is subject, interalia (amongst others), to the following risks:

- The investments in the Units are subject to market and other risks and there can be no guarantee that the objectives of any of the Unit Linked Funds will be achieved.
- The Value of the Units of each of the Unit Linked Fund can go up or down depending on the factors and forces affecting the financial markets from time to time including changes in the general level of interest rates.
- The past performance of the Unit Linked Fund(s) of the Company is not necessarily indicative of the future performance of any of these Unit Linked Funds.
- The Unit Linked Funds do not offer a guaranteed or assured return.
- The name of the Product does not in any way indicate the quality of the product, its future prospects or returns.
- The names of the Unit Linked Funds and their objectives do not in any manner indicate the quality of the fund, their future prospects or returns.
- All benefits payable under the policy are subject to the tax laws and other legislations/regulations as they exist from time to time.

10. Other Conditions Governing Unit Linked Funds

Limitation of Interest:

The allocation of the Units to the Unit Account shall be notional and shall operate solely for the purpose of determining the value of benefits under the policy.

The assets to which the Unit Linked Funds are referenced, and any income arising from these assets shall remain the property of the Company at all times. Accordingly, the policy does not confer any title to or any beneficial interest in any assets of the Company, or to any income from these assets including, but not limited to, any assets to which any Unit Linked Fund is referenced or income therefrom.

Closure of an Existing Unit Linked Fund:

Although the above Unit Linked Funds are open ended, the Company may, with prior approval from the Insurance Regulatory and Development Authority close any of the above mentioned Unit Linked Funds. The Insured/Policyholder shall be given atleast four weeks prior written notice of the Company's intention to close any of the Unit Linked Fund. In such an event, the Owner needs to inform the Company his/her preferred Unit Linked Fund to which the Fund Value are to be switched before the Unit Linked Fund closure date. If the Owner doesn't inform before such date, the Company will switch the said Fund Value to the Unit Linked Fund available at that particular point of time with the highest proportion of Funds targeted for investments in Government Securities. Switching between the existing Unit Linked Funds will be subject to such conditions as mentioned in clause 24. However no fee would be charged for switching to another Unit Linked Fund in the event of such closure of a Unit Linked Fund.

Introduction of a New Unit Linked Fund:

New Unit Linked Fund(s) may be established by the Company from time to time with prior approval from the Insurance Regulatory and Development Authority and the Insured shall be notified of the establishment of such new Unit Linked Fund(s). The Company may offer the Insured/Policyholder the option to switch to those Unit Linked Funds at such price and subject to such terms and conditions as may be imposed by the Company at that time. Switching between the existing Unit Linked Funds will be subject to such conditions as mentioned in clause 24.

Changes to Terms and Conditions:

The Company reserves the right to change these Terms and Conditions, the Rules for the Unit Linked Funds and the benefits conferred by the policy if there is a change in the law, legislation or taxation affecting the Company or the Unit Linked Funds or the Policy, or if there is a change in circumstances which makes it impossible or impracticable for the Company to follow these Terms and Conditions with prior approval from the Insurance Regulatory and Development Authority.

The Company will intimate you about any changes to the Terms and Conditions, Rules for the Unit Linked Funds and benefits within four weeks from the date of the change.

If you do not agree with the change and do not so intimate the Company within four weeks after the Company has sent notification thereof, you will be deemed to have accepted the change.

If you do not agree with the change and intimate the Company within four weeks after the Company has sent notification thereof, you will be allowed to surrender the units in the Unit Account and terminate the policy as detailed in clause 15.

11. Charges

The charges are divided into premium allocation charge, fund management charge, policy administration charge, surrender charge, switching charge, mortality charge, rider premium charge, partial withdrawal charge and miscellaneous charge.

(A) Premium Allocation Charge

The premium allocation charge will be as given in the following table:

<i>Charges</i>	<i>Years 1- 10</i>	<i>Year 11 and above</i>
Premium Related (on each premium)		
Annualized Premium		
Less than Rs.30,000	6.0%	2.5%
30,000 to Less than Rs.1,00,000	5.5%	2.5%
Equal to or above Rs.1,00,000	5.0%	2.0%
Top-up Premium	3.5%	3.5%

The premium allocation charge will be deducted from each Regular/Top-up premium and the balance Net Premium will be used to buy units in the appropriate fund.

(B) Fund Management Charge

The following fund management charges (expressed as a % of the Value of Assets underlying the Unit Account) will be levied.

<i>Fund Option</i>	<i>Current</i>	<i>Maximum</i>
Preserver	1.25% p.a.	2.50% p.a.
Protector	1.25% p.a.	2.50% p.a.
Moderator	1.50% p.a.	2.50% p.a.
Balancer	1.50% p.a.	2.50% p.a.
Accelerator	1.75% p.a.	2.50% p.a.
Virtue	1.75% p.a.	2.50% p.a.
Multiplier	1.75% p.a.	2.50% p.a.

These charges are adjusted while calculating the Net Asset Value of the Unit Linked Funds at each valuation date.

(C) Policy Administration Charge

The following policy administration charge would be deducted from the Fund Value.

<i>Charges</i>	<i>Current</i>	<i>Maximum</i>
Fixed		
Year 1 (each month)	Rs.200	Rs.200
Year 2+(each month)	Rs.75	Rs.75

The above charges will be deducted at the beginning of each month by cancellation of an appropriate number of units using the relevant Net Asset Value of these units.

The policy administration charge would be deducted from the fund with the highest Fund Value and the balance if any from next such fund and so on.

(D) Surrender Charge:

No surrender is permitted during the first three years of the policy. After the first three policy years, the following surrender charge is applicable.

<i>Policy Year</i>	4	5	6	7	8	9	10	11 and thereafter
% of First Year Regular Premium	70	60	50	40	30	20	10	0

The surrender charge would be deducted from the Fund Value before payment of the same to you.

(E) Switching Charge

The first four switches between funds in a policy year will be free of any charge. Currently for each further switch between the funds, the company will charge you Rs.250. The switching charges will be deducted from the amount switched and the balance amount will be used to buy units in the new Unit Linked Fund.

However the Company reserves the right to increase this charge up to a maximum of Rs.500 with prior clearance from the Insurance Regulatory and Development Authority.

The switching charges will be deducted from the amount switched and the balance amount will be used to buy units in the new Unit Linked Fund.

(F) Mortality Charge

Mortality charge will be deducted at the beginning of each month by cancellation of an appropriate number of units at the relevant Net Asset Value.

Mortality charge will be based on the Cost of Insurance (CoI) and the applicable Sum Assured.

The calculation method will be as follows:

$$\text{Mortality Charge} = (\text{Sum At Risk}/1000) * \text{Cost of Insurance (CoI)}$$

The Sum At Risk is defined as the Death Benefit (as defined in the Benefits section) Minus the Fund Value in the Unit Account. Table of CoI charges is attached with the Schedule.

The mortality charge would be deducted from the fund with the highest Fund Value and the balance if any from next such fund and so on.

(G) Rider Premium Charge

Rider premium charge(s) will be deducted at the beginning of each month by cancellation of an appropriate number of units at the relevant Net Asset Value.

Rider premium charge(s) will be based on the Cost of Rider (CoR which can be CoADBR or CoCIR) and the applicable Sum Assured.

The calculation method will be as follows:

$$\text{Rider Premium Charge} = (\text{Sum Assured}/1000) * \text{Cost of Rider (CoR which can be CoADBR or CoCIR)}$$

Table of CoADBR and CoCIR charges are as attached with the Schedule.

The rider premium charge would be deducted from the fund with the highest Fund Value and the balance if any from next such fund and so on.

(H) Partial Withdrawal Charge

The first two withdrawals in a Policy Year will be free of any charge. For each subsequent partial withdrawal, the company will charge you Rs.250.

However the Company reserves the right to increase this charge up to a maximum of Rs.500 with prior clearance from the Insurance Regulatory and Development Authority.

The partial withdrawal charge will be deducted from the amount withdrawn.

(I) Miscellaneous Charge

The Company will charge Rs.250 for any alteration within the contract. These charges will be deducted by cancellation of appropriate number of units at the relevant Net Asset Value.

"IN THIS POLICY, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

Product UIN: 117L030V01, ADBR Rider UIN: 117A011V01, CI Rider UIN:- 117A012V01

However the company reserves the right to increase this charge up to a maximum of Rs.500 with prior clearance from the Insurance Regulatory and Development Authority.

The miscellaneous charge would be deducted from the fund with the highest Fund Value and the balance if any from next such fund and so on.

The alterations for this purpose would include: Premium Redirection; Increase of Sum Assured; Change of Premium Payment Mode; Change of Nominee Details; Change of Assignment Details; Change of Address and Correction in Age.

12. Death Benefit

The death benefit will be the amount payable under death benefit option, whichever is in effect, as per the Schedule. If the insured dies while the policy is in force for the full sum assured, we will pay the following death benefit less any overdue monthly deduction.

The death benefit is equal to:

If age at death less than 7 years

100% of the Fund Value in the Unit Account.

If age at death equal to or more than 7 years

Higher of Sum Assured* and 100% of the Fund Value in the Unit Account.

* Sum Assured used for computing the Death Benefit will be reduced by the amount of the aggregate(partial) withdrawals made during the preceding two years from the date of death.

The age referred above is age last birthday.

For the purpose of calculating Death Benefit, the Fund Value in the Unit Account will be determined using the Net Asset Value on the corresponding Valuation Date falling on or immediately after the Date Of Receipt Of Written Intimation of Claim at our designated office. The rules in this regard are as follows:

- If the intimation is received before 15:00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the intimation is received after 15:00 hrs on a business/working day, the corresponding valuation date is the next business/working day.

The valuation is done on a daily basis. However, if there is no valuation done on a business/working day due to market closure, then the above mentioned valuation date is the date when the next valuation is done

13. Rider Benefits

The rider benefits, if any would be as per the corresponding terms & conditions attached with the schedule.

14. Maturity Benefit

The maturity benefit is equal to the Fund Value in the Unit Account determined using the Net Asset Value on the maturity date. The valuation is done on a daily basis. However if there is no valuation done on the maturity date due to market closure, then the above mentioned valuation date is the date when the next valuation is done.

15. Surrender Benefit

No surrender value is payable during the first three years of the policy. After the first three policy years, the Surrender Value payable on Surrender is equal to the Fund Value in the Unit Account less the surrender charge as mentioned in clause 11(D).

For the purpose of Surrender Benefit, the Fund Value in the Unit Account will be determined using the Net Asset Value on the corresponding Valuation Date falling on or immediately after the Date of Receipt of Written Request at our designated office.

The rules in this regard are as follows:

- If the request is received before 15:00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the request is received after 15:00 hrs on a business/working day, the corresponding valuation date is the next business/working day.

The valuation is done on a daily basis. However if there is no valuation done on a business/working day due to market closure, then the above mentioned valuation date is the date when the next valuation is done.

In exceptional circumstances such as unusually high volume of sale of investments within a short period, market conditions and political and economic force majeure, the Company may, in its sole discretion, defer the surrender of the Policy for a period not exceeding six months from the date of application. The determination of the existence of exceptional circumstances for the purposes of the section and the Fund Value in the Unit Account in such a circumstance shall be in the sole judgment of the Company.

16. Partial Withdrawal Benefit

For the purpose of partial withdrawals, all the units in the account would be segregated as Withdrawable part and Non-Withdrawable part. Any top-up premiums paid would be classified as Non-Withdrawable part for three years from the date of payment.

You can make a request for a partial withdrawal in writing subject to:

- Three years have elapsed from the issue date of the policy
- Insured completing 18 years of age
- The amount requested is less than the surrender value of the Withdrawable part.
- Minimum amount retained in the account after withdrawal being Annualized Premium.

The partial withdrawal amount will be paid by encashing units from the Surrender Value of the withdrawable part as detailed in the surrender provisions after deducting the partial withdrawal charges as mentioned in clause 11(H).

The minimum amount for partial withdrawal is Rs.5,000. However the Company may revise this minimum amount from time to time subject to prior clearance from the Insurance Regulatory and Development Authority

For the purpose of Withdrawal Benefit, the Fund Value in the Unit Account will be determined using the Net Asset Value on the corresponding Valuation Date falling on or immediately after the Date Of Receipt Of Written Request at our designated office.

The rules in this regard are as follows:

- If the request is received before 15:00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the request is received after 15:00 hrs on a business/working day, the corresponding valuation date is the next business/working day.

The valuation is done on a daily basis. However if there is no valuation done on a business/working day due to market closure, then the above mentioned valuation date is the date when the next valuation is done.

In exceptional circumstances such as unusually high volume of sale of investments within a short period, market conditions and political and economic force majeure, the Company may, in its sole discretion, defer the partial withdrawal from the Policy for a period not exceeding six months from the date of application. The determination of the existence of exceptional circumstances for the purposes of the section and the Value of Units in the Unit Account in such a circumstance shall be in the sole judgment of the Company (with prior clearance from Insurance Regulatory and Development Authority).

17. Premiums

You are required to pay the regular premium as mentioned in the schedule on or before the due dates as shown in the schedule. They also have the flexibility of paying any additional amount by indicating the same as Top-up premium in writing. If they don't indicate the amount as Top-up Premium, and:

1. If, the amount is equal to the total premium, it will be appropriated towards the total premium on the next premium due date.
2. If, the amount is not sufficient for the next total premium, the amount would be refunded to the policyholder.

After paying the premiums for first three policy years, you can stop paying the premiums and re-start paying the premiums according to your convenience subject to lapse and reinstatement provisions.

You also have the facility of paying any additional amount periodically by indicating the same as Top-up premium. Top-up premiums are payable only if the basic regular premiums are paid up to date subject to a minimum of Rs.5,000.

Base policy sum assured would be increased by 125% of the top-up premium on each payment of the top-up premium. The rider(s) sum assured would however remain unaltered.

Premium (Re)direction

All premiums (including top-up) paid could be allotted in any proportion between the various funds offered. This needs to be chosen at the time of the proposal and also could be altered later. However the proportion for any chosen fund should be at least 20%.

You would have the option to change the premium allocation proportions once every policy year free of charge. Subsequent changes would be considered as an alteration and would attract a miscellaneous charge as detailed in clause 11(I).

Unit Allocations

Net Premiums (paid before the premium due date) after premium allocation charge as in clause 11(A) will be used to buy units in the Unit Linked Funds using the Net Asset Value as on the premium due date.

Net Premiums (paid after the premium due date) after premium allocation charge as in clause 11(A) (Net Premiums) will be used to buy units in the Unit Linked Funds using the Net Asset Value as below:

- If the Regular/Top-up Premiums are received by Local Cheque/DD (payable at par where the premiums are received) before 15:00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the Regular/Top-up Premiums are received by Local Cheque/DD (payable at par where the premiums are received) after 15:00 hrs on a business/working day, the corresponding valuation date is the next business/working day.
- If the Regular/Top-up Premiums are received by any other authorized mode other than Local Cheque/DD as above, the corresponding valuation date is the business/working day on which the premiums are realised.

The valuation is done on a daily basis. However if there is no valuation done on a business/working day due to market closure, then the above mentioned valuation date is the date when the next valuation is done.

The frequency of payment may be changed with our prior written approval effective from the following Policy Anniversary Date. Premiums are payable through any of the following modes: Cash/Cheques/Demand Drafts/ Pay Orders/Bankers Cheque/Standing instruction on Credit Card.

All amounts payable either to us or by us shall be in Indian Rupees and will be payable at the Head Office, Regional Office or any other office of the Company.

18. Grace Period

During the first three policy years if Regular Premiums paid are not according to the attached schedule there will be a grace period of 30 days (from the date on which the premiums fall due for payment) to pay an amount equal to the unpaid minimum premium.

During the grace period all the charges described earlier will continue to be deducted.

After the first three policy years, if Regular Premiums paid are not according to the attached schedule, the insurance cover would be extended subject to clause 21.

19. Lapse

During the first three Policy years, if the Regular Premium is not paid within the grace period, the Policy shall lapse.

Once the policy lapses, the coverage under the policy ceases and deduction of mortality charges and rider premium charges, if any will be stopped. However the policy would be still linked to the units until either reinstated as in clause 20 or surrendered as in clause 15. The policy administration charges would continue to be deducted.

After the first three policy years, if Regular Premiums paid are not according to the attached schedule, the insurance cover would be extended subject to clause 21.

20. Reinstatement

If the policy is lapsed during the first three policy years: The owner may reinstate the policy while the insured is alive if the owner:

- Requests in writing for reinstatement within two years from the date the policy lapsed.
- Provides satisfactory evidence of insurability.
- Pays all due premiums to the date of reinstatement.

The money received will be used to buy units in the chosen Unit Linked Fund using the Net Asset Value on the Valuation Date as mentioned in clause 17.

If the premium is not paid after the first three policy years: The owner may pay the unpaid premiums while the insured is alive if the owner:

- Requests in writing for doing so within two years from the date of the first unpaid premium due.
- Pays all due premiums to the date of reinstatement.
- However if the contract is not reinstated by paying the all due premiums withing two years from the date of first unpaid premium due, the owner will be given an option to continue the contract without payment of any further premiums subject to the contract termination provision as below.

21. Contract Termination

If the policy is lapsed during the first three policy years and not reinstated within two years from the date of such lapse as mentioned in clause 19, the policy would be terminated by paying the surrender value as on the date of expiry of two years to you. The policy would also be terminated if the fund value runs out of money for charges deduction during the first three years.

After the first three policy years, if the surrender value falls below the Annualized Premium at any point of time, the policy would be terminated by paying the surrender value as on that date to you.

22. Increase/Decrease of Sum Assured

Increase of Sum Assured

After completion of the first three policy years, you can increase the Sum Assured of the policy by making a written request to the Company prior to the Policy Anniversary date.

This is allowed only once in a policy year free of any charge. The change would be effective from the next Policy Anniversary date after the request.

- You can choose an increased base sum assured.
- The revised sum assured should be within the multiple range of minimum and maximum, based on the age at the time of revision, defined below of: (a) Future Premiums payable by the policyholder plus (b) the Fund Value divided by Premium Payment Term at that point.

Age	Min Sum Assd		Max Sum Assd	
	All Std & Substd	All Std & Substd	Substd class 4 & below	Substd above class 4
0-10	35	110	90	70
11-20	30	100	80	60
21-30	25	90	70	50
31-40	20	80	60	40
41-50	15	70	50	30
51-60	10	60	40	20

- The rider(s) sum assured could be chosen not to exceed the revised base sum assured (or Rs.10,00,000 if higher).
- The exercise of this option would be subject to underwriting guidelines of the company as existing from time to time.

- The maximum Age up to which this option can be exercised is age 60 Years (age last birthday) as on the date of effecting this option.

For this purpose Fund Value in the Unit Account will be determined using the Net Asset Value on the corresponding Valuation Date falling on or immediately after the Date Of Request at our designated office.

The valuation is done on a daily basis. However if there is no valuation done on the Date Of Request due to market closure, then the above mentioned valuation date is the date when the next valuation is done.

23. Switches between Unit Linked Funds

Switching between Unit Linked Funds can be done at any time during the term of the policy by submitting a written request to the company. On request the Fund Value in the Unit Account can be switched to the new Unit Linked Fund after deducting the switching charge as mentioned in clause 11(E).

Such switching would only apply to the accumulations in the Unit Linked Funds and not to the future premiums. The proportion of premium redirection originally chosen by the policyholder would remain unaltered. He/she would be required to opt for Premium Redirection as mentioned in clause 17 separately if the future premiums are to be allocated as per the new fund choices and proportions.

For the purpose of Switching the Unit Prices on the corresponding Valuation Date falling immediately on or after the Date of Receipt of Written Request at our designated office will be used.

- If the request is received before 15:00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the request is received after 15:00 hrs on a business/working day, the corresponding valuation date is the next business/working day.

The valuation is done on a daily basis. However if there is no valuation done on a business/working day due to market closure, then the above mentioned valuation date is the date when the next valuation is done.

24. Policy Loan

No Loans are available under this policy.

25. Assignment

The Owner may assign this Policy by written notice as per the provisions of Section 38 of the Insurance Act, 1938, and in such an event, the rights of the insured and/or the beneficiary(ies) shall be subject to such an assignment in favour of the assignee.

26. Suicide Exclusion

In the event the Insured commits suicide, whether sane or insane at that time, within one year from the issue date of insurance cover or the date of the Policy or the date of the last reinstatement whichever is later, the insurance cover shall be void and we shall not be liable to pay the Sum assured of Insurance, except refunding the Fund Value in the Unit Account, if any.

The Fund Value in the Unit Account will be determined as stated in the clause 12 which dwells on the death benefits.

27. Proof of Age

The age of the Insured is based on the proof of age submitted and the premiums are calculated on the last birthday prior to the date of commencement of the risk under the Policy. Should the actual age of the Insured differ from the age stated in the Application, we shall, without prejudice to the statutory rights and/ or remedies we may have be entitled to the following at any time during the policy term:

- If the actual age proves to be higher than what is stated in the Application, the Cost of Insurance Charges shall be altered corresponding to the actual age from the Date of Issue of the Policy and the Insured shall pay to the Company the accumulated difference between the Corrected Cost of Insurance Charges and the Original Cost of Insurance Charges from the Date of Issue of the Policy up to the date of such payment with interest at such rate as prescribed by the company from time to time. The difference paid will not be used to buy Units in the Unit Account. If the Insured fails to pay such accumulated difference, together with interest, the same shall be recovered by cancellation of Units.
- If the actual age proves to be lower than what is stated in the Application, the Cost of Insurance Charges shall be altered corresponding to the actual age from the Date of Issue of the Policy and the Company, may, at its discretion, refund without interest, the accumulated difference between the Corrected Cost of Insurance Charges and the Original Cost of Insurance Charges.
- If the Insured's actual age is such that it would have made him/ her ineligible for the insurance cover stated in the Policy, the Company reserves the right at its sole discretion to take such action as may be deemed appropriate including cancellation of the Policy and forfeiture of Fund Value in the Unit Account/premium(s) received.

28. Claims Procedure

Death Claims

If the insured dies while the policy is in force for the full sum assured, we shall settle the death claim on submission of the following requirements, provided all premiums fallen due (during the first three years) till the date of death have been paid:

- The Original policy document.
- The Claim forms as prescribed by us.

- Written Intimation of death by the Beneficiary/ legal heir.
- Official death certificate issued by a competent authority acceptable to the Company.
- Police inquest report, post-mortem report where the death is due to an unnatural cause.
- Proof of title to the Policy like succession certificate, legal heirship certificate, wherever applicable.
- Discharge voucher as prescribed by us.
- Any additional forms as may be required by us.

The Company reserves the right to investigate any claim and has the right to obtain all documents relating to the circumstances of a claim before payment of benefits.

Maturity Claims

We shall settle the maturity claim on the date of maturity, provided the Insured is alive on that date, has paid all the installment premiums including interest, if any, till the date of maturity and submits the following requirements to us:

- The Original policy document
- The Claim forms as prescribed by us
- The discharge voucher as prescribed by us
- Any additional forms as may be required by us

We shall settle the maturity proceeds to the Insured or the assignee, as the case may be.

29. Travel, Residence and Occupation

This Policy does not impose any restrictions as to travel, residence or occupation, except as otherwise provided in any special provisions to this Policy or by law.

30. Loss of the Policy Document

If the policy document is lost or destroyed, at the request of the Owner, the Company will issue a copy policy document duly endorsed to show that it is issued following the loss or destruction of the original document. The Company has the right to charge a fee for the issue of a copy policy document

Upon the issue of a Duplicate policy, the original document will cease to have any legal effect.

31. Grievance Redressal Mechanism

(a) Designated Authority in the Company

In the event you are aggrieved by any of the decisions taken by us in the area of settlement of claims or related disputes you may approach our grievance redressal authority as indicated below:

The Officer-in-charge (Customer Services)

MetLife India Insurance Company Limited

Registered Office

'Brigade Seshamahal'

5, Vani Vilas Road,

Basavanagudi,

Bangalore – 560 004.

The authority is empowered to promptly review and address your grievances and take appropriate action.

(b) Insurance Ombudsman

The Central Government has framed rules known as "Redressal of Public Grievances Rules 1998 and created an authority called "Insurance Ombudsman" to resolve all complaints relating to settlement of claims on the part of insurance companies. Complaints to the "Ombudsman" can lie only when we have rejected the complaint or no reply was received within one month of the complaint or the reply was not satisfactory. A complaint can be made to the ombudsman within one year after we have rejected the representation.

32. Disclosure

This Policy has been issued on your representations that you have made full and accurate disclosures of all material facts and circumstances and that you have not misrepresented or suppressed any material facts or circumstances. In the event it comes to our knowledge that you have misrepresented or suppressed any material facts and circumstances we shall reserve the right at our sole discretion to take such action, as we deem appropriate including cancellation of the Policy and forfeiture of Fund Value in the Unit Account/premium(s) received.

33. Incontestability

In accordance with the provisions of Section 45 of the Insurance Act, 1938, "No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that the such statement was on material matter or suppressed facts which it was

"IN THIS POLICY, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

Product UIN: 117L030V01, ADBR Rider UIN: 117A011V01, CI Rider UIN:- 117A012V01

material to disclose and that it was fraudulently made by the policyowner and that the owner knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

34. Governing Laws and Jurisdiction

The terms and conditions of the Policy shall be governed by and subject to the laws of Republic of India. The parties shall be subject to the jurisdiction of the law courts situated at Bangalore for all matters and disputes arising from relating to or concerning the application and declaration and the Policy.

35. Your Rights

To exercise your rights, you should follow the procedures stated in this Policy. If you want to request a payment, change a Beneficiary, change an address or request any other action by us, you should do so on the forms prepared for each purpose. You can get these forms from your Financial Advisor or your local MetLife India office.

36. Free Look Provision

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 stating the reasons for the objections and you shall be refunded an amount equal to non-allocated premiums plus charges levied through cancellation of units plus fund value at the date of cancellation subject to deduction of expenses towards medical examination, stamp duty and proportionate risk premium for the period of cover.

For this purpose, the Fund Value in the Unit Account in the Unit Account will be determined using the Net Asset Value on the corresponding Valuation Date falling on or immediately after the Date Of Receipt Of Written Request at our designated office. The rules in this regard are as follows:

- If the request is received before 15:00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the request is received after 15:00 hrs on a business/working day, the corresponding valuation date is the next business/working day.

If there is no valuation done on a business/working day, then the above mentioned valuation date is the date when the next valuation is done. The Company reserves the right to change the above rules on the calculation of Fund Value in the Unit Account by sending 15 day advance intimation.

37. Address for Communication

All communications in respect of this Policy shall be addressed to the Company at the following address:

MetLife India Insurance Company Limited
Registered Office, 'Brigade Seshamahal'
5, Vani Vilas Road,
Basavanagudi,
Bangalore – 560 004.

MetLife®

Application Number: [REDACTED]

peace of mind. Guaranteed.

METLIFE INDIA INSURANCE CO. LTD

MetLife India Insurance Company Limited

(Insurance Regulatory And Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal', 5 Vani Vilas Road, Basavanagudi, Bangalore 560 004. www.metlife.co.in Phone: +91-80-2643 8638. FAX: +91-80-2652 1970

Application For Life Insurance

Instructions

1. Read the Application carefully before you fill in the details.
2. You are requested to provide COMPLETE and TRUTHFUL information in this application in relation to your health and habits, within your knowledge as on the date of application.
3. The information provided by you will form the basis for issue of the policy. Please write in block letters in black. Please ✓ in appropriate boxes provided.
4. The payments may be made either in, crossed cheque, bank draft made payable to "MetLife India Insurance Co. Ltd." or in any other manner as per the approval of the Company.
5. Please DO NOT handover cash to anyone including our Financial Advisor/Corporate Agent.
6. Please pay cash only at the cash counter of any of MetLife offices in India.
7. All documents submitted along with the Application form should be attested by the Proposed Policy Owner
8. The Application and all rights, Obligation and liabilities arising herewith, shall be construed, determined and enforced in accordance with the laws of India.

Worksite FA Code: [REDACTED]

FA / FPC Code: [REDACTED]

FA / FPC Name: [REDACTED]

MetLife Branch Office: [REDACTED]

Bank Branch & Channel Name: [REDACTED]

Bank Branch Channel Code: [REDACTED]

Sales Manager: [REDACTED]

Agency Manager: [REDACTED]

Corrections or overwriting, if any, must bear the full signature of the applicant.

Please specify the Type of Cover required. (Tick any one that is applicable)

Individual

Key Person

General Partnership

Keyperson Partnership

Employer-Employee

HUF

MWP

1. Identity of Proposed Insured

1.1. Full Name

Mr./Mrs./M.

Last Name

1.2. Father's Name

First Name

Last Name

1.3. Mailing Address: Residence Office

[REDACTED ADDRESS]

CITY: [REDACTED] STATE: [REDACTED]

COUNTRY: [REDACTED] PIN: [REDACTED]

1.4. Permanent Address: (If different from Mailing Address)

[REDACTED ADDRESS]

CITY: [REDACTED] STATE: [REDACTED]

COUNTRY: [REDACTED] PIN: [REDACTED]

1.5. Proof of address (Copy to be submitted)

1.6. Recent Photograph submitted: Yes/NO (Please tick)

1.7. Telephone:

STD Code

Number

Residence

Mobile

Office

1.8. Date of Birth: [REDACTED]

1.9. If you wish to backdate the policy, please indicate date

1.10. Place of Birth: [REDACTED]

(This option is not applicable for Unit-Linked Policies)

1.11. Proof of Date of Birth (Copy to be submitted):

Passport

School Certificate

Birth Certificate

Driving License

Others (Please specify) _____

1.12. Highest Educational Qualification: Post Grad. & above Graduate Diploma 12th Pass
 10th Pass Below 10th Pass Illiterate OTHERS (Please specify) _____

1.14. Nationality: Resident Indian Non-Resident Indian Foreign National

1.15. Proof of Identification (Copy to be Submitted): PAN Card Passport Driving License
 Voter ID Card OTHERS (Please specify) _____

1.16. Source of your Income: Service Business Self-Employed Professional
 Student Retired Homemaker Others (Please specify) _____

Name & Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service / Business	Annual Gross Income
[REDACTED]				

1.17. Purpose of Insurance: Planning for child's future Protection Retirement Keyperson
 Gift of Life Others (Please specify): _____

1.18. Marital Status: Single Married Divorced Widowed

1.19. Spouse's name in full: [REDACTED]

1.20. Spouse's Occupation: Service Business Self-Employed Professional Student
 Retired Homemaker Others (Please specify): _____

Insurance Details Of The Proposed Insured

1.21. Is this your first application for Life Insurance with MetLife? Yes No

If No, Please provide Policy Numbers: _____

1.22. Are there any applications submitted or pending consideration or do you have Life Insurance Policies on your life from companies other than MetLife. (Attach additional sheets if required)

Name of the Insurance Company	Policy / Application Number	Type of policy	Face Amount (Rs.) Base +Term	Year of Issue	In force/ lapsed/in case of revival, date of revival/ pending	Acceptance terms (Std./ with extra/ postponed/ declined/ withdrawn/ restricted benefits)
[REDACTED]						

1.23. Have you ever withdrawn or been declined/postponed for insurance or offered insurance with restricted benefits or at other than standard rates? If yes, please provide details as specified in the above table. Yes No

1.24. If life to be insured is Minor/ Student/ Housewife*, please provide insurance details of the family members:

Relationship	Age	Name of the Insurance Company	Type of Policy	Face Amount (Rs.)	Whether in force
Father					
Mother					
Sister(s)					
Brother(s)					
Spouse					

* In cases of Housewife, only spouse's details are required.

2. Owner of Policy (if different from Proposed Insured)

2.1. Full Name
 Mr./Mrs./Ms./Dr. [REDACTED]
 Title First Name Middle Name Last Name

2.2. Father's/Husband's Name [REDACTED]
 First Name Middle Name Last Name

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2.4. Name of the Company (Required if Proposed Policy Owner is a Company)

M / S [Grid]

2.5. Mailing Address: Residence Office

[Grid]
CITY STATE
COUNTRY PIN

2.6. Permanent Address: (If different from Mailing Address)

[Grid]
CITY STATE
COUNTRY PIN

2.7. Telephone: STD Code Number

Residence [Grid] - [Grid] Mobile [Grid]
Office [Grid] - [Grid] E-mail [Grid]

2.8. Date of Birth [Grid]

2.9. Gender: Male Female

2.10. Nationality: Resident Indian Non-Resident Indian Foreign National

If a Non-Resident Indian or Foreign National, please mention the Country you reside in _____

2.11. Proof of Identification (Copy to be submitted): PAN Card Passport Driving License Voter's ID card

Others (Please specify) _____

2.12. Source of your Income: Service Business Self-Employed Professional Student
Retired Homemaker Others (Please specify) _____

Name & Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service / Business	Annual Gross Income

2.13. Marital Status: Single Married Divorced Widowed

2.14. In case the Proposed Insured is minor, do you wish to have automatic vesting of policy ownership rights to the Proposed Insured on his/her attaining age 18? Yes No

3. Product Particulars

3.1. Name of the Plan: _____
(Please note: If in case the _____ of the policy, then there will be _____ made in the Sum Assured.)

3.2. Type of Plan (If applicable): Participating Non-Participating

3.3. For Met Smart Gold / Met Smart Plus / Met Smart Premier: Regular Pay & Single Pay _____ Multiple _____ (5 times for Met Smart Gold / Plus / Premier Coverage Term)

3.4. Face Amount / Sum Assured (IN RS): _____

3.5. Policy Term (If applicable) _____

3.7	Rider	Yes / No	Sum Assured Amount (Rs)
1	Accidental Death Benefit		
2	Term		
3	Critical Illness		
			N/A

*If product chosen is Met Smart Gold / Met Smart Plus / Met Smart Premier (Regular Pay & Single Pay), then only ADB and CI riders are applicable

3.8. Premium Payment Frequency: Annual Semi-Annual Quarterly Monthly Single

"IN UNIT LINKED PRODUCTS, THE INVESTMENT RISK OF AN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

3.9. Preference for automatic premium payment mode: Auto Debit Others (In case you have opted for credit card/Auto Debit, please fill in the relevant form.)

3.10. Do you wish to avail Automatic Premium Payment? Yes No
 (This option is available only for plans with automatic premium provision.)

Additional Information

3.11. If the plan is Met Bhavishya: ~~NO~~ (i) Payout Option Option A Option B

Details of the named child (ii) Name _____

(iii) Relationship with the Proposed Insured: _____

(iv) Date of Birth: (v) Gender: Male ~~NO~~ Female

3.12. If the plan is Met Suraksha: Plan: TA TROP Age upto 60

3.13. Premium (Re)direction for Met Smart Gold/Met Smart Plus/Met Smart Premier (Regular Pay & Single Pay)
 (Minimum chosen allocation to be 20%. Please ensure total is 100%)

Choose Basis for Premium Allocation	Preserver	Protector	Moderator	Balancer	Accelerator*	Virtue	Multiplier	Total
in percentage (%)								100%

(*Moderator applicable only for Met Smart Gold plan)

3.14. Details of Initial Deposit: (For Met Smart Gold/Met Smart Plus/Met Smart Premier (Regular Pay & Single Pay), excess amount paid may be credited to the Account/Fund value as Top up premium within the applicable limits)

Type of Deposit	Crossed Cheque <input checked="" type="checkbox"/>	Bank Draft <input type="checkbox"/>	Other (Please specify) _____
Instrument No.	Date	Amount (in Rs.)	Name of the Bank and Branch
9111111111111111	12/2008	100000	State Bank of India

3.15. Please mention the date of opening Bank Account (Applicable only for crossed cheque mode) ~~12/2008~~

3.16. Type of Account: Saving Current Loan Others

3.17. Premiums will be paid by: Insured Policy Owner Other If other, please provide the following details:

Name: ~~NO~~

Relationship to Proposed Owner: _____ Annual Income of the Premium Payer: _____

3.18. Are you using the money received out of surrender of, or loan, withdrawal out of an existing Policy issued by MetLife India or any other Insurance Company to pay the Proposal Deposit under this application? Yes No

3.19. Are you planning to lapse an existing Policy and take this policy in lieu thereof? Yes No
 (If 3.18 and/or 3.19 is answered as "yes" please complete Replacement Questionnaire).

3.20. Beneficiary Details: (To be filled if Proposed Insured and Proposed Policy Owner are the same.) (Nominee under Sec 39 of Insurance Act, 1938.)

Full Name	Age	Relationship	If Beneficiary is a Minor		Address (if different)
			Date of Birth of Minor	Appointee's name and relationship with the Beneficiary	
KALAY	18	HOUSE			

Appointee's Signature accepting the appointment: ~~NO~~

4. Medical Details and Family History of the Proposed Insured

4.1. Height 172 cms or _____ ft _____ inches Weight 71 kgs or _____ pounds

4.2. Family History:

Relation to Proposed Insured	Age	Living	Deceased
		Details of present health and full particulars of any ailments	Cause of Death
Father	65		
Mother	65		
Brothers/Sisters	02		
Spouse	45		
Children	01		

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4.3. Medical Details

Have you ever had symptoms of, been treated for, been advised to receive treatment or have any investigations for any of the following. (The below conditions are provided as examples only and would request you to disclose all disorders, disease, disturbance or other conditions, which are, or might be relevant. If answer for any of the questions in this section is "Yes" please provide all medical reports, if available.)

	Yes	No
1) High Blood Pressure, Chest Pain, Angina, Heart Attack or any other ailment pertaining to the Heart or Circulatory System?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Seizures, Stroke, Paralysis, Epilepsy, Parkinson's, Multiple Sclerosis or any other Disorder of the Brain or Nervous System?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Tuberculosis, Asthma, Bronchitis, Shortness of Breath or any other Respiratory Disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Cancer, Tumour, Cyst, Leukaemia, Growth, Lump or other Malignancy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) Any Kidney, Liver, Bladder Disorder or Prostate Disease, Blood/Protein in Urine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Ulcers or any Stomach or Intestinal Disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Diabetes, Thyroid or any other Gland Related Disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8) Is vision corrected by glasses, If yes, please specify the power of glasses for both eyes? Right Eye _____ Left Eye _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9) Any Disorder related to Ear, Nose and Throat?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10) Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11) Depression, Stress, Anxiety, Attempt to Suicide or any other Psychological or Emotional Disorder or Nervous Breakdown or Mental Illness or symptoms of the same?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12) Have you or your spouse ever been tested of or received any medical advice, counseling or treatment in connection with Hepatitis B/C or HIV/ AIDS or any Sexually Transmitted Diseases?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13) During the past five years, have you • Consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or cough? • Undergone ECG, x-rays, blood test or other tests? • Have been admitted/advised to be admitted to any hospital or any other medical facility?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
14) In the past two years, have you been involved in any motor vehicle, motorcycle or scooter accidents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15) Do you have any Physical Deformity/Defect ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16) Has there been drastic weight loss or weight gain (> =5 kgs) in the past year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17) Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4.4 Have you been or are you suffering from any other illness, injury, disease condition or have undergone medical examination not mentioned in the above questions due to which you have abstained from work for more than 7 days? If yes, please provide details of the illness and the treatment /medication taken or being taken. Yes No

4.5. Personal Physician:

Address: _____
Date of consultation: _____ Phone: _____
Reason for consultation, diagnosis, treatment and advice: _____

4.6. For Female Proposed Insured Only

1	Maiden Name: _____	<input checked="" type="checkbox"/>
2	Are you pregnant? If yes, please mention current months of pregnancy. Less than or equal to 6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> If any complications relating to pregnancy, please give details. _____	<input checked="" type="checkbox"/>
3	Have you delivered, undergone Caesarian section, had any abortion or miscarriage? If yes, please mention the period elapsed since the last occasion. In the last 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Have you suffered from any disorder of the breast or reproductive organs? If yes, please provide details. _____	<input checked="" type="checkbox"/>

5. Lifestyle and Personal Details of the Proposed Insured

5.1. Lifestyle Information:

1) Please give the following details:

Substance Consumed	Yes	No	Consumed As	Quantity	For No. Of months	If stopped consuming, state date since when you stopped
Tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe/Cigar/ Cigarettes/ Beedi	_____	_____	_____
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gutkha	_____	_____	_____
Alcohol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Beer/ Wine/ Liquor	_____	_____	_____
Narcotics/Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marijuana/ Cocaine/ Addictive Drugs	_____	_____	_____

2)	Is your occupation associated with any specific hazards (E.g. Mines, Explosives, Corrosive Chemicals and HTV Drivers, etc), please complete the respective Occupation Questionnaire.	YES	NO
3)	Are you employed in Armed, Para Military or Police Force, If Yes, please complete Armed Services Questionnaire		
4)	Have you ever been convicted or involved in criminal cases or have any case pending against you.		
5)	Have you flown in the last two years or do you expect to fly in future either as a Student Pilot, Pilot, Crew Member Passenger in a Non-Commercial/ Personal / Chartered Flight? If yes, please complete Aviation Questionnaire. (Please tick "No" if you are a fare-paying passenger in domestic/international airline)		
6)	Do you engage in Automobile or Motor-cycle Racing, Skin or Scuba Diving, Skydiving or Professional Sports? If yes, please complete respective Avocation Questionnaire		

For each "Yes" answer in Section 4, 5 & 6 please identify the question and give full details, conditions, dates, duration and results. Give full names and addresses of Doctor/Hospital/clinic etc.

Question No.	Details

INCONTESTABILITY

Section 45 of the Insurance Act, 1938:

No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:


Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

STATUTORY WARNING as per Section 41 of the Insurance Act, 1938.

- (1) "No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer."
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

6. Declaration, Agreement and Authorization

DECLARATION BY THE PROPOSED OWNER

I,  have read this Application or got read/explained and furnished the information, after fully understanding the contents thereof, and also understood the terms and conditions of the plan that I have applied for and have made complete true and accurate disclosure of all facts to the best of my knowledge and belief and that I have not withheld any information.

AGREEMENT

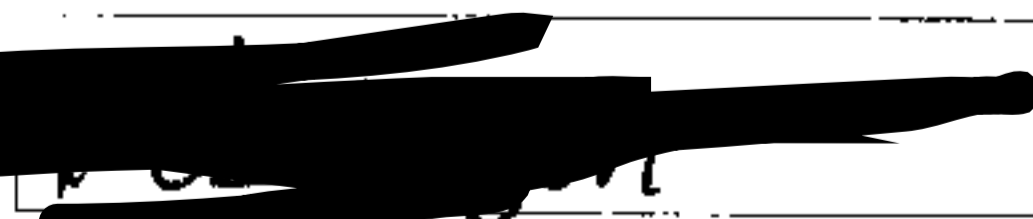
I also do hereby agree that

- 1. My statements and this declaration shall be the basis of any policy issued.
- 2. If any untrue statement be contained in this Application, the policy contract shall be null and void and all the moneys, which have been paid in, respect thereof, shall stand forfeited to MetLife.
- 3. If, after submission of this Application and before issue of the Policy,
 - (i) there are any adverse circumstances connected with the general health of myself, or
 - (ii) an Application for insurance on my life made to any other insurance company or an application for revival has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, or,
 - (iii) there is any change in my occupation or financial position,
 I shall forthwith intimate the same to MetLife in writing to reconsider the terms of acceptance of this Application. Any omission on my part to do so shall render the contract based on this Application invalid and all monies which have been paid in respect of the contract shall stand forfeited to MetLife.
- 4. Commencement of risk will not take effect until policy is issued by MetLife. I would undergo all medical tests required by MetLife as per its guidelines, including HIV - Elisa test.

AUTHORISATION

For purposes of understanding this Application and deciding the bonafides of the claim arising in pursuance of this contract, I permit and authorize, notwithstanding any ban on the grounds of secrecy:

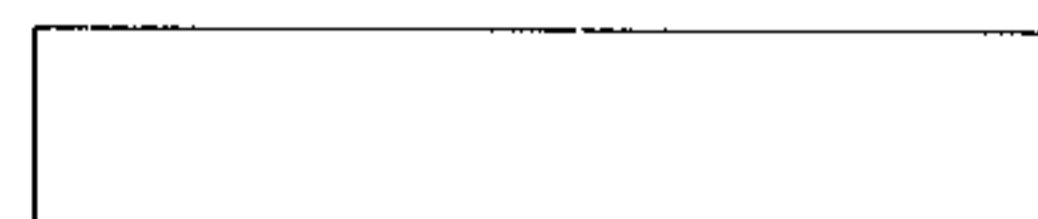
- 1. Any medical practitioner or facility, hospital/clinic, medical laboratory/bureau, employer / any other insurer,
 - 2. Any institution, association, investigative agency or person/s,
- To divulge all such knowledge and information as MetLife may require for their use.



Signature of the Proposed Insured



Signature of the Witness (Witness should not be related to the PI/PO)



Signature of the Proposed Owner (If different from Proposed Insured)

Name of the Proposed Owner: _____

Name of the Witness: 

Address of witness: 

Dated at  on the  day of  Year 

(Place where Signed)

Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 1 of 11)

"IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER.
THE GROSS ANNUAL INVESTMENT RETURN OF 6% AND 10% ARE FOR ILLUSTRATION PURPOSE ONLY.
THIS ILLUSTRATION WILL FORM PART OF THE POLICY DOCUMENT."

Policy Name: Met Smart Plus	Unique Identification Number: 117L030V01
------------------------------------	---

A) Details of the Person Insured		
Name of the Proposer: [REDACTED]		
Gender: Male	Date Of Birth: 10/06/1986	Age at Entry: 22

Application Number	[REDACTED]
Policy Number	[REDACTED]

Age is calculated as per the age last birthday

B) Details of the Plan	
Annual Regular Premium (in Rupees)	[REDACTED]
Coverage Term (in years)	[REDACTED]
Age of Person Insured at Maturity (in years)	[REDACTED]
Premium Payment Mode	[REDACTED]
Premium Payment Term (in years)	[REDACTED]

C) Cover Description	Sum Assured (in Rupees)
Base Sum Assured	300,000
Rider Cover: 1. Accidental Death Benefit Rider Sum Assured	-
Rider Cover: 2. Critical Illness Rider Sum Assured	-

D) Fund Options	Preserver	Protector	Moderator	Balancer	Accelerator	Virtue	Multiplier	Total
Percentage Allocated	-	-	-	-	-	[REDACTED]	[REDACTED]	[REDACTED]

Some benefits are guaranteed and some benefits are variable with returns based on future performance of MetLife. If your policy offers guaranteed returns then these will be clearly marked "guaranteed" in the illustration table. If your policy offers variable returns then the illustration on this page will show two different rates of assumed future investment returns. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including future investment performance.

Prepared For : **R.VIJAYARANGAN AVL**

Prepared By : **A R RANGARAJAN - SM**

You can also write to us at IndiaService@metlife.com or call us Toll free at 1-800-425-6969
Our Regd office: MetLife India Insurance Co. Ltd., Brigade Seshamahal, 5 Vani Vilas Road, Basavanagudi, Bangalore - 560004
IRDA Registration Number. 117, Fax +91-80-26521970. Visit us at www.metlife.co.in
Insurance is the subject matter of the solicitation. LD/2007 - 08/250(Exp 03/10)

VERSION: 1.0.422

Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Age at Entry: 22 Years

Coverage Term: 78 Years

Premium Payment Term: 78 Years

Illustrated @ 10% Gross rate of Return

Policy Year End	Age of Person Insured	Annualized Regular Premium (Rs.)	Top-up Premiums (Rs.)	Allocation (Rs.)	Allocated for Investment (Rs.)	Policy Charges (Rs.)	ADB Rider Charge (Rs.)	CL Rider Charge (Rs.)	Fund Management Charge (Rs.)	Charges (Rs.)	Guaranteed Benefits		Non-Guaranteed Benefits			
											Guaranteed Benefit (Rs.)	Guaranteed Benefit (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
1	22	12,000	0	720	11,280	900	269	0	179	3,568	300,000	0	0	9,409	0	300,000
2	23	12,000	0	720	11,280	900	266	0	364	2,250	300,000	0	0	21,150	0	300,000
3	24	12,000	0	720	11,280	900	259	0	577	2,458	300,000	0	0	33,848	0	300,000
4	25	12,000	0	720	11,280	900	251	0	807	2,878	300,000	0	0	47,585	39,185	300,000
5	26	12,000	0	720	11,280	900	240	0	1,057	2,917	300,000	0	0	62,447	55,247	300,000
6	27	12,000	0	720	11,280	900	227	0	1,327	3,173	300,000	0	0	78,527	72,527	300,000
7	28	12,000	0	720	11,280	900	211	0	1,618	3,449	300,000	0	0	95,928	91,128	300,000
8	29	12,000	0	720	11,280	900	192	0	1,934	3,747	300,000	0	0	114,757	111,157	300,000
9	30	12,000	0	720	11,280	900	171	0	2,278	4,067	300,000	0	0	135,135	132,735	300,000
10	31	12,000	0	720	11,280	900	149	0	2,646	4,415	300,000	0	0	157,188	155,988	300,000
11	32	12,000	0	300	11,700	900	129	0	3,054	4,382	300,000	0	0	181,503	181,503	300,000
12	33	12,000	0	300	11,700	900	106	0	3,495	4,801	300,000	0	0	207,813	207,813	300,000
13	34	12,000	0	300	11,700	900	81	0	3,973	5,253	300,000	0	0	236,282	236,282	300,000
14	35	12,000	0	300	11,700	900	51	0	4,489	5,740	300,000	0	0	267,090	267,090	300,000
15	36	12,000	0	300	11,700	900	14	0	5,048	6,263	300,000	0	0	300,433	300,433	300,433
16	37	12,000	0	300	11,700	900	0	0	5,654	6,854	300,000	0	0	336,494	336,494	336,494
17	38	12,000	0	300	11,700	900	0	0	6,308	7,508	300,000	0	0	375,477	375,477	375,477
18	39	12,000	0	300	11,700	900	0	0	7,015	8,215	300,000	0	0	417,620	417,620	417,620
19	40	12,000	0	300	11,700	900	0	0	7,779	8,979	300,000	0	0	463,179	463,179	463,179
20	41	12,000	0	300	11,700	900	0	0	8,606	9,806	300,000	0	0	512,431	512,431	512,431
21	42	12,000	0	300	11,700	900	0	0	9,499	10,699	300,000	0	0	565,675	565,675	565,675
22	43	12,000	0	300	11,700	900	0	0	10,465	11,665	300,000	0	0	623,234	623,234	623,234
23	44	12,000	0	300	11,700	900	0	0	11,509	12,709	300,000	0	0	685,459	685,459	685,459
24	45	12,000	0	300	11,700	900	0	0	12,638	13,838	300,000	0	0	752,728	752,728	752,728
25	46	12,000	0	300	11,700	900	0	0	13,858	15,058	300,000	0	0	825,449	825,449	825,449

Prepared For: REVATI ARORA

Prepared By: K. PRASAD

Also write to us at IndiaService@metlife.com or call us Toll free at 1800-102-0000
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IRDA Registration Number. 117, Fax +91-80-26521970. Visit us at www.metlife.co.in

Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 3 of 11)

Ledger prepared for : R.VIJAYARANGAN AVL

Prepared on 11/12/2008

Age at Entry: 22 Years

Coverage Term: 78 Years

Premium Payment Term: 78 Years

Illustrated @ 10% Gross rate of Return

Policy Year End	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top-up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Premium Allocated for Investment (Rs.)	Charges (Rs.)						Guaranteed Benefits			Non Guaranteed Benefits			
						Policy Administration (Rs.)	Mortality (Rs.)	ADB Rider Charge (Rs.)	CI Rider Charge (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	Guaranteed (ADB Rider Benefit) (Rs.)	Guaranteed (CI Rider Benefit) (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
26	47	12,000	0	300	11,700	900	0	0	0	15,178	16,378	300,000	0	0	0	904,064	904,064	904,064
27	48	12,000	0	300	11,700	900	0	0	0	16,604	17,804	300,000	0	0	0	989,051	989,051	989,051
28	49	12,000	0	300	11,700	900	0	0	0	18,145	19,345	300,000	0	0	0	1,080,927	1,080,927	1,080,927
29	50	12,000	0	300	11,700	900	0	0	0	19,812	21,012	300,000	0	0	0	1,180,249	1,180,249	1,180,249
30	51	12,000	0	300	11,700	900	0	0	0	21,614	22,814	300,000	0	0	0	1,287,622	1,287,622	1,287,622
31	52	12,000	0	300	11,700	900	0	0	0	23,562	24,762	300,000	0	0	0	1,403,699	1,403,699	1,403,699
32	53	12,000	0	300	11,700	900	0	0	0	25,667	26,867	300,000	0	0	0	1,529,183	1,529,183	1,529,183
33	54	12,000	0	300	11,700	900	0	0	0	27,944	29,144	300,000	0	0	0	1,664,839	1,664,839	1,664,839
34	55	12,000	0	300	11,700	900	0	0	0	30,405	31,605	300,000	0	0	0	1,811,490	1,811,490	1,811,490
35	56	12,000	0	300	11,700	900	0	0	0	33,065	34,265	300,000	0	0	0	1,970,027	1,970,027	1,970,027
36	57	12,000	0	300	11,700	900	0	0	0	35,941	37,141	300,000	0	0	0	2,141,415	2,141,415	2,141,415
37	58	12,000	0	300	11,700	900	0	0	0	39,050	40,250	300,000	0	0	0	2,326,694	2,326,694	2,326,694
38	59	12,000	0	300	11,700	900	0	0	0	42,411	43,611	300,000	0	0	0	2,526,991	2,526,991	2,526,991
39	60	12,000	0	300	11,700	900	0	0	0	46,045	47,245	300,000	0	0	0	2,743,523	2,743,523	2,743,523
40	61	12,000	0	300	11,700	900	0	0	0	49,973	51,173	300,000	0	0	0	2,977,606	2,977,606	2,977,606
41	62	12,000	0	300	11,700	900	0	0	0	54,219	55,419	300,000	0	0	0	3,230,662	3,230,662	3,230,662
42	63	12,000	0	300	11,700	900	0	0	0	58,810	60,010	300,000	0	0	0	3,504,229	3,504,229	3,504,229
43	64	12,000	0	300	11,700	900	0	0	0	63,772	64,972	300,000	0	0	0	3,799,970	3,799,970	3,799,970
44	65	12,000	0	300	11,700	900	0	0	0	69,137	70,337	300,000	0	0	0	4,119,682	4,119,682	4,119,682
45	66	12,000	0	300	11,700	900	0	0	0	74,937	76,137	300,000	0	0	0	4,465,307	4,465,307	4,465,307
46	67	12,000	0	300	11,700	900	0	0	0	81,207	82,407	300,000	0	0	0	4,838,947	4,838,947	4,838,947
47	68	12,000	0	300	11,700	900	0	0	0	87,985	89,185	300,000	0	0	0	5,242,872	5,242,872	5,242,872
48	69	12,000	0	300	11,700	900	0	0	0	95,312	96,512	300,000	0	0	0	5,679,537	5,679,537	5,679,537
49	70	12,000	0	300	11,700	900	0	0	0	103,234	104,434	300,000	0	0	0	6,151,595	6,151,595	6,151,595
50	71	12,000	0	300	11,700	900	0	0	0	111,797	112,997	300,000	0	0	0	6,661,915	6,661,915	6,661,915
51	72	12,000	0	300	11,700	900	0	0	0	121,055	122,255	300,000	0	0	0	7,213,599	7,213,599	7,213,599

Prepared by

Prepared by

You can also write to us at IndiaService@metlife.com or call us Toll free at 1-800-425-6229

Our Regd office: MetLife India Insurance Co. Ltd., Brigade Seshamahal, 5 Vani Vilas Road, Basavanagudi, Bangalore - 560004

IRDA Registration Number. 117, Fax +91-80-26521970. Visit us at www.metlife.co.in

Insurance is the subject matter of the solicitation. LD/2007 - 08/250(Exp 03/10)

VERSION: 1.0.422

Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 4 of 11)

Ledger prepared for : R.VIJAYARANGAN AVL

Prepared on 11/12/2008

Age at Entry: 22 Years

Coverage Term: 78 Years

Premium Payment Term: 78 Years

Illustrated @ 10% Gross rate of Return

Policy Year End	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top-up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Premium Allocated for Investment (Rs.)	Charges (Rs.)					Guaranteed Benefits			Non-Guaranteed Benefits				
						Policy Administration (Rs.)	Mortality (Rs.)	ADB Rider Charge (Rs.)	CI Rider Charge (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	Guaranteed (ADB Rider Benefit) (Rs.)	Guaranteed (CI Rider Benefit) (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
52	73	12,000	0	300	11,700	900	0	0	0	131,062	132,262	300,000	0	0	0	7,809,999	7,809,999	7,809,999
53	74	12,000	0	300	11,700	900	0	0	0	141,881	143,081	300,000	0	0	0	8,454,739	8,454,739	8,454,739
54	75	12,000	0	300	11,700	900	0	0	0	153,577	154,777	300,000	0	0	0	9,151,738	9,151,738	9,151,738
55	76	12,000	0	300	11,700	900	0	0	0	166,221	167,421	300,000	0	0	0	9,905,232	9,905,232	9,905,232
56	77	12,000	0	300	11,700	900	0	0	0	179,890	181,090	300,000	0	0	0	10,719,799	10,719,799	10,719,799
57	78	12,000	0	300	11,700	900	0	0	0	194,667	195,867	300,000	0	0	0	11,600,390	11,600,390	11,600,390
58	79	12,000	0	300	11,700	900	0	0	0	210,641	211,841	300,000	0	0	0	12,552,356	12,552,356	12,552,356
59	80	12,000	0	300	11,700	900	0	0	0	227,914	229,114	300,000	0	0	0	13,581,484	13,581,484	13,581,484
60	81	12,000	0	300	11,700	900	0	0	0	246,580	247,780	300,000	0	0	0	14,694,025	14,694,025	14,694,025
61	82	12,000	0	300	11,700	900	0	0	0	266,762	267,962	300,000	0	0	0	15,896,743	15,896,743	15,896,743
62	83	12,000	0	300	11,700	900	0	0	0	288,580	289,780	300,000	0	0	0	17,196,946	17,196,946	17,196,946
63	84	12,000	0	300	11,700	900	0	0	0	312,166	313,366	300,000	0	0	0	18,602,535	18,602,535	18,602,535
64	85	12,000	0	300	11,700	900	0	0	0	337,664	338,864	300,000	0	0	0	20,122,053	20,122,053	20,122,053
65	86	12,000	0	300	11,700	900	0	0	0	365,229	366,429	300,000	0	0	0	21,764,734	21,764,734	21,764,734
66	87	12,000	0	300	11,700	900	0	0	0	395,028	396,228	300,000	0	0	0	23,540,560	23,540,560	23,540,560
67	88	12,000	0	300	11,700	900	0	0	0	427,243	428,443	300,000	0	0	0	25,460,324	25,460,324	25,460,324
68	89	12,000	0	300	11,700	900	0	0	0	462,069	463,269	300,000	0	0	0	27,535,693	27,535,693	27,535,693
69	90	12,000	0	300	11,700	900	0	0	0	499,717	500,917	300,000	0	0	0	29,779,278	29,779,278	29,779,278
70	91	12,000	0	300	11,700	900	0	0	0	540,417	541,617	300,000	0	0	0	32,204,715	32,204,715	32,204,715
71	92	12,000	0	300	11,700	900	0	0	0	584,418	585,618	300,000	0	0	0	34,826,743	34,826,743	34,826,743
72	93	12,000	0	300	11,700	900	0	0	0	631,981	633,181	300,000	0	0	0	37,661,296	37,661,296	37,661,296
73	94	12,000	0	300	11,700	900	0	0	0	683,401	684,601	300,000	0	0	0	40,725,602	40,725,602	40,725,602
74	95	12,000	0	300	11,700	900	0	0	0	738,990	740,190	300,000	0	0	0	44,038,281	44,038,281	44,038,281
75	96	12,000	0	300	11,700	900	0	0	0	799,084	800,284	300,000	0	0	0	47,619,466	47,619,466	47,619,466
76	97	12,000	0	300	11,700	900	0	0	0	864,048	865,248	300,000	0	0	0	51,490,920	51,490,920	51,490,920
77	98	12,000	0	300	11,700	900	0	0	0	934,279	935,479	300,000	0	0	0	55,676,170	55,676,170	55,676,170

Prepared For: [REDACTED]

Prepared By: A. P. BANGARAJAN, SM

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IRDA Registration Number. 117, Fax +91-80-26521970. Visit us at www.metlife.co.in

Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 5 of 11)

Ledger prepared for : R.VIJAYARANGAN AVL

Prepared on 11/12/2008

Age at Entry: 22 Years

Coverage Term: 78 Years

Premium Payment Term: 78 Years

Illustrated @ 10% Gross rate of Return

Policy Year End	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top-up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Premium Allocated for Investment (Rs.)	Charges (Rs.)					Guaranteed Benefits			Non Guaranteed Benefits				
						Policy Administration (Rs.)	Mortality (Rs.)	ADB Rider Charge (Rs.)	CI Rider Charge (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	Guaranteed (ADB Rider Benefit) (Rs.)	Guaranteed (CI Rider Benefit) (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
78	99	12,000	0	300	11,700	900	0	0	0	1,010,202	1,011,402	300,000	0	0	0	60,200,652	60,200,652	60,200,652
	Total	936,000	0	27,600	908,400	71,700	2,617	0	0	13,286,762	13,388,679				0			

Note: All the values shown in the illustration above are as at the end of the year. Please read Page 10 of this benefit illustration for detailed notes and explanations. For glossary of various terms of charges kindly refer to the Product brochure or Terms and Conditions provided along with policy document.

Prepared by: [Redacted]

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Insurance is the subject matter of the solicitation. LD/2007 - 08/250(Exp 03/10)

VERSION: 1.0.422

Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 6 of 11)

Ledger prepared for : R.VIJAYARANGAN AVL

Prepared on 11/12/2008

Age at Entry: 22 Years

Coverage Term: 78 Years

Premium Payment Term: 78 Years

Illustrated @ 6% Gross rate of Return

Policy Year End	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top-up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Premium Allocated for Investment (Rs.)	Charges (Rs.)					Guaranteed Benefits			Non Guaranteed Benefits				
						Policy Administration (Rs.)	Mortality (Rs.)	ADB Rider Charge (Rs.)	CI Rider Charge (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	Guaranteed (ADB Rider Benefit) (Rs.)	Guaranteed (CI Rider Benefit) (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
1	22	12,000	0	720	11,280	2,400	269	0	0	175	3,564	300,000	0	0	0	9,021	0	300,000
2	23	12,000	0	720	11,280	900	267	0	0	350	2,236	300,000	0	0	0	19,956	0	300,000
3	24	12,000	0	720	11,280	900	261	0	0	544	2,425	300,000	0	0	0	31,352	0	300,000
4	25	12,000	0	720	11,280	900	254	0	0	747	2,621	300,000	0	0	0	43,232	34,832	300,000
5	26	12,000	0	720	11,280	900	246	0	0	958	2,824	300,000	0	0	0	55,616	48,416	300,000
6	27	12,000	0	720	11,280	900	235	0	0	1,178	3,033	300,000	0	0	0	68,528	62,528	300,000
7	28	12,000	0	720	11,280	900	223	0	0	1,408	3,251	300,000	0	0	0	81,992	77,192	300,000
8	29	12,000	0	720	11,280	900	209	0	0	1,647	3,476	300,000	0	0	0	96,031	92,431	300,000
9	30	12,000	0	720	11,280	900	193	0	0	1,897	3,710	300,000	0	0	0	110,673	108,273	300,000
10	31	12,000	0	720	11,280	900	177	0	0	2,158	3,955	300,000	0	0	0	125,943	124,743	300,000
11	32	12,000	0	300	11,700	900	164	0	0	2,437	3,801	300,000	0	0	0	142,300	142,300	300,000
12	33	12,000	0	300	11,700	900	152	0	0	2,728	4,080	300,000	0	0	0	159,353	159,353	300,000
13	34	12,000	0	300	11,700	900	140	0	0	3,031	4,370	300,000	0	0	0	177,130	177,130	300,000
14	35	12,000	0	300	11,700	900	126	0	0	3,347	4,673	300,000	0	0	0	195,663	195,663	300,000
15	36	12,000	0	300	11,700	900	111	0	0	3,677	4,987	300,000	0	0	0	214,986	214,986	300,000
16	37	12,000	0	300	11,700	900	92	0	0	4,020	5,312	300,000	0	0	0	235,134	235,134	300,000
17	38	12,000	0	300	11,700	900	70	0	0	4,379	5,648	300,000	0	0	0	256,146	256,146	300,000
18	39	12,000	0	300	11,700	900	42	0	0	4,752	5,995	300,000	0	0	0	278,063	278,063	300,000
19	40	12,000	0	300	11,700	900	9	0	0	5,142	6,351	300,000	0	0	0	300,930	300,930	300,930
20	41	12,000	0	300	11,700	900	0	0	0	5,549	6,749	300,000	0	0	0	324,759	324,759	324,759
21	42	12,000	0	300	11,700	900	0	0	0	5,973	7,173	300,000	0	0	0	349,584	349,584	349,584
22	43	12,000	0	300	11,700	900	0	0	0	6,414	7,614	300,000	0	0	0	375,445	375,445	375,445
23	44	12,000	0	300	11,700	900	0	0	0	6,874	8,074	300,000	0	0	0	402,385	402,385	402,385
24	45	12,000	0	300	11,700	900	0	0	0	7,353	8,553	300,000	0	0	0	430,450	430,450	430,450
25	46	12,000	0	300	11,700	900	0	0	0	7,851	9,051	300,000	0	0	0	459,686	459,686	459,686
26	47	12,000	0	300	11,700	900	0	0	0	8,371	9,571	300,000	0	0	0	490,143	490,143	490,143
27	48	12,000	0	300	11,700	900	0	0	0	8,913	10,113	300,000	0	0	0	521,871	521,871	521,871

Prepared for: R.VIJAYARANGAN AVL

Prepared by: A.B. RANGARAJAN, SM

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Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 7 of 11)

Ledger prepared for : R.VIJAYARANGAN AVL

Prepared on 11/12/2008

Age at Entry: 22 Years

Coverage Term: 78 Years

Premium Payment Term: 78 Years

Illustrated @ 6% Gross rate of Return

Policy Year End	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top-up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Premium Allocated for Investment (Rs.)	Charges (Rs.)						Guaranteed Benefits			Non Guaranteed Benefits			
						Policy Administration (Rs.)	Mortality (Rs.)	ADB Rider Charge (Rs.)	CI Rider Charge (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	Guaranteed (ADB Rider Benefit) (Rs.)	Guaranteed (CI Rider Benefit) (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
28	49	12,000	0	300	11,700	900	0	0	0	9,477	10,677	300,000	0	0	0	554,924	554,924	554,924
29	50	12,000	0	300	11,700	900	0	0	0	10,064	11,264	300,000	0	0	0	589,356	589,356	589,356
30	51	12,000	0	300	11,700	900	0	0	0	10,676	11,876	300,000	0	0	0	625,226	625,226	625,226
31	52	12,000	0	300	11,700	900	0	0	0	11,314	12,514	300,000	0	0	0	662,593	662,593	662,593
32	53	12,000	0	300	11,700	900	0	0	0	11,978	13,178	300,000	0	0	0	701,519	701,519	701,519
33	54	12,000	0	300	11,700	900	0	0	0	12,670	13,870	300,000	0	0	0	742,071	742,071	742,071
34	55	12,000	0	300	11,700	900	0	0	0	13,391	14,591	300,000	0	0	0	784,315	784,315	784,315
35	56	12,000	0	300	11,700	900	0	0	0	14,142	15,342	300,000	0	0	0	828,323	828,323	828,323
36	57	12,000	0	300	11,700	900	0	0	0	14,924	16,124	300,000	0	0	0	874,168	874,168	874,168
37	58	12,000	0	300	11,700	900	0	0	0	15,739	16,939	300,000	0	0	0	921,926	921,926	921,926
38	59	12,000	0	300	11,700	900	0	0	0	16,588	17,788	300,000	0	0	0	971,678	971,678	971,678
39	60	12,000	0	300	11,700	900	0	0	0	17,473	18,673	300,000	0	0	0	1,023,507	1,023,507	1,023,507
40	61	12,000	0	300	11,700	900	0	0	0	18,394	19,594	300,000	0	0	0	1,077,499	1,077,499	1,077,499
41	62	12,000	0	300	11,700	900	0	0	0	19,354	20,554	300,000	0	0	0	1,133,745	1,133,745	1,133,745
42	63	12,000	0	300	11,700	900	0	0	0	20,354	21,554	300,000	0	0	0	1,192,339	1,192,339	1,192,339
43	64	12,000	0	300	11,700	900	0	0	0	21,396	22,596	300,000	0	0	0	1,253,379	1,253,379	1,253,379
44	65	12,000	0	300	11,700	900	0	0	0	22,481	23,681	300,000	0	0	0	1,316,967	1,316,967	1,316,967
45	66	12,000	0	300	11,700	900	0	0	0	23,611	24,811	300,000	0	0	0	1,383,209	1,383,209	1,383,209
46	67	12,000	0	300	11,700	900	0	0	0	24,789	25,989	300,000	0	0	0	1,452,217	1,452,217	1,452,217
47	68	12,000	0	300	11,700	900	0	0	0	26,015	27,215	300,000	0	0	0	1,524,104	1,524,104	1,524,104
48	69	12,000	0	300	11,700	900	0	0	0	27,293	28,493	300,000	0	0	0	1,598,993	1,598,993	1,598,993
49	70	12,000	0	300	11,700	900	0	0	0	28,625	29,825	300,000	0	0	0	1,677,008	1,677,008	1,677,008
50	71	12,000	0	300	11,700	900	0	0	0	30,012	31,212	300,000	0	0	0	1,758,279	1,758,279	1,758,279
51	72	12,000	0	300	11,700	900	0	0	0	31,456	32,656	300,000	0	0	0	1,842,943	1,842,943	1,842,943
52	73	12,000	0	300	11,700	900	0	0	0	32,961	34,161	300,000	0	0	0	1,931,141	1,931,141	1,931,141
53	74	12,000	0	300	11,700	900	0	0	0	34,529	35,729	300,000	0	0	0	2,023,020	2,023,020	2,023,020
54	75	12,000	0	300	11,700	900	0	0	0	36,163	37,363	300,000	0	0	0	2,118,735	2,118,735	2,118,735

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Insurance is the subject matter of the solicitation. LD/2007 - 08/250(Exp 03/10)

VERSION: 1.0.422

Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 8 of 11)

Ledger prepared for : R.VIJAYARANGAN AVL

Prepared on 11/12/2008

Age at Entry: 22 Years

Coverage Term: 78 Years

Premium Payment Term: 78 Years

Illustrated @ 6% Gross rate of Return

Policy Year End	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top-up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Premium Allocated for Investment (Rs.)	Charges (Rs.)					Guaranteed Benefits			Non Guaranteed Benefits				
						Policy Administration (Rs.)	Mortality (Rs.)	ADB Rider Charge (Rs.)	CI Rider Charge (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	Guaranteed (ADB Rider Benefit) (Rs.)	Guaranteed (CI Rider Benefit) (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
55	76	12,000	0	300	11,700	900	0	0	0	37,864	39,064	300,000	0	0	0	2,218,445	2,218,445	2,218,445
56	77	12,000	0	300	11,700	900	0	0	0	39,637	40,837	300,000	0	0	0	2,322,318	2,322,318	2,322,318
57	78	12,000	0	300	11,700	900	0	0	0	41,483	42,683	300,000	0	0	0	2,430,526	2,430,526	2,430,526
58	79	12,000	0	300	11,700	900	0	0	0	43,407	44,607	300,000	0	0	0	2,543,252	2,543,252	2,543,252
59	80	12,000	0	300	11,700	900	0	0	0	45,411	46,611	300,000	0	0	0	2,660,682	2,660,682	2,660,682
60	81	12,000	0	300	11,700	900	0	0	0	47,498	48,698	300,000	0	0	0	2,783,015	2,783,015	2,783,015
61	82	12,000	0	300	11,700	900	0	0	0	49,673	50,873	300,000	0	0	0	2,910,454	2,910,454	2,910,454
62	83	12,000	0	300	11,700	900	0	0	0	51,939	53,139	300,000	0	0	0	3,043,213	3,043,213	3,043,213
63	84	12,000	0	300	11,700	900	0	0	0	54,299	55,499	300,000	0	0	0	3,181,514	3,181,514	3,181,514
64	85	12,000	0	300	11,700	900	0	0	0	56,757	57,957	300,000	0	0	0	3,325,588	3,325,588	3,325,588
65	86	12,000	0	300	11,700	900	0	0	0	59,318	60,518	300,000	0	0	0	3,475,675	3,475,675	3,475,675
66	87	12,000	0	300	11,700	900	0	0	0	61,986	63,186	300,000	0	0	0	3,632,028	3,632,028	3,632,028
67	88	12,000	0	300	11,700	900	0	0	0	64,766	65,966	300,000	0	0	0	3,794,908	3,794,908	3,794,908
68	89	12,000	0	300	11,700	900	0	0	0	67,661	68,861	300,000	0	0	0	3,964,586	3,964,586	3,964,586
69	90	12,000	0	300	11,700	900	0	0	0	70,678	71,878	300,000	0	0	0	4,141,348	4,141,348	4,141,348
70	91	12,000	0	300	11,700	900	0	0	0	73,820	75,020	300,000	0	0	0	4,325,488	4,325,488	4,325,488
71	92	12,000	0	300	11,700	900	0	0	0	77,094	78,294	300,000	0	0	0	4,517,314	4,517,314	4,517,314
72	93	12,000	0	300	11,700	900	0	0	0	80,504	81,704	300,000	0	0	0	4,717,148	4,717,148	4,717,148
73	94	12,000	0	300	11,700	900	0	0	0	84,058	85,258	300,000	0	0	0	4,925,323	4,925,323	4,925,323
74	95	12,000	0	300	11,700	900	0	0	0	87,757	88,957	300,000	0	0	0	5,142,189	5,142,189	5,142,189
75	96	12,000	0	300	11,700	900	0	0	0	91,612	92,812	300,000	0	0	0	5,368,107	5,368,107	5,368,107
76	97	12,000	0	300	11,700	900	0	0	0	95,628	96,828	300,000	0	0	0	5,603,455	5,603,455	5,603,455
77	98	12,000	0	300	11,700	900	0	0	0	99,812	101,012	300,000	0	0	0	5,848,628	5,848,628	5,848,628
78	99	12,000	0	300	11,700	900	0	0	0	104,170	105,370	300,000	0	0	0	6,104,034	6,104,034	6,104,034

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Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 9 of 11)

Total	936,000	0	27,600	908,400	71,700	3,239	0	0	2,244,574	2,347,113	0
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Note: All the values shown in the illustration above are as at the end of the year. Please read Page 10 of this benefit illustration for detailed notes and explanations. For glossary of various terms of charges kindly refer to the Product brochure or Terms and Conditions provided along with policy document.

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Insurance is the subject matter of the solicitation. LD/2007 - 08/250(Exp 03/10)

VERSION: 1.0.422

Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 10 of 11)

Notes :

Due to the nature of the Unit Linked Funds, which are different from traditional insurance products, the Company does not guarantee the price of the Units of any of the Unit Linked Funds offered by it.

1. The Modal premium shown above indicates the amount payable under that mode and provided for reference only.
2. All projections in this benefit illustration is based on the assumption of annualized premium.
3. The charges include all the deductions pertaining to Premium Allocation Charges, Policy Administration Charges, Mortality charges, Fund Management Charges and Rider Charges (if any).
4. For the purpose of partial withdrawal, any Top-Up premium paid in the policy will have a lock-in period of 3 years from the date of such Top-Up premium. However acceptance of such Top-up premium would result in increase in the Sum Assured and would be subject to the underwriting rules in force from time to time.
5. In case of any partial withdrawals being made, the death benefit would be adjusted as per the relevant provisions in the policy terms and conditions. However, this adjustment of death benefit for partial withdrawals is not captured in this illustration.
6. Please read this benefit illustration in conjunction with the Policy Document to understand all Terms, Conditions & Exclusions carefully before concluding the sale.
7. This illustration explains the benefits and features of the proposed policy and is not a contract or a representation of any guarantee or warranty.
8. The Unit Linked Fund options do not offer guaranteed or assured returns.
9. The gross annual investment return of 6% & 10% are for illustration purposes only. These are in accordance with the guidelines issued by the Life Insurance Council and in no way signify our expectations of investment returns. For each of the unit linked funds, the actual investment return may be higher or lower than these rates and would be based on their actual performance.
10. 10% and 6% are the gross rates of annual investment returns. The fund values and other values have been calculated after adjusting for all the applicable charges.
11. Preserver Fund, Protector Fund, Moderator Fund, Balancer Fund, Accelerator Fund, Virtue Fund & Multiplier Fund are the names of the different fund options and do not in any manner indicate the quality of the fund, its future prospects or returns.
12. The investments in the Unit Linked Funds are subject to investment risks associated with capital markets and the NAVs of the units may go up or down based on the performance of fund and factors influencing the capital market and the insured is responsible for his/her decisions.
13. MetLife India Insurance Co. Ltd is only the name of the Insurance Company and Met Smart Plus is only the name of the unit linked life insurance contract and does not in any way indicate the quality of the contract, its future prospects or returns.
14. Service Tax and Education Cess are levied as per applicable tax laws from time to time and the same is subject to changes in the tax laws in future and the policy proceeds would be affected to that extent. The Fund Values shown in the current illustration do not incorporate the impact of Service Tax (inclusive of Education Cess). Service Tax (inclusive of Education Cess) at the applicable rates shall be charged additionally on all applicable charges. MetLife reserves the right to recover any taxes imposed by any governmental authorities from the Policyholder's fund value.
15. Neither MetLife India Insurance Co. Ltd nor any of its Advisor/ Financial Planning Consultants are authorised to offer any taxation related advice. The tax benefits under various sections shall be available as per the prevailing tax regulations and the same is subject to changes in the tax laws in future. Please consult your tax advisor for more details.

Prepared By : A R RANGARAJAN - SM

You can also write to us at IndiaService@metlife.com or call us Toll free at 1-800-425-6969

Our Regd office: MetLife India Insurance Co. Ltd., Brigade Seshamahal, 5 Vani Vilas Road, Basavanagudi, Bangalore - 560004

IRDA Registration Number. 117, Fax +91-80-26521970. Visit us at www.metlife.co.in

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Met Smart Plus

Unit-linked Life Insurance Plan (Non Par)

Benefit Illustration (Page 11 of 11)

Policyholder's/ Prospect's Declaration

[Redacted] have been taken through the illustration for Met Smart Plus. The Financial Advisor has explained to me the premiums payable, applicable charges and benefits under the product. I having received the information with respect to the above have fully understood the above statement before entering into the contract.

I understand that investment in this product is subject to market risks and the actual rate of return may be higher or lower than what has been illustrated, and are ignoring any current and future tax laws that could impact these figures. I also understand that this illustration is an example in nature and as such does not indicate maximum or minimum returns.

Signature of the Policyholder/ Prospect: [Redacted]

Date: [Redacted]

For MetLife India Insurance Company Limited,

I certify that this illustration has been fully explained to the Policyholder / Prospect, including the non-guaranteed elements. Further, I have also explained to the Policyholder / Prospect that the actual returns/benefits under the product may be different from what has been illustrated.

Signature of the Employee :

Name of the Employee :

Employee Number :

Branch/ Location :

& Date: [Redacted]

Agent Contact Number :

Agent Email Id : _____

Prepared For : R.VIJAYARANGAN AVL

Prepared By : A R RANGARAJAN - SM

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Insurance is the subject matter of the solicitation. LD/2007 - 08/250(Exp 03/10)

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Standing Instruction For Direct Debit Authorization – Credit Card Only

I hereby authorize MetLife India Insurance Company ted. To debit their premium due and other charges as it may become applicable from time to time to my Credit Card account by automatic debit. The entire amount of my premiums relating to my policy and/or related expenses on account of these instructions shall be valid and binding for the validity period and subsequent renewal period of the card account, unless and until rescinded by me in writing to the bank and MetLife Insurance Company Limited.

Policy Holder Name			
Policy Number			
Mode of Premium		Amount (In Rupees)*	
Credit Card Account Details			
Name of the Card Holder			
Credit Card Number			
Name of the Issuing Bank/ Branch		Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> (MM/YY)
Card Issuing Authority	<input type="checkbox"/> Master	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex <input type="checkbox"/> Diners

Note: Please enclose a clear copy of front side of the credit card in order for us to process the transaction

I understand that:

- Premium and other expenses relating to my policy are to be changed to my nominated as and when accrued.
- The record of changes in respect of the above services received or availed by me and submitted by you to my credit card/savings account will neither bear my signature nor the imprint of my card.
- I agree to inform MetLife India Insurance Company Limited. if my nominated option is cancelled, substituted or not renewed (in case of credit card)
- I confirm having read and understood the terms and conditions mentioned in this form and agree to abide by them at all points of time.
- I, therefore agree to unconditionally honor and pay without demure and contestation all the said charges including interim change when I thereof. This understanding is part of the terms and conditions listed.

Signature: _____ Date _____

Terms and Conditions:

1. In case of transaction being declined, policy holder is liable to pay the premium and/or expenses by cash or cheque failing which the policy will lapse. The Company shall not be responsible for making any follow up in relation to receipt of premium(s).
2. The policy holder has to furnish fresh SI form in case of transaction being declined.
3. Credit card should be in the name of the policy holder.
4. Authorization will remain in effect till intimate otherwise by the policy holder.
5. In case of credit card renewal, policy holder should furnish fresh SI form
6. If for any reason whatsoever, there is delay in the Company obtaining credit for such amounts, or if the company does not obtain the credit, the Company will not be responsible for the same.
7. For transactions processed prior to the cancellation date the card holder has to liaise with MetLife India Insurance Company directly for refunds, if any.
8. SI can only be given for a policy in force.
9. The Policy holder will receive advising him/her about the acceptance of the standing instruction and the date of effect of mandate.

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Mandate Form For ECS (Direct Debit)

Authorization to pay insurance premiums through Electronic Clearing Service (ECS)

Form with fields: Policy holder Name, Policy Number, Mode of Premium, ECS Debit Date, Bank Account Details, Alert Mode, SMS Alert, E-mail Alert.

- In the event of the above amount varying on account of counter offers, revised premiums, additional insurance/rides, the account may be debited with an amount different from the above...

Declaration by the Proposer/Policy holder

I hereby authorize TechProcess Solutions Ltd. (formerly Bill Junction Payments Ltd.), the authorized service provider for MetLife India Insurance Company Limited., to debit my/our bank account under ECS debit clearing...

Mandate Terms and Conditions

The Proposer/Policy Holder confirms, understands and agrees that:

- 1. It will be the Proposer's/Policy holder's responsibility to ensure that MetLife India insurance Company Limited. (The "Company") receives credit for the payments due towards premium(s) when payable and/or on or before the respective due dates.

Signature of the Policy Holder: _____ Name: _____

Date: _____ Place: _____

Certificate Of The Bank Names In The Mandate

It is certified that the particulars of the Mandate above are correct, and the Signature of the Bank Account Holder, Proposer/Policy Holder is true, as per our records and that a copy of this form duly completed has been submitted to us.

Bank's Stamp: _____ Place: _____

Signature of the Authorized Officials of the Bank _____ Date: _____

Authorization of the Bank Account Holder (to be signed by the Account Holder)

This is to state that I have registered for the RBI's Electronic Clearing Service and that my premium payment shall be made from the below mentioned account with your bank. I hereby authorize the representative carrying this ECS mandate form to get it verified executed

Account Holder's Signature (As in Bank Records)

Account Number: _____

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Customer Survey

Date : _____
Customer Name : _____
Policy Number : _____

Dear Valued Customer,

Thank you for purchasing life insurance with MetLife. We take this opportunity to assure you of our commitment to serving the needs of our customers and ethical market conduct practices. Key to demonstrating this commitment is making sure that you are satisfied with our products and services. Please take a moment to provide us with your insights by completing the questions attached and return the questionnaire in the postage-paid envelope provided.

We want you to continue to value your relationship with us. If you have any questions about your purchase or if we can provide other assistance, please call your Financial Advisor or call our customer service toll free number 1800-425-6969, Monday – Friday, between 9:00 a.m. to 6:00 p.m. or email us at indiaservice@metlife.com. Thank you for your valuable time and assistance.

1. Regarding your most recent life insurance policy purchase:

- A**
- a) Were you satisfied with the process leading to your purchasing the policy? Yes [] No []
 - b) Were the sales materials and illustrations provided to you clear and understandable? Yes [] No []
 - c) If you checked a) or b) "No," please explain: Yes [] No []

- B**
- a) Were you already sure about the product that you wanted to buy? Yes [] No []
 - b) If no, did the Financial Advisor advise you on the product? Yes [] No []
 - c) Were you satisfied with the Financial Advisor's product knowledge? Yes [] No []
 - d) Would you recommend your Financial Advisor to your friends? Yes [] No []

2. Did your Financial Advisor review your individual financial situation and objectives prior to your purchasing this life insurance policy? Yes [] No []

- a) If "No", what factors influenced your decision to purchase this product?

- b) If "No", would you like your Financial Advisor to contact you to further discuss your financial situation and objectives? Yes [] No []

3. Did the product / policy and its features meet your needs? Yes [] No []

If No, please explain.

4. The primary purpose of life insurance is to provide death benefit protection. Please indicate any additional reason(s) why you purchased this life insurance policy. (Check all that applies).

- a) [] To save for retirement
 - b) [] As a mortgage protection plan
 - c) [] To save for an education
 - d) [] To fund one or more charitable contributions
 - e) [] For business planning purposes
 - f) [] For estate planning purposes
- (e.g. key person, partnership, stock redemption, etc.)



g) Death benefit protection was not a purpose for purchasing this policy.

Please explain _____

h) Any Other: _____

5. What source(s) of money are you using to pay this policy's premiums?

a) Current income

b) Past Savings

c) Stopping or reducing payments on an existing life insurance policy. Please indicate which company issued/distributed the product you are changing and explain why:

d) Any Other: _____

6. We want to make sure you understand that the timing and amount of premium payments you make directly affects your policy's performance. If sufficient premiums are not paid, your policy may lapse.

Check the response that best describes your current intentions about the length of time you will pay premiums.

a) I will pay the planned premium amount on the policy as long as I own it.

b) I will pay the planned premiums for an estimated number of years (____ years).

c) Other: _____

7. How soon did you expect the policy document to be delivered to you from the date of signing the application?

0<= 7days 8-15 days 16-20 day 21 days to a month more than a month

8. How soon did you actually receive the Policy Document from the date of signing the application?

0<= 7days 8-15 days 16-20 day 21 days to a month more than a month

9. How would you like to be reminded of renewal premiums?

a) mail

b) e-mail

c) sms

d) telephone

10. Overall how satisfied are you with the experience you had while purchasing the policy from MetLife India Insurance Company Ltd.?

Very satisfied Somewhat satisfied Not satisfied can't say

11. Would you recommend a friend / relative for a life insurance policy from MetLife India Insurance Company Ltd.?

Likely to recommend Somewhat likely to recommend Unlikely to recommend

12. We value you as a customer and trust we are meeting your service expectations. Please provide any additional suggestions or comments.

Signature: _____

Date: _____

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Receipt for Policy Delivered

Policy No.	██████████
Name of Policy Owner	██████████████████
Place	██████
FA Name & Code	██████████████████

I acknowledge that the Policy described above was delivered to me on _____
(Date)

Witnessed by _____
(Financial Advisor)

Signature of Policy Owner _____

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