

MetLife®

peace of mind. Guaranteed.

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

Welcome Letter

[Redacted]

[Redacted]

Dear [Redacted]

Welcome to the MetLife family! At MetLife, we strive to provide you with world class insurance solutions, strongly supported by prompt and efficient customer service- to help build your financial independence, while guaranteeing complete peace of mind.

Please find enclosed the Policy Document along with other related information, including a copy of your Application Form. Some key details of your policy are:

[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

We request you to read the policy Terms and Conditions carefully, and report any discrepancy or disagreement within 15 days from the date of receipt of this document. Should you have objections to any of the Terms and Conditions mentioned you also have the option to return the policy, subject to applicable terms and conditions.

You can keep a track of your policy through the **Policy Information Portal** on 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.

You may also contact us at our 24 Hour helpline: 1-800-425-6969 (from all landline and mobile) or email us at indiaservice@metlife.com. Our customer service executives would be happy to help and assist you.

Thank you again, for placing your confidence in MetLife. We look forward to being your partner in this wondrous journey of life.

Yours Sincerely,
MetLife India Insurance Co. Ltd.



Gaurav Sharma
Director- Customer Service and Operations

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Policy Document

Met Little Star

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 policyholder, 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 after and the Schedule, attached riders/endorsements, if any, and is governed by the law of India.

The Company agrees to pay the benefits, stated under the Policy upon satisfaction of the happening of the 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

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.



Gaurav Sharma
Director- Customer Service and Operations

Stamp Duty Rs.18.00/-

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The Schedule – Met Little Star

Future Premium Protection Benefit	Regular Option
Insured Event upon which Benefits Payable	1. Death of the Life Insured prior to Date of Maturity; or 2. Upon Survival of the Insured to Date of Maturity * Please refer the Terms and Conditions for the details of Benefits Applicable on your Policy

4. Beneficiary Details

Named Child	Relationship	
● [REDACTED]	●	● [REDACTED]
● [REDACTED]	●	● [REDACTED]
Appointee		
● [REDACTED]	●	● [REDACTED]

First Premium Receipt

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]	[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 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: Bangalore

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 1200900894396.

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 28/04/2009

29/04/2009

Policy Details

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

Fund Option	Multiplier						
Transaction Date	Transaction Description	Amount (Rs)	NAV	NAV Date	Units Bought/Sold	Total Units	Value (Rs)
28/04/2009						27.5748	
	Total Balance as on 28/04/2009						

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 its 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 anytime during the term of the policy from the date of issue of your policy. This can be done by submitting 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 Withdrawal 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.

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.

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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Table of Cost of Insurance – Met Little Star

Age	COI Charge (Male)		COI Charge (Female)		Age	COI Charge (Male)		COI Charge (Female)	
	WOP Option 1	WOP Option 2	WOP Option 1	WOP Option 2		WOP Option 1	WOP Option 2	WOP Option 1	WOP Option 2
20	0.155917	0.136833	0.147667	0.130083	60	1.533500	1.276000	1.290333	1.075000
21	0.159333	0.139750	0.152000	0.133667	61	1.686833	1.402833	1.401333	1.166667
22	0.162417	0.142250	0.155917	0.136833	62	1.861250	1.547083	1.533500	1.276000
23	0.165167	0.144500	0.159333	0.139750	63	2.056917	1.708833	1.686833	1.402833
24	0.167417	0.146417	0.162417	0.142250	64	2.273750	1.888167	1.861250	1.547083
25	0.169250	0.147917	0.165167	0.144500	65	2.447500	2.031833	2.056917	1.708833
26	0.170750	0.149083	0.167417	0.146417	66	2.664333	2.211083	2.273750	1.888167
27	0.171750	0.150000	0.169250	0.147917	67	2.994667	2.484333	2.447500	2.031833
28	0.172333	0.150500	0.170750	0.149083	68	3.360583	2.786833	2.664333	2.211083
29	0.172583	0.150667	0.171750	0.150000	69	3.765250	3.121500	2.994667	2.484333
30	0.172667	0.150667	0.172333	0.150500	70	4.212167	3.491083	3.360583	2.786833
31	0.174333	0.152083	0.172583	0.150667	71	4.705000	3.898583	3.765250	3.121500
32	0.178417	0.155417	0.172667	0.150667	72	5.247500	4.347250	4.212167	3.491083
33	0.184167	0.160250	0.174333	0.152083	73	5.844000	4.840500	4.705000	3.898583
34	0.191833	0.166583	0.178417	0.155417	74	6.498833	5.381917	5.247500	4.347250
35	0.201250	0.174333	0.184167	0.160250	75	7.216583	5.975500	5.844000	4.840500
36	0.212417	0.183583	0.191833	0.166583	76	8.002167	6.625083	6.498833	5.381917
37	0.225333	0.194250	0.201250	0.174333	77	8.860500	7.334917	7.216583	5.975500
38	0.240083	0.206417	0.212417	0.183583	78	9.797000	8.109250	8.002167	6.625083
39	0.258083	0.221333	0.225333	0.194250	79	10.816917	8.952667	8.860500	7.334917
40	0.278750	0.238417	0.240083	0.206417	80	11.925833	9.869667	9.797000	8.109250
41	0.298500	0.254750	0.258083	0.221333	81	13.129500	10.865000	10.816917	8.952667
42	0.317750	0.270667	0.278750	0.238417	82	14.433583	11.943417	11.925833	9.869667
43	0.340167	0.289250	0.298500	0.254750	83	15.762000	13.041833	13.129500	10.865000
44	0.367667	0.312000	0.317750	0.270667	84	17.020333	14.082417	14.433583	11.943417
45	0.400500	0.339167	0.340167	0.289250	85	18.270083	15.115833	15.762000	13.041833
46	0.438750	0.370750	0.367667	0.312000	86	19.588500	16.206083	17.020333	14.082417
47	0.482333	0.406833	0.400500	0.339167	87	20.976500	17.353917	18.270083	15.115833
48	0.531250	0.447250	0.438750	0.370750	88	22.434833	18.559833	19.588500	16.206083
49	0.585500	0.492083	0.482333	0.406833	89	23.963417	19.823833	20.976500	17.353917
50	0.645083	0.541333	0.531250	0.447250	90	25.562000	21.145750	22.434833	18.559833

"Met Little Star Annual Cost of Insurance Table per Rupee Sum at Risk"

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Table of Cost of Insurance – Met Little Star

Age	COI Charge (Male)		COI Charge (Female)		Age	COI Charge (Male)		COI Charge (Female)	
	WOP Option 1	WOP Option 2	WOP Option 1	WOP Option 2		WOP Option 1	WOP Option 2	WOP Option 1	WOP Option 2
51	0.710000	0.595083	0.585500	0.492083	91	27.229583	22.524750	23.963417	19.823833
52	0.780250	0.653167	0.645083	0.541333	92	28.964917	23.959667	25.562000	21.145750
53	0.855917	0.715667	0.710000	0.595083	93	30.765917	25.449000	27.229583	22.524750
54	0.936917	0.782667	0.780250	0.653167	94	32.629917	26.990417	28.964917	23.959667
55	1.023250	0.854083	0.855917	0.715667	95	34.553833	28.581333	30.765917	25.449000
56	1.114417	0.929417	0.936917	0.782667	96	36.533667	30.218500	32.629917	26.990417
57	1.200583	1.000750	1.023250	0.854083	97	38.565083	31.898333	34.553833	28.581333
58	1.290333	1.075000	1.114417	0.929417	98	40.643083	33.616667	36.533667	30.218500
59	1.401333	1.166667	1.200583	1.000750	99	41.693083	34.484917	38.565083	31.898333

"Met Little Star Annual Cost of Insurance Table per Rupee Sum at Risk"

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

Product UIN: 117L045V01

CI Rider UIN: 117A012V01



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Terms & Conditions – Met Little Star

Section 1- Understanding this Policy

1.1 Owner of the Policy

The Owner of the Policy (as defined hereinafter) is the Person Insured. A Policy owner /the Person Insured would be an Individual who is purchasing the Policy.

1.2 Definitions

- ✓ "Age" is the age at last birthday in completed years.
- ✓ Annualized Premium" refers to the basic Regular Premiums payable in a Policy Year and is as set out in the Schedule.
- ✓ "Application" refers to the Proposal Form as defined under clause 2 (d) of the Insurance Regulatory and Development Authority (Protection of Policyholders' Interest) Regulations 2002.
- ✓ "Basic Sum Assured" or "Sum Assured" is the amount which is a multiple of the amount of Annualized Premium payable and is as set out in the Schedule.
- ✓ "Business Day/Working Day" means a day when the Head Office of the Company is open for business.
- ✓ "Col" refers to the Cost of Insurance as attached with the Schedule.
- ✓ "Rider" is a supplementary benefit payable to the Person Insured on a specified event and is allowed as an add-on to the main benefit and is charged by deduction of units from the Policy's Fund Value.
- ✓ "CoCIR" refers to the Cost of Critical Illness Rider.
- ✓ "Coverage Term" is the number of Policy Years for which the Policy continues, starting from the Effective Date of the Policy and concluding on the Maturity Date and is specified in the Schedule.
- ✓ "Effective Date" or "Issue Date" is the Date, Month, and Year, in which the Policy comes into effect and is mentioned in the Policy Schedule.
- ✓ "Fund Value" is the value of aggregate number of outstanding units on any day in each Unit Linked Fund allocated under this Policy, multiplied by their respective Net Asset Values applicable as on that day.
- ✓ "Person 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.
- ✓ "Maturity Date" is the date on which the coverage under this Policy concludes and is shown as such in the Policy Schedule.
- ✓ "Monthly Anniversary Date" is one month from the Effective Date of the Policy and every date falling one month thereafter till the Date of Maturity.
- ✓ "Net Asset Value" is the price at which the Company allocates/cancels Units in the Unit Linked Fund at each Valuation Date.
- ✓ "Beneficiary" / "Beneficiary child" is the person named as beneficiary by the Person Insured as per the Application Form and shall be the sole person entitled to the benefits (other than for Maturity Benefits; which shall only be paid to the Beneficiary/Beneficiary child only in the event of the Person Insured not surviving as on the Maturity Date) under this Policy.
- ✓ "Appointee" is the person defined by the Person Insured (and named under the Policy) to be custodian of the interests of the Beneficiary in the Policy while the Beneficiary is still a minor. During the Beneficiary's minority and after the death of the Person Insured, all the proceeds from the Policy will be given to the Appointee on behalf of the Beneficiary. The Appointee however has no right over the Policy and cannot exercise any options under this Policy. The proceeds paid to the Appointee are meant to be used for the benefit of the Beneficiary.
- ✓ "Policy" means and includes this document with all its pages, the Application Form for Insurance (proposal) made by you, the Schedule and any attached endorsements or supplements together with all the addendums.
- ✓ "Policy Anniversary Date" is one year from the Effective Date of the Policy and every date falling one year thereafter, till the Date of Maturity.
- ✓ "Modal Anniversary Date" is the date on which each premium payment falls due as per the frequency chosen.
- ✓ "Policy Year" is measured from the Effective Date of the Policy, and is a period of twelve consecutive calendar months.
- ✓ "Premium Allocation Instruction" is the Person Insured's instruction for allocation of premiums after deducting the relevant Policy Charges in one or more of the Unit Linked Funds.
- ✓ "Regular Premium" is the regular payment to be made by you according to the frequency of payment chosen by you and is as specified in the Schedule.
- ✓ "Schedule" refers to the schedule issued by the Company to evidence the Insurance Cover and forms part of the Policy.
- ✓ "Sum At Risk" is defined as the Basic Sum Assured plus the sum of all future regular premiums due.

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

Product UIN: 117L045V01
CI Rider UIN: 117A012V01

- ✓ "Top-Up Premium" is the premium paid by the Person Insured in the form of a single payment separately from and in addition to the required Regular Premium.
- ✓ "Unit" is a portion or a part of the underlying segregated Unit Linked Fund.
- ✓ "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 Premium.
- ✓ "Unit Linked Fund" pools together the premiums paid by Person Insureds and invests in a portfolio of assets to achieve the fund(s) objective
- ✓ "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 Net Asset Values of Units are determined.
- ✓ "We", "us", "our" and "Company" refer to MetLife India Insurance Company Limited.
- ✓ "You", "Your" and "Person Insured" refers to the Owner of the Policy.

1.3 The Contract

This means the Policy and any other document called for by the Company and submitted by you to enable it to process your Application.

1.4 Beneficiary

The Child as named beneficiary under the Policy shall be the sole person entitled to the benefits under the Policy (other than for Maturity Benefit which shall only be paid to the Beneficiary/Beneficiary child only in the event of the Person Insured not surviving as on the Maturity Date), and Total and Permanent Disability Benefit). The Person Insured can name his or her child, or any other child as the Beneficiary. A child beneficiary other than the Person Insured's child will be permitted by the Company; subject to the Company's then prevailing underwriting guidelines. The Policy does not cover any risk on the life of the Beneficiary.

Section 2 – General Provisions

2.1 Policy Description

Met Little Star is the name of the product of the Company. It is a Unit-Linked Plan and is different from a traditional plan.

The benefits payable under the Policy are linked to the Unit-Linked Fund/s and their performance. The Person Insured has the option to allocate the Regular Premium and Top-Up Premiums, if any, among one or more of the Unit-Linked Fund(s) as per the conditions of the Policy.

Only a duly authorized officer of the Company has the power to make alterations in the Policy (refer Section 6.9 for alterations) as per the request of the Person Insured. Neither an agent nor anyone other than a duly authorized officer of the Company has the power to waive any of the rights or requirements of the Policy.

Being a Non-Participating Policy, the Policy does not provide for participation in the distribution of surplus or profits that may be declared by the Company.

2.2 Sum Assured Multiples, Coverage Term & Future Premium Protection Benefit Options

- **Sum Assured Multiples**

The Person Insured has the option of choosing from amongst two (2) Sum Assured multiples of 5 or 10 times while determining the Basic Sum Assured, available under the Policy. The chosen Sum Assured multiple is applied against the Annualised Premium to arrive at the Basic Sum Assured.

- **Coverage Term**

The Person Insured has the option to choose any term between 10 years and 25 years subject to the following conditions:

- Age of the Beneficiary child at entry being a minimum of 30 days and maximum of 15 years.
- Age of the Beneficiary child at maturity being a minimum of 18 years
- Age of the Person Insured at entry being a minimum of 20 years and maximum of 70 years at maturity.

Each Coverage Term has a respective Annualised Premium payment term which is equal to the Coverage Term.

The Coverage Term and the Annualised Premium payment term cannot be altered once opted at the commencement of the policy.

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- **Future Premium Protection Benefit Options**

- **Future Premium Protection Benefit – Lump Sum Option** – If the Person Insured dies or is totally and permanently disabled before the Maturity Date; subject to section 2.7 and acceptance of the claim by the Company, the Company shall pay, on your behalf and on a lump sum basis, all future Regular Premium payable, under the Policy, between the date of death and the Maturity Date. The Company shall credit into the Unit Account, on the Policy Anniversary Date immediately following the date of notification of death or the date of establishment of Total and Permanent Disability, units equivalent to the sum of all outstanding future Regular Premiums under the Policy.

These units shall be credited in various Funds in the same allocation proportion as was prevailing before the date of notification of death or the date of establishment of Total and Permanent Disability. The Unit price applicable on the said Policy Anniversary date shall be used for the creation of such units.

- **Future Premium Protection Benefit – Regular Option** – If the Person Insured dies or is totally and permanently disabled before the Maturity Date; subject to clause 2.7 and acceptance of the claim by the Company, the Company shall pay, on your behalf, all future Regular Premiums payable under the Policy, between the date of death and the Maturity Date, as and when the Regular Premiums would have been due to be paid by you, on an annual basis. The total amount paid by the Company, in any year, will not exceed the Annualized Premium as stated in the Schedule. The Company shall on every Policy Anniversary Date following the date of notification of death or the date of establishment of Total and Permanent Disability; credit units into the Unit Account, equivalent to the Annualized Premium for that Policy Year.

If the date of notification of death or the date of establishment of Total Permanent Disability is such that a part of the Annualized Premium is due in that Policy Year, then the Company will pay that part of the Annualized Premium that is due in that Policy Year along with the then due Annualized Premium on the Policy Anniversary Date immediately following the date of notification of death or the date of establishment of Total and Permanent Disability. These units shall be credited in various Funds in the same allocation proportion as was prevailing before the date of notification of death or the date of establishment of Total and Permanent Disability.

The Unit Price prevailing on the applicable Policy Anniversary date shall be used for the creation of such units.

2.3 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 the 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.

All Free Look cancellation request should be in writing, duly signed by the Policyholder, and should be accompanied by the original Policy Document. The Free Look cancellation request should be submitted either to your nearest MetLife branch office (details of the same is available at our website www.metlife.co.in.) or to our registered office at

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

For this purpose, 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.

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.

All your rights under this Policy shall immediately stand extinguished at such free look cancellation of the Policy

2.4 Policy Loan

No Loans are available under this policy.

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2.5 Assignment

You 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 Person Insured and/or the Beneficiary shall be subject to such an assignment in favour of the assignee.

2.6 Nomination

Nomination is not permitted under this Policy.

2.7 Suicide Exclusion

In the event the Person Insured commits suicide, whether sane or insane at that time, within the one year, from the Date of Commencement of insurance cover, or the Effective Date of the Policy, or the date of the last reinstatement whichever is later, the Fund Value in the Unit Account will be refunded to the Beneficiary and the Policy will close.

2.8 Proof of Age

The age of the Person Insured is based on the proof of age submitted and the premiums are calculated on the basis of age of the Person Insured as of last birthday prior to the date of Date of Commencement of the risk under the Policy. Should the actual age of the Person Insured differ from the age stated in the Application, we shall, without prejudice to our right to avoid or cancel the Policy or other statutory rights and/ or remedies, 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 Person 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 Person 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 Person 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 cancelling the Policy and refunding the Fund Value less the applicable Surrender Charges

2.9 Travel, Residence and Occupation

This Policy does not impose any restrictions on residence or occupation except as otherwise provided by law.

2.10 Disclosure

This Policy has been issued on your representation 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 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.

2.11 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 Person Insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such a statement was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy owner 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 Person Insured was incorrectly stated in the proposal."

2.12 The Person Insured's Rights

To exercise your rights, under this Policy, you should follow the procedures stated in this Policy. If you want to request a change in payment mode, payment of Top-Up Premium, change in Beneficiary, change an address or any other action by us, you should do so only on the forms prescribed for each purpose. These forms are available from the Person Insured's Financial Advisor or from the local MetLife office.

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2.13 Loss of the Policy Document

If the Policy document is lost or destroyed, at your request and on fulfilment of prescribed conditions, the Company may issue a duplicate 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 processing fee of Rs.250 and the requisite stamp duty, if applicable, for the issue of a duplicate policy document

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

2.14 Governing Laws and Jurisdiction

The terms and conditions of the Policy shall be governed by and subject to the laws of Republic of India. All Premiums and Benefits are expressed and payable in Indian Rupees. 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.

2.15 Taxation

The Tax benefits on the Policy would be as per the prevailing provisions of the tax laws in India. If required by the relevant legislations prevailing from time to time, the Company will withhold taxes from the benefits payable under the Policy.

Taxes as applicable will be levied on the premiums paid by you, and the same shall be either collected separately by the Company along with the premiums or recovered by cancellation of units from your Unit Account. In the event that in any given year, the number of units in the Unit Account is insufficient to enable the Company to recover the tax amount, the Company reserves its right to recover such outstanding tax amount from the Unit Account in the following years.

2.16 Claims Procedure

Death Claims

If the Person Insured dies while the Policy is in force for the full Sum Assured, we shall pay the Death Benefit provided this benefit has not been cancelled or terminated, we are satisfied that the death of the Person Insured has occurred, all provisions of the Policy (including any endorsements) and local law are met, all premiums fallen due till the date of death have been paid, and upon submission of the following documents to us,:

- Written Intimation of death by the Beneficiary/ Appointee/Nominee (as applicable).
- The Original policy document.
- The duly filled Claim forms as prescribed by us.
- Proof of the Age of the Person Insured (if required).
- Attested copy of the photo identity proof of the Beneficiary/ Appointee/Nominee (as applicable).
- Official death certificate issued by a competent authority as acceptable to the Company.
- FIR, Police inquest report and post-mortem report where the death is due to accident or unnatural cause.
- Proof of title to the Policy like succession certificate, legal heirship certificate (applicable in the absence of a Beneficiary/Nomination).
- Discharge voucher as prescribed by us.
- Any additional documents or forms as may be required by us.

Total and Permanent Disability Claims

If the Person Insured is Total and Permanently Disabled (as defined in 3.1.2), while the Policy is in force for the full Sum Assured, we shall pay the Total and Permanent Disabled Benefit only if this benefit has not been cancelled or terminated, the conditions for Total and Permanent Disability, as provided in Clause 3.1.2, have been met, all provisions of the Policy (including any endorsements) and local law are met, , all premiums fallen due till the date of death have been paid an upon submission of the following documents to us:

- Written Intimation of Total and Permanent Disability by the Beneficiary/ Appointee / Nominee (as applicable).
- The Original policy document.
- The duly filled Claim forms as prescribed by us.
- Originals of any medical reports from hospitals, treating doctors, regarding the disability, its treatment and permanence.
- FIR, Police t report where the Total and Permanent Disability is due to a motor vehicle accident or unnatural cause.
- Discharge voucher as prescribed by us.
- Any additional documents or 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 deciding the admissibility of the claim.

Maturity Claims

We shall pay the Maturity Benefit on the Maturity Date, provided the Policy is neither lapsed or terminated as on that date, and upon you submitting the following documents to us:

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

We shall pay the Maturity Benefit to the Person Insured if he / she is alive as of the Maturity Date or to the Beneficiary.

2.17 Grievance Redressal Mechanism

1. In case you have any query or complaint/grievance, you may approach our office at the following address:

MetLife India Insurance Company Ltd.,

'Brigade Seshamahal', 5 Vani Vilas Road, • Basvangudi • Bangalore – 560 004, India.

Toll Free Help line: 1-800-425-6969 (8am –8pm) • Phone: +91 80 2650 2244 • Fax +91 80 41506969

Email: indiaservice@metlife.com • Web: www.metlife.co.in

Please address your queries or complaints to the Customer Services Department, and your grievances to the Grievance Redressal Officer, who are authorized to review your queries or complaints or grievances and address the same. Please note that only a duly authorized officer of the Company has the authority to resolve your complaints and grievances. The Company shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling you this policy.

2. In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official of Insurance Regulatory and Development Authority for resolution:

Grievance cell (Complaint against Life insurer)

Insurance Regulatory and Development Authority

Parishrama Bhawanam, 5-9-58/B, Basheerbagh, Hyderabad – 500 004.

Phone: +91-40- 6682 0964/6678 9768 (Ext –251)

E-mail: lifecomplaints@irda.gov.in

3. In case you are not satisfied with the decision/resolution of the Company, you **may approach the Insurance Ombudsman at the addresses as set out in Annexure A, appearing after the terms and conditions** section if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

4. The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.

5. As per provision 13(3) of the Redress of Public Grievances Rules 1998, the complaint to the Ombudsman can be made:

- Only if the grievance has been rejected by the Grievance Redress Machinery of the Insurer
- Within a period of one year from the date of rejection by the insurer
- If it is not simultaneously under any litigation.

2.18 Customer Service

The Person Insured can seek clarification or assistance on the Policy from the following:

- The Financial Advisor from whom the Person Insured has bought the Policy
- Company's Customer Service Representative through the toll free number: 1-800-425-6969 during business hours (9am – 6pm).
- Visit us at www.metlife.co.in
- Mail us at indiaservice@metlife.co.in
- The Person Insured can also write to us at
Customer Service Desk,
MetLife India Insurance Company Limited
Registered Office,
'Brigade Seshamahal'
5, Vani Vilas Road,
Basavanagudi,
Bangalore – 560 004.

Section 3 – Policy Benefits

The following Benefits are available under the Policy

3.1.1. Death Benefit

Upon the death of the Person Insured, and subject to acceptance of the claim by the Company; the Company shall pay to the Beneficiary the Sum Assured as set out in the Schedule.

Additionally, the future outstanding Regular Premiums payable over the balance of the Policy term would be credited into the Unit Account, as per the Future Premium Protection Benefit Option chosen as detailed in Section 2.2. The Policy will continue to be in-force till the Maturity Date or the date of notification of the death of the Child Beneficiary, whichever is earlier. However there will be no coverage offered under the Policy after the payment of the Sum Assured.

If the Beneficiary is a minor at the time of a death claim, the benefits will be paid to the Appointee on behalf of the Beneficiary. The Appointee however has no right over the Policy and cannot exercise any options under this Policy, including but not limited to any Unit Account/Fund related right and/or partial withdrawal. The proceeds paid to the Appointee are meant to be used for the benefit of the Beneficiary.

3.1.2. Total and Permanent Disability Benefit

Upon the establishment of Total and Permanent Disability due to accident (as defined hereinafter) of the Person Insured, subject to conditions for Total and Permanent Disability, as set out hereinafter, being met and acceptance of the claim by the Company, the Company shall pay to the Person Insured the Sum Assured as set out in the Schedule.

Additionally, the future outstanding Regular Premiums payable over the balance of the Policy term would be credited into the Unit Account, as per the Future Premium Protection Benefit Option chosen as detailed in Section 2.2. The Policy will continue to be in-force till the Maturity Date. However there will be no coverage/Death Benefit offered/available under the Policy after the payment of the Sum Assured.

"Total and Permanent Disability" or "TPD" means Permanent and Total Disability of the Person Insured as a result of an accident, incapacitating the Person Insured to earn an income from any work, occupation or profession for the rest of his/her life, provided that such an accident takes place on or after the Effective Date of Policy of the Person Insured. A mere loss of limbs / organs due to accident does not entail for Total and Permanent Disability benefit unless it results in complete incapacitation of the person from earning any income from any work. Disability or Loss of Use must be a result of a traumatic event caused solely by external, violent, unforeseeable and visible means, occurring independently of any other causes and within one hundred and eighty (180) days of such loss or trauma, proved to the satisfaction of the Company.

The Disability will be considered as permanent if it has existed continuously for one hundred and eighty (180) days. Proof of the same must be submitted to the Company while the Person Insured is alive and permanently disabled. In the event of death of the Person Insured within the above period, death benefits will become admissible instead of the benefits for Total and Permanent Disability.

TPD benefit ceases upon the Person Insured attaining age 65 years.

For Total and Permanent Disability, the following exclusions shall apply.

Exclusions: Notwithstanding anything to the contrary stated herein, no Benefits under Total and Permanent Disability will be payable if Total and Permanent disability occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, due to one of the following:

- Drug Abuse: Person Insured is under the influence of Alcohol or solvent abuse or use of drugs except under the direction of a registered medical practitioner
- Self-inflicted Injury: Intentional self- Inflicted injury.
- Unlawful acts: Person Insured's taking part in Crime and/or unlawful acts.
- War and Civil Commotion: War, invasion, hostilities, (whether war is declared or not), civil war, rebellion, revolution, terrorism, or taking part in a riot or civil commotion.
- Nuclear Contamination: The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- Aviation: Person Insured's participation in any flying activity, other than as a passenger in a commercially licensed aircraft. Or was participating in a non-military flight for the purpose of descent from the aircraft while in flight.
- Hazardous sports and pastimes: Taking part or practicing for any hazardous hobby pursuit or any race not previously declared and accepted by the Company, including, but not limited to the following:

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- All forms of racing (i.e. whether in a powered vehicle or not)
 - ✓ Trekking/rock climbing/mountaineering
 - ✓ River Rafting/kayaking/canoeing
 - ✓ Bungee Jumping
 - ✓ Skydiving, Scuba diving, etc.
 - ✓ Infection: Loss caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.

3.2 Maturity Benefit

Subject to the Policy being in full force, the Policy shall mature on the Maturity Date and the Fund Value (along with all top-up premiums Fund Value) shall be payable to the Person Insured or the Beneficiary (in the event of death of the Person Insured prior to the Maturity Date).

On maturity, the Person Insured or the Beneficiary (after attaining age 18 years as of last birth day and provided the Person Insured is not alive) will be entitled to choose any one of the following options:

- (a) Total Withdrawal of the Fund Value
- (b) Withdrawals of the Fund Value at regular intervals chosen by the Person Insured during an extended Maturity Benefit Period not later than five years commencing from the Maturity Date. The Fund Value payable at such intervals will be calculated at the net Asset Value as on the relevant date.
- (c) A combination of part lumpsum withdrawal on maturity date and regular withdrawal as per above mentioned option (b).

During the settlement option period, all investment risk shall continue to be borne by the Person Insured or Beneficiary, as applicable.

The Person Insured or Beneficiary, as applicable, will state the proportion of his /her Maturity Benefit that he/she wants to have as structured payouts through this Settlement Option.

The Person Insured or Beneficiary, as applicable, will select the following by a written request at least 7 days prior to the maturity date:

- Payout Term: As specified by the regulations/guidelines. Currently, any duration between 1 to 5 years.
- Payout Frequency: Yearly, Half-Yearly, Quarterly and Monthly
- Payout Mode: Cheque, Direct Credit / ECS (must for Quarterly / Monthly mode)
- Payout Option: a) Fixed units per payout; b) Fixed amount per payout
- Under Settlement Option, the following conditions shall be applicable:
 - ✓ The minimum proportion for opting for Settlement Option is 25% of the Maturity Benefit.
 - ✓ All the payments shall be made in arrears.
 - ✓ If at any time during the settlement option period, the Fund Value falls below the regular premium paid in the first policy year then the Fund Value shall be paid to the Person Insured immediately and the policy shall terminate.
 - ✓ The Settlement Option will be available only if all the due premiums are paid.
 - ✓ Partial withdrawals and Unit switches will not be permitted during the Payout Term.
 - ✓ No charges except the Fund Management Charge shall be levied during the Payout Term.
 - ✓ The Person Insured or Beneficiary, as applicable, cannot opt for the Settlement Option after the Maturity Date.
 - ✓ On death of the Person Insured or Beneficiary, as applicable, during the Payout Term, only Fund Value as at the date of notification of death shall become payable as a lump sum and the policy shall terminate.

3.3 Loyalty Additions

Subject to the Policy being in force, all due Regular Premiums applicable having been paid and the incidence of claim due to death or establishment of Total and Permanent Disability not having arisen, Loyalty Additions will be credited to the Policy on Maturity. The Loyalty Additions may vary in accordance to the Annualised Premium and the Coverage Term chosen as shown below:

Annualized Premium (Rs.)	As a % of Fund Value payable at maturity
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	If Coverage Term is less than 15 years	If Coverage Term is greater than or equal to 15 years
Less than 25,000	1.00%	2.00%
From 25,000 to 50,000	2.00%	4.00%
From 50,001 to 100,000	2.50%	5.00%
100,001 & above	3.00%	6.00%

The rupee value of the Loyalty Additions would be allocated to the chosen Unit-Linked Funds in the same proportion as the then existing Premium Allocation Instruction of the Person Insured, by creating appropriate number of units as per the Net Asset Value of the Unit-Linked funds, as on the due date of credit of the Loyalty Additions.

For the purpose of Loyalty Additions, only the Fund Value pertaining to the Regular Premiums paid shall be considered. The Fund Value pertaining to the Top-Up Premiums are not eligible for Loyalty Additions.

3.4 Partial Withdrawal Benefit

"Partial Withdrawal" of cash from the Fund Value is permitted at any time after the completion of the first five Policy Years, provided the Policy is in force. Only the Person Insured or the Beneficiary child (after attaining 18 years of age as of the last birthday and provided the Person Insured is not alive), shall be permitted to make partial withdrawals. This withdrawal shall be subject to prevalent administrative rules regarding minimum and maximum withdrawal amounts.

The current limit on the minimum Partial Withdrawal is Rs.5,000. The limit on the maximum Partial Withdrawal is restricted to 10% of the Fund Value in a Policy year till the Beneficiary child has attained 18 years of age as on last birthday. After the Beneficiary child has turned 18 as defined above, partial withdrawals to the extent of 30% of the Fund Value can be made in each Policy Year.

The Person Insured may make four Partial Withdrawals in a Policy Year free of charge. Every subsequent Partial Withdrawal in a Policy Year is currently subject to a charge of Rupees 250 per withdrawal. This charge can be revised from time to time but at no point in time will this charge exceed Rupees 750 per withdrawal. This charge will be recovered by the cancellation of units in the same proportion as invested at that point in time.

Partial withdrawal will not be allowed from the fund in case of the incidence of claim due to death having arisen during the term of the Policy, till the Beneficiary child has attained 18 years of age. Thereafter the Beneficiary child will be allowed to make partial withdrawals upto the extent of 30% of the Fund Value in each Policy Year till the Maturity Date subject to all withdrawal rules as described above.

The Person Insured or the Beneficiary (in case of death of the Policyholder and provided the Beneficiary has attained 18 years of age) will have the choice of specifying the fund from which the Partial Withdrawal is intended. In the absence of any such choice, the withdrawal request will be processed in the same proportion as invested in the base fund at that point in time.

- For the Partial Withdrawal, the cancellation of Units shall be first done from the Fund Value corresponding to the Top-Up Premiums paid till then, subject to the Top-Up Premium having been invested for at least three completed years from the date of payment of such Top-Up Premium. However, this condition will not apply if the Top-Up Premium is paid during the last three years of the Coverage Term.

For the purpose of Partial Withdrawal, 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.

3.5 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 penalty. Surrender of the Policy is possible only when Person Insured is alive. Policy cannot be surrendered after the death of the Person Insured except:

- as per Auto Foreclosure provisions contained in Section 4.7 ; or
- by the Beneficiary Child after attaining the age of 18 years last birthday.

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The Surrender Charges are based on a certain percentage of the First Year Annualised Premium as given below:

No. of year premium paid	Surrender Charge (as a percentage of FirstYear Annualised Premium)
If less than 1 year's premium is paid	100%
If exactly one year's premium is paid	75%
If more than 1 year but up to 2 year's premium is paid	70%
If more than 2 years but up to 3 year's premium is paid	60%
If more than 3 years but up to 4 year's premium is paid	50%
If more than 4 years but up to 5 year's premium is paid	40%
If more than 5 years but up to 6 year's premium is paid	30%
If more than 6 year's premium is paid	Nil

In exceptional circumstances, the Company may defer the surrender of the Policy for period not exceeding thirty days from the date of application. Examples of such circumstances are:

- When one or more stock exchanges which provide a basis for valuation for a substantial portion of the assets of the fund are closed other than for ordinary holidays.
- When, as a result of political, economic, monetary or any circumstances that or out of the control of the Company, the disposal of the assets of the Unit-Linked Fund(s) are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining Person Insureds invested in the Unit-Linked Fund(s).
- During periods of extreme volatility of markets during which surrenders would, in our opinion, be detrimental to the interests of the existing Person Insureds invested in the Unit-Linked Fund(s)
- In case of natural calamities, strikes, war, civil unrest, riots and bandhs;
- In event of any force majeure or disaster that affects our normal functioning;
- If so desired by the Insurance Regulatory and Development Authority.

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.

3.6 Death of the Beneficiary Child/Beneficiary

In case of death of the Beneficiary child before attaining age 18 years, the Person Insured will be allowed:

- to continue the policy on the original terms by substituting another Person as a Beneficiary
- to surrender the Policy and take the surrender benefit as provided under Section 3.5.

In the event of a Beneficiary substitution, the Policy will be allowed to continue on the original terms basis without any alteration of Coverage Term, Sum Assured, Premium etc. Substitution of another Beneficiary will not be allowed by anyone other than the Person Insured.

In the event that the Person Insured pre-deceases the Beneficiary child, during the term of the Policy, and on subsequent death of the Beneficiary child; the Policy terminates with the settlement of the entire Fund Value to the legal heirs of the Beneficiary or to Appointee (in case of a Beneficiary child).

Section 4 – Policy Premiums

4.1 Monthly/Quarterly/Half yearly/Yearly premium is mentioned in the Policy Schedule as the Regular Premium payable by the Person Insured on the due dates for payment in the mode chosen. Such Regular Premium is payable on the due date for payment and in any case not later than the grace period of 30 days from due date for Quarterly/Half yearly/Yearly modes and 15 days from due date for monthly modes respectively.

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4.2 Top- Up Premium

At any time during the Coverage Term, the Person Insured may in addition to the Regular Premiums apply for payment of Top-Up Premium in the specified form, subject to the following conditions:

- a) The Policy is in full force
- b) Regular Premiums due till the date of application for payment of Top-Up Premium has been paid in full.

The cumulative Top-Up Premiums paid at any point of time shall not exceed 25% of total Regular Premiums paid till that date .

Top-up premiums will not alter the Sum Assured under any circumstances. Top-Up Premium is subject to a lock-in period of three years from the date of paying such a Top-Up Premium for effecting Partial withdrawals. However, this condition of the minimum lock in period will not apply if the Top-Up Premium is paid during the last three years of the Coverage Term.

4.3 Premium (Re)direction

All premiums (including Top-Up Premiums) paid could be allotted in any proportion between the various funds offered subject to the sum of proportions being equal to one hundred percent. The premium allocated needs to be chosen at the time of the proposal and also can be altered later. However the proportion for any chosen fund should be at least 20%.

The Person Insured would have the option to change the premium allocation proportions once every Policy Year free of charge. Subsequent changes in a Policy Year would be considered as an alteration and would attract a miscellaneous charge as detailed in Section 6.9

4.4 Creation of Units

Regular Premiums after deduction of the premium allocation charges as in Section 6.1 will be used to buy units in the Unit Linked Funds as per the Person Insured's then Premium Allocation instruction using the Net Asset Value of the respective Unit-Linked fund as on the premium due date or the date on which the premium is received, as applicable, subject to the following conditions.

- 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.

Regular Premiums paid before the Premium due date shall be used to buy units only on the due date in accordance with provisions mentioned above. The Premiums paid in before the due date shall not be entitled to any interest income.

However the first Regular Premium received by the Company along with the Proposal form will be used to buy units in the Unit-Linked Fund as per the Person Insured's Premium Allocation Instruction using the Net Asset Value of the respective Unit-Linked Funds as applicable on the day the proposal is completed and results into the Policy or the date of realisation of Premium, whichever is later.

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 methods: Cash/Cheques/Demand Drafts/ Pay Orders/Bankers Cheque/Standing instruction on Credit Card or Bank Accounts.

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.

4.5 Cancellation of Units

Units will be cancelled from the Unit-linked Funds on receipt of an application for withdrawal (including claims, surrender, policy closure, switches and partial withdrawal) by the Company. The Fund Value payable on cancellation of Units will be

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equal to the number of Units outstanding in each of the Unit Linked Funds multiplied by the corresponding applicable Net Asset Values. The Net Asset Value applicable shall be based on the following conditions:

- If such application is received by 15.00 hrs, the same day's closing Net Asset Value shall be applicable
- If such application is received after 15.00 hrs, the next day's closing Net Asset Value shall be applicable

4.6 Discontinuance of Premium

a. Discontinuance of Regular Premium within the first three Policy Years:

If any Regular Premium due within the first three policy years of the inception of Policy, remains unpaid even after the grace period, which is 30 days from the due date of premium for yearly, half-yearly and quarterly mode of premium payments and 15 days from the due date of monthly premium, from the date of last unpaid premium, all the policy benefits including the benefits out of the attached riders will cease to exist and the Policy will lapse with effect from the due date of first unpaid premium ("Lapse Date"). Only the Policy Administration and Fund Management Charge will continue to be deducted.

Reinstatement of the Policy: When the Regular Premium is not paid during the grace period, the Policy shall lapse. You may, however apply for reinstatement of the lapsed Policy subject to the following conditions:-

- Request in writing for reinstatement within two (2) years from the date of the First unpaid premium.
- Provided satisfactory evidence of insurability to us and fulfil all such requirements which may be reasonably prescribed by us.
- Payment in full of an amount equal to all the Regular Premiums due but unpaid till the Effective Date of reinstatement and
- Applicable reinstatement fee

The Effective Date of Reinstatement is the date on which the above requirements are met and approved by the Company. On this date, all outstanding Policy charges shall be deducted from the above payment for the period between the Lapse Date and the Effective Date of Reinstatement.

In case of the death of the Person Insured during the time allowed for reinstatement of a lapsed policy, the Fund Value in the Unit Account will be paid to the Appointee or Beneficiary, as applicable. No other benefits shall be payable under the Policy. Fund Value shall be calculated in accordance with the provisions mentioned in Section 4.5. The Fund Value shall be subject to the performance of the underlying Unit-linked Funds and applicable Fund Management Charges.

If the Policy is not reinstated during the period allowed for reinstatement, the Policy will be terminated and the fund value Net of the surrender charge shall be payable at the end of the reinstatement period or at the expiry of the third policy year, whichever is later.

b. Discontinuance of Regular Premium after the first three Policy Years:

If all the due premiums have been paid for at least first three consecutive years and subsequent premiums are unpaid, then the Policy shall, subject to the Auto Foreclosure provision contained in Section 4.7, continue to remain in force for full risk cover including the Future Premium Protection Benefit and attached rider cover, if any, on the life of the Person Insured for a period of two years from the due date of first unpaid premium, during which period the Policy can be reinstated. If the Policy is not reinstated within that period, then the Policy shall be terminated by paying the Surrender Value to the Person Insured.

During the reinstatement period, the Person Insured shall have following options (apart from the option to reinstate the policy):

a) Option to surrender the Policy:

On the exercise of such an option, the Surrender Value, if any and as defined above, shall be payable and the Policy shall terminate.

b) Option to continue the Policy without paying further premium:

On the exercise of such an option, the Policy will continue with full Sum Assured till such time the Fund Value does not fall below an amount equivalent to one year Annualised Premium of the Basic Plan plus applicable Surrender Charge, in which case the Policy shall be terminated by paying the Surrender Value to the Person Insured.

On the exercise of this option, no Future Premium Protection Benefit will be payable on the death or establishment of the Total and Permanent Disability of the Person Insured as he/she has already decided not to pay further premiums. Further, for computation of Cost of Insurance charges, the sum at risk is considered

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as the Basic Sum Assured. In other words the sum assured pertaining to Future Premium Protection Benefit is considered zero for computation of mortality charges.

Reinstatement of the Policy will be subject to underwriting requirements and guidelines as decided from time to time by the Company.

4.7 Auto Foreclosure

At any point in time,, in the event that the Surrender Value of units pertaining to Regular Premium reaches an amount equivalent to one full year's premium, then the contract shall be terminated with advance notice and by paying the Surrender Value.

Section 5 – Unit Linked Funds

5.1 Unit Linked Funds

There are five 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) 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 stocks. (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.

(D) 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 instruments in India. The fund will emphasize on well being and a healthy life and invest in diversified equities of companies as decided by the Company from time to time. The investments shall not be made in Banks, Financial Institutions and companies operating in Gambling, Alcohol, Tobacco and Entertainment industries.

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(E) Multiplier

Investment Objective

To maximise capital appreciation over the long term by investing in a diversified portfolio of Equities

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 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 percentage of funds to be invested in different asset classes for the different Unit Linked Funds.

Min - Max % of funds to be invested in	Unit Linked Funds				
	Preserver	Protector	Balancer	Virtue	Multiplier
Government Securities (including Government guaranteed securities)	80%-100%	25%-90%	10%-60%	0%-0%	0%-0%
Infrastructure / Social Sector Securities	0%-0%	0%-60%	0%-60%	0%-0%	0%-0%
Other "Approved" Investments					
- Listed Equities	0%-0%	0%-0%	35%-65%	60%-100%	80%-100%
- Long Term Bonds	0%-0%	10%-60%	0%-60%	0%-0%	0%-0%
- Short Term Bonds	0%-0%	0%-45%	0%-35%	0%-0%	0%-0%
- Money Market Instruments	0%-40%	0%-40%	0%-40%	0%-40%	0%-40%
Risk Profile	Very Low risk	Low risk and is designed for regular income	Higher risk and returns with a fair exposure to equities	This fund will have very high risk and returns and will be prone to market fluctuations	This fund will exhibit very high risk and returns and will be prone to market fluctuations

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 assets are within the above prescribed percentage ranges. The Company will adopt appropriate risk control measures on a continuing basis, for the above purpose.

5.2 Unit Allocations and Nominal Value

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

5.3 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 purchasing (appropriation price) or selling (expropriation price) the assets on a net basis 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 investments 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.

5.4 Calculation of Net Asset Values under a Unit Linked Fund

The Net Asset Value would be calculated as:

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(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.

5.5 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 Person Insured is aware that the investment in units is subject, inter alia , 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.

5.6 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 there from.

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 Person Insured shall be given at least four weeks prior written notice of the Company's intention to close any of the Unit Linked Fund. In such an event, the Person Insured needs to inform the Company the his or her preferred Unit Linked Fund to which the Fund Value are to be switched before the Unit Linked Fund closure date.

If the Person Insured 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 Section 6.7 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 Person Insured may be notified of the establishment of such new Unit Linked Fund(s). The Company may offer the Person Insured 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 Section 6.7

Switching amongst Unit-Linked Funds:

The Person Insured can apply for Switch of Unit-Linked Fund/s from one Unit-Linked Fund/s to another through a Switch Application Form specified by the Company. The facility of Switch would be subject to the administrative rules of the Company, existing at the time of the Person Insured's Switch application. Switch of funds will be effected at a Net Asset

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Value declared on the date the Person Insured's Switch application is received and accepted by the Company before 15.00 hrs (or at any other time as may be made applicable in accordance with the prevailing administrative guidelines) and on the next day's Net Asset Value declared if the application is received and accepted at the Company after 15.00 hrs (or at any other time as may be made applicable in accordance with the prevailing administrative guidelines). The Person Insured is entitled to make twelve Switches per Policy Year free of charge.

Every additional Switch in a Policy Year, over and above the number of free switches allowed would be subject to a charge which is currently at Rupees 250/- per switch; the same shall however not exceed Rupees 750/- per switch. Unused switches of any Policy Year cannot be carried forward to the succeeding Policy Years. The minimum amount of a switch transaction would be Rupees 5000.

Section 6 – Policy Charges

The charges are divided into Premium Allocation Charge, Fund Management Charge, Policy Administration Charge, Surrender Charge, Switching Charge, Cost Of Insurance, Partial Withdrawal Charge and Miscellaneous Charge.

6.1 Premium Allocation Charge

The Premium Allocation charge is levied at the time of receipt of the Premium and is recovered as a fixed percentage of the Regular Premium.

Policy Year	As a % of the Regular Premium
Year 1	15%
Year 2	10%
Year 3 onwards	2%

The Premium Allocation Charge for Top-Up Premium is 2.5%

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.

6.2 Policy Administration Charge

The Policy Administration charge is a percentage of the Sum Assured and would be deducted every month from the Fund. The Policy Administration Charge for different Sum Assured multiples are as follows:

(As a % of Sum Assured)

Year	1	2	3 onwards
If Sum Assured is equal to 5 times of Annual Premium	2.70% per annum	2.70% per annum	0.60% per annum
If Sum Assured is equal to 10 times of Annual Premium	1.35% per annum	1.35% per annum	0.3% per annum

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.

In addition to above, there will be an Initial Policy Administration Charge of 3% of Sum Assured in case the Sum Assured is 5 times of Annual Premium and 1.5% in case the Sum Assured is 10 times of Annual Premium.

The Policy Administration Charge would be deducted from the Unit Linked Funds in proportion to respective Fund Values available in each of the subscribed Unit Linked Funds as on the due date of deduction. The Company reserves the right to increase this charge from the 3rd year onwards up to a maximum of 1.2% of the Sum Assured per annum with prior clearance from the Insurance Regulatory and Development Authority.

6.3 Cost Of Insurance Charge

Cost of Insurance charge will be deducted at the beginning of each month by cancellation of an appropriate number of units at the relevant Net Asset Value after the first Policy Year.

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Cost of Insurance charge will be based on the attained Age of the Person Insured, Cost of Insurance (CoI) and the applicable Sum Assured.

The calculation method will be as follows:

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

The Sum at Risk is defined as the Sum Assured as described in the benefits section of this schedule.

The Cost of Insurance will be as described in Section 2.2 of this schedule.

The Cost of Insurance charge would be deducted from the Unit Linked Funds in proportion to respective Fund Values available in each of the subscribed Unit Linked Funds as on the due date of deduction.

6.4 Critical Illness Rider Charges

In the event opted for by the Person Insured in the Application, Critical Illness Rider 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.

Critical Illness Rider charge(s) will be based on the Cost of Critical Illness Rider (CoCIR) and the applicable Sum Assured.

The calculation method will be as follows:

$$\text{Rider Premium Charge} = (\text{Rider Sum Assured}/1000) * \text{CoCIR}$$

The rider charge would be deducted from the Unit Linked Funds in proportion to respective Fund Values available in each of the subscribed Unit Linked Funds as on the due date of deduction.

The rider benefit will cease at the age of 60.

6.5 Fund Management Charge

The following Fund Management Charges (expressed as a % of the Value of Assets underlying the Unit Account) will be levied.

Fund Option	Current	Maximum
Protector	1.25% p.a	2.50% p.a
Preserver	1.25% p.a.	2.50% p.a.
Balancer	1.50% 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 deducted while calculating the Net Asset Value of the Unit Linked Funds at each valuation date.

However the company reserves the right to increase this charge up to a maximum as specified above with prior clearance from the Insurance Regulatory and Development Authority.

6.6 Surrender Charge:

The Surrender Charge is based on the Fund Value and is deducted from the Fund Value. Surrenders are not permitted during the first three years of the Policy irrespective of the Coverage Term. Surrender of the Policy is possible only when the Person Insured is alive. Policy cannot be surrendered after the death of the Person Insured, except,

- As per Auto Foreclosure conditions contained in Section 4.7 of this Policy document
- By the Beneficiary child after attaining the age of 18 years
- The Surrender Charges are based on a certain percentage of the First Year Annualised Premium and are as given below

No. of year premium paid	Surrender Charge (% of First Year Annualized Premium)
If less than 1 year's premium is paid	100%
If exactly one year's premium is paid	75%
If more than 1 year but up to 2 year's premium is paid	70%
If more than 2 years but up to 3 year's premium is paid	60%
If more than 3 years but up to 4 year's premium is paid	50%
If more than 4 years but up to 5 year's premium is paid	40%

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If more than 5 years but up to 6 year's premium is paid	30%
If more than 6 year's premium is paid	Nil

The Surrender Charge would be deducted from the Fund Value before payment of the same to the Person Insured or Beneficiary (as applicable).

6.7 Switching Charge

The first twelve switches between the Unit-Linked Funds in a policy year will be free of any charge. Currently for each further switch between the funds, the Company will charge the Person Insured Rupees 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 Rupees 750.

6.8 Partial Withdrawal Charge

The first four withdrawals in a Policy Year will be free of any charge. For each subsequent partial withdrawal, the Company will charge the Person Insured Rupees 250.

However the Company reserves the right to increase this charge up to a maximum of Rupees 750.

The partial withdrawal charge will be deducted from the Fund by cancellation of appropriate units

6.9 Miscellaneous Charge

The Company has the option to charge Rupees 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.

However the company reserves the right to increase this charge up to a maximum of Rupees 750 with prior clearance from the Insurance Regulatory and Development Authority.

The miscellaneous charge would be deducted from Unit Linked Funds in proportion to respective Fund Values available in each of the subscribed Unit Linked Funds as on the due date of deduction. The alterations for this purpose would include: Premium Redirection and Reinstatement of the Policy.

The other permitted alterations are: Change of Premium Payment frequency; Change of Beneficiary, in case of death of the Beneficiary under the policy and Change of Assignment, which are allowed free of charge.

Applicable Taxes as notified by the Government from time to time, will be levied in the manner mentioned in Section 2.15

7.0 Termination of Policy

The Policy will be terminated on the earliest of the following:

- The Date of confirmation by the Company for Surrender of the Policy
- On the Company's payment of the Fund Value on the Maturity Date of the Policy as per Option (a) of Section 3.2
- The Date of happening of the event/s as mentioned in Section 4.6
- On the date of completion of the period chosen for settlement or the death of the Person Insured, whichever is earlier, with respect to Section 3.2 Option (b) or (c)

7.1 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.

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

If the Person Insured does not agree with the change and does not intimate the Company within four weeks after the Company has sent notification thereof, it will be treated as an acceptance of the change by the Person Insured.

If the Person Insured does not agree with the change and intimate the Company within four weeks after the Company has sent notification thereof, the Person Insured will be allowed to surrender the units in the Unit Account and the Policy shall terminate as provided in Section 7.0



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Annexure A - List of Insurance Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	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	Insurance Ombudsman 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	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: iobbsr@dataone.in	Orissa
CHANDIGARH	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	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	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 & Rajasthan
GUWAHATI	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	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	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	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 Andaman & Nicobar Islands , Sikkim
LUCKNOW	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	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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MetLife®

peace of mind. Guaranteed.

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 Phone: +91-80-2643 8638. Fax: -91-80-41506969

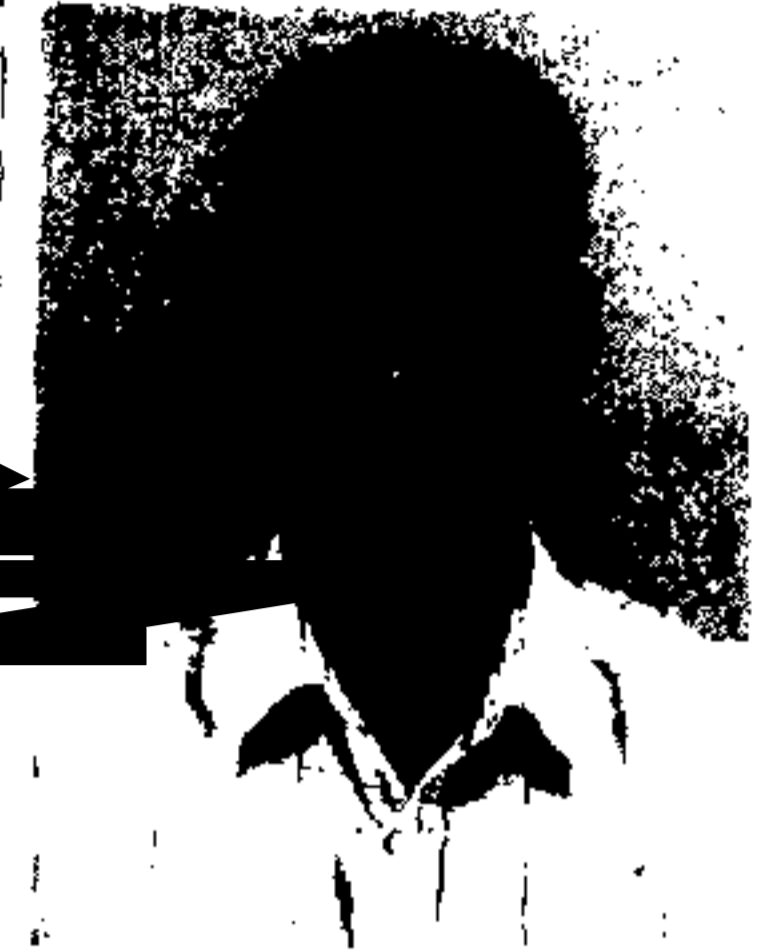
Application No.



135954288

Application Form

Please fill	Code	Name	Policy Type	Channel Type
FA Worksite			<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Agency <input type="checkbox"/> BABP
FA/FPC/CSO			<input checked="" type="checkbox"/> Urban	<input type="checkbox"/> WSM <input type="checkbox"/> C-WAD
MetLife Branch				
Relationship Branch				



Corrections or over writing, if any, must bear full signature of the Applicant.

IN UNIT-LINKED INSURANCE PRODUCT, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

Important Information: Read the Application Form carefully before you fill in the details. The information provided by you is used to determine the eligibility for the policy and to issue the policy. The information provided by you will form the basis for the issue of the policy. All the questions in this form should be answered truthfully. Please do not write in any other language than English. The information provided by you is used to determine the eligibility for the policy and to issue the policy. The information provided by you will form the basis for the issue of the policy.

A. Personal Details (BANK CAPITALS)

1. Full Name Mr. Mrs. Ms. Others (Specify) This is how your name will appear on the policy schedule, please leave a space between each part of the name

[Redacted Name and Address]

8. Mailing Address (If different from Permanent Address)
[Redacted Mailing Address]

9. Permanent Address (If different from Mailing Address)
SAME AS ABOVE
City: [Redacted] PIN: [Redacted]
State: [Redacted] Country: [Redacted]

10. Telephone with STD Code : Residence
Mobile: [Redacted]
Office: [Redacted]
(i) Do you wish to receive... Yes No

11. If you wish to backdate* your policy, please indicate date:
*(Backdation can be done up to 180 days within the same year)
*This option is not applicable for Unit-Linked Insurance Product.

12. Educational Qualification
 Post Graduate and Above Graduate Diploma 12th Pass Below 10th Pass Others (Specify) [Redacted]
 Business Self Employed Professional Student Retired Homemaker Others (Specify) [Redacted]

14. Occupation Details
Name of the Organization: [Redacted]
Address of the Organization/Business: [Redacted]
Exact Nature of Duties: [Redacted] Designation: [Redacted] Years of Service/Business: [Redacted] Annual Gross Income (in Rs.): [Redacted]

15. Purpose of Insurance
 Planning for Child's future Protection Saving Key person Retirement Gift of Life Others (Specify) [Redacted]

16. Spouse's Name in Full Mr. Mrs. [Redacted]

17. Spouse's Occupation
 Service Business Self Employed Professional Student Retired House wife Others (Specify) [Redacted]

B. Policy Owner / Nominee Details / Beneficiary Details

Please Tick (✓) any one Policy Owner Nominee

Mr. Ms. Others (Specify) _____

This is how your name will appear on the policy schedule, please leave a space between each part of the name

Paste here (do not pin or staple)
* A recent passport size photograph (not more than 6 months old)

* Photograph should not exceed this box.

* Photograph for the Nominee is not required

2. Date of Birth _____ 3. Gender _____ 4. Marital Status Married Divorced Widowed

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

6. Relationship with the Proposed Insured _____ 7. % Nominee * Share _____

*In case of multiple nominees please attach the "Multiple Nominee form" for each nominee

8. Father's /Husband's Name in Full Mr. Others (Specify) _____

9. Residence _____

10. Permanent Address (If different from Mailing Address) _____

City _____ PIN _____
State _____ Country _____

11. Telephone with STD Code: Residence _____ E-mail _____
Office _____

(i) Do you wish to receive communication via E-mail? Yes No
(ii) Do you wish to receive service SMS Alerts? Yes No

12. Educational Qualification _____
 Illiterate Others (Specify) _____

13. Occupation _____
 Self Employed Professional Student Homemaker Others (Specify) _____

14. Occupation Details Name of the Organization/Business: _____
Address of the Organization/Business _____ Exact Nature of Duties _____ Designation _____ Years of Service/Business _____ Annual Gross Income (in Rs.) _____

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

C. APPOINTEE DETAILS - To be filled only if the Nominee / Beneficiary is a minor. (The Appointee must not be the Proposed Insured)

1. Full Name Mr. Ms. Others (Specify) _____ This is how your name will appear on the policy schedule, please leave a space between each part of the name

2. Date of Birth _____ 3. Gender _____ 4. Marital Status Married Divorced Widowed

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

6. Mailing Address Reside _____
PIN _____

7. Relationship with the Nominee _____ 8. Signature Accepting the Appointment _____

D. Details of Insurance Policies of the Proposed Insured with MetLife India Insurance Co. Ltd. and Other Life Insurance Companies

Also, In case the Proposed Insured is a minor/student provide the following details for the entire family & husband insurance details in case of a house wife

Relationship with Proposed Insured (Self, family member)	Name of the Insurance Company	Policy/Application Number	Type of Policy	Sum Assured/ Face Amount (Rs.) Base +Term Rider	Annualised Premium	Year of Issue	In force/ lapsed/in case of revival, date of revival/ pending	Acceptance terms (Std./ with extra/ postponed/ declined/ withdrawn/restricted benefits)



E. Medical Details & Family History of the Proposed Insured



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1. Height in cms **165** or Ft. Inches Weight in Kgs or Pounds

2. Family History		Living		Deceased	
Relation to Proposed Insured	Age	Details of present health and full particulars of any major illness (Diabetes, Cancer, Stroke, Heart and Kidney related problems), including age at onset of illness		Age	Cause of Death
Father					
Mother					
Brothers/Sisters					
Spouse					
Children					

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

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.

5. Personal Physician
 Name
 Address
 Phone with STD Code Date of consultation
 Reason for consultation, diagnosis, treatment and advice

6. For Female Proposed Insured Only
 1) Maiden Name
 2) Are you Pregnant? Yes No If yes, please mention current months of pregnancy. Less than or equal to 6 months More than 6 months
 if any complications relating to pregnancy please give details.
 3) Have you delivered, undergone caesarian section, had any abortion or miscarriage? Yes No If yes, please mention the period elapsed since the last occasion
 In last 3 months 3 to 6 months More than 6 months
 4) Have you suffered / are suffering from any disorder of the breast or reproductive organs? Yes No If yes, please provide details

F. Life Style & Personal Details of the Proposed Insured

1. Life Style 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	
			Pipe	Cigar	Cigarettes	Beedi			Years	Months
Tobacco										
			Gutkha							
Alcohol										
Narcotics / Drugs										

2) Is your occupation associated with any specific hazards (E.g. Mines, Explosives Corrosive Chemicals and HTV Drivers) 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? Yes No
 4) Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you? Yes No
 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? Yes No
 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. Yes No



"IN UNIT-LINKED INSURANCE PRODUCT THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"
 For each "Yes" answer in Section E & F, 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

G. Product Details

1. Plan Name (Please note: if in case there is any change before the placement of the Policy, then there would be an adjustment made in the Sum Assured)

UNIT - LINKED	<input type="checkbox"/> Met Smart Gold	<input type="checkbox"/> Met Smart Plus	<input type="checkbox"/> Met Smart Premier	<input type="checkbox"/> Met Growth	<input type="checkbox"/> Other: _____
TRADITIONAL	<input type="checkbox"/> Met Suraksha	<input type="checkbox"/> Met 100	<input type="checkbox"/> Met Pension	<input type="checkbox"/> Met Junior	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Met Suvidha	<input type="checkbox"/> Met Sukh	<input type="checkbox"/> Met Bhavishya	<input type="checkbox"/> Other: _____	

2. (a) Policy / Coverage Term (in Years) (if applicable) [Redacted] (b) Premium Payment Term (in Years) (Required only for Limited Pay Plans) [Redacted] (c) Modal Premium (in Rs.) [Redacted]

(d) Annualised/Single Premium (in Rs.) [Redacted] (e) Face amount/ Sum Assured (in Rs.) [Redacted]

(f) Premium Payment Frequency: Annual Semi-Annual Quarterly Monthly Single

(g) Preferences for Renewal Premium Payment Mode: Cash/Cheque/DD Credit Card* ECS* PSP Others (Specify) _____ *Please fill in the relevant Standing Instruction Form.

3. (a) UNIT - LINKED

(i) Multiple Chosen Multiple Chosen x Annualised/Single Premium = Sum Assured

(ii) For Met Little Star, please select one of the Future Premium Protection Benefit Option

a) Lump Sum Option <input type="checkbox"/> (On Death, balance premiums credited into the fund as a Lump Sum)	Rider Name	Face Amount / Sum Assured (in Rs.)	Rider Term (in Years)
b) Regular Option <input checked="" type="checkbox"/> (On Death, balance premiums credited into the fund as and when due annually)	Accidental Death Benefit		
	Critical Illness		

(iv)	Fund Allocation	Preserver	Protector	Moderator*	Balancer	Accelerator*	Virtue	Multiplier	Total
	% Allocation	%	%	%	%	%	%	[Redacted]	[Redacted]

*Moderator and Accelerator funds are not offered for Met Smart Gold, Met Growth and Met Little Star.

(b) TRADITIONAL

(i) Type of plan: Participating Non-Participating

(ii) If the plan is Met Bhavishya: 1) Payout Option Option A Option B

3.1) Name of the Child _____

3.2) Relationship with the Proposed Insured _____

3.3) Date of Birth _____ 3.4) Gender Male Female

(ii)	Rider Name	Sum Assured (in Rs.)	Rider Term (in Years)
	Accidental Death Benefit		
	Critical Illness		
	Term		
	Waiver of Premium		

*Riders are not allowed with Met Income Guaranteed

(v) If the plan is Met Suraksha: Please Tick (✓) the Plan Option TA TROP Age Up to 60

H. Additional Information

1. Details of Initial Deposit Type of Deposit: Crossed Cheque Bank Draft [Redacted] Credit Card

Instrument No.	Instrument Date	Amount (in Rs.)	Name of the Bank and Branch
[Redacted]	[Redacted]	[Redacted]	[Redacted]

* In case where premium is paid in cash, the Financial Advisor/Channel Sales Officer is acting as an agent of customer and MetLife shall not be in any way liable or responsible till such time the said amount is received at any office of MetLife.

2. Premiums will be paid by: Proposed Insured Policy Owner Others (Specify) _____

If other, please provide the following details. Name _____ Relationship to Proposed Owner _____ Annual Income of the Premium Payer _____

3. Permanent Account Number (PAN): Applied for [Redacted]

4. To be filled by BASP Customers only

1) Name of the Relationship Bank _____ 3) Please mention date of opening Bank Account _____

2) Type of Account: Savings Current Priority Salaried Others (Specify) _____

I. Documentation Required

Proofs to be submitted by Proposed Insured:

1. Age Proof: Passport Pan Card School Certificate Driving License Birth Certificate Others (Specify) _____

2. Identity Proof: Passport Pan Card Voter's ID Card Driving License Others (Specify) _____

3. Recent Passport size photograph to be submitted (not more than 6 months old): Yes NA

Other Proofs (To be submitted by Policy Owner, if Proposed Insured/Policy Owner are different OR by Proposed Insured, if Proposed Insured/Policy Owner are same)

1. Identity Proof: Passport Pan Card Voter's ID Card Driving License Others (Specify) _____

2. Address Proof: Telephone Bill* Ration Card Electricity Bill* Bank Statement* [Redacted] Others (Specify) _____

3. Income Proof: ITR Audited P&L a/c CA Certificate Others (Specify) _____

4. Recent Passport size photograph to be submitted (not more than 6 months old): NA

* The electricity bill, telephone bill and the bank statement should not be more than six month old

RISK PROFILE (To be signed for Unit - Linked Policies only)



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In addition to the insurance coverage, the Proposed Insured/Owner has the ability to control the allocation of premium, after deduction of charges into various funds. In order to understand more about your risk tolerance levels, the Proposed Insured/Owner can discuss with MetLife sales representative and use the risk profile questionnaire to select the ideal fund option/portfolio. The final decision is up to the Proposed Insured/Owner.
Declaration: Based on my investment goals, risk tolerance level and personal financial situation as discussed and explained to me, the fund option exercised by me is in accordance with my risk portfolio.

Signature of the Proposed Insured / Owner

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.

DECLARATION, AGREEMENT & AUTHORISATION

DECLARATION

I have read this Application or got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I have also understood the terms and conditions of the plan that I have applied for. I 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 by MetLife India Insurance Co. Ltd ("MetLife").
- 2. Any untrue statement be contained in this Application, the policy contract shall be null and void and all the money, which have been paid, in respect thereof, shall stand forfeited to MetLife.
- 3. 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 under this Application will not take effect until the risk is accepted by MetLife after receiving the required premium and the policy is issued. I agree to undergo all medical tests required by MetLife as per its guidelines, including HIV-Elisa test.
- 5. I certify that I have received the Benefit illustration and have read and understood the same. I understand that the terms and conditions including the premium and benefits under the policy are subject to taxes / duties / charges as per the applicable laws.
- 6. In Unit-Linked Insurance Product, I have been explained and have understood all the applicable charges payable under the product.
- 7. I hereby declare that money used by me to pay the premium under this proposal has not been derived from any criminal or illegal activity or any unknown sources.
- 8. In case where premium is paid in cash, the Financial Advisor/Channel Sales Officer is acting as my Agent and MetLife shall not be in any way liable or responsible till such time the said amount is received at any office of MetLife.

AUTHORISATION

I hereby irrevocably authorise any organisation, institution, or individual, that has any record or knowledge of my health and medical condition or any treatment or advice that has been given or may hereafter be provided or other personal information, to disclose to MetLife, such information. This authorisation shall bind my successors and assigns and remain valid notwithstanding my death or incapacity, in so far as legally possible. A photocopy of this authorisation shall be valid as the original.

Signature / Left Thumb Impression of the Proposed Insured

Signature / Left Thumb Impression of the Proposed Owner (If different from Proposed Insured)

Name of the Proposed Insured

Name of Proposed Owner:

Name of Witness

Address of witness

Date _____ Place _____

Signature of the Witness
(Witness should not be related to the Proposed Insured / Proposed Owner)

DECLARATION IN CASE OF FOREIGNER

Declaration by the person filling in the Application. (In case the Application is filled up / signed in a language different from that of the Application form.)

I hereby declare that I have fully explained the contents of the Application form and all other documents incidental to availing the insurance from MetLife to the Applicant in the language understood by him/her. The same have been fully understood by him / her and the replies have been recorded as per the information provided by the Applicant and the replies have been read out to, fully understood and confirmed by the Applicant.

Declarant's Name _____ Address _____
Pin _____
Date _____ Place _____ Signature of Declarant _____

DECLARATION IN CASE THE APPLICANT IS ILLITERATE

In case the Applicant* is illiterate, a person of standing, unconnected with MetLife, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Applicant *

I hereby declare that I have explained the contents of this Application in _____ language to the Applicant. The same have been fully understood by him/her and replies have been recorded as per the information provided by the Applicant and the replies have been read out to and fully understood by and confirmed by the Applicant. The Applicant has affixed his/her left thumb impression in my presence.

Name of Declarant: _____
Address: _____ Left Thumb Impression of Proposed Insured / Owner _____ Signature of Declarant _____
Pin _____
Date _____ Place _____

DECLARATION IN CASE PREMIUM PAYER DIFFERENT FROM THE APPLICANT

In Case the premium payer is different from the Applicant* he/she needs to attest the following declaration.

I declare that I will pay the premiums falling due on this Application for life insurance till such time proposed insured starts earning and becomes capable of paying the Premiums on his/her own.

Name of Premium Payer _____
Relationship with Proposed Owner _____
Address _____ Pin _____
Date _____ Place _____ Signature of Premium Payer _____

*Applicant referred here is the Proposed Owner or else it is Proposed Insured



FA / FPC REPORT

FA/FPC CODE

NAME OF THE FA/FPC

FA/FPC Mobile No

1. Name of the Proposed Insured

2. Are you related to the Proposed Insured / Owner?

If yes, nature of relationship

3. Is this Application on your own life?

4. Name of Plan opted by PI/PO

5. Face Amount/Sum Assured (in Rs.)

6. Riders opted by PI/PO

7. Have you explained fully the terms and conditions of the plan to the Applicant*?

8. Does the Applicant* currently reside in Rural area? Yes No

9. (a) Since when do you know the Proposed Insured/Owner?

(b) Are you satisfied with the Identity of the Proposed Insured?

(c) Does the Proposed Insured have any physical deformity/defect or mental retardation?

(d) What is the estimated income of the Proposed Insured?

10. What is the Proposed Insured's state of health at the time of completion of this Application?

11. Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES:

Height in cms or Ft. Inches Weight in Kgs or Pounds

12. Is this Application a replacement for an existing policy of the Applicant*? If Yes, please complete the Replacement Questionnaire. Yes No

13. Has the Applicant* been informed about the following?

(a) Charges

(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws.

(b) Surrender charges

(d) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Policyholder (To be filled for Unit - Linked Policies only).

14. Do you recommend acceptance of this Application considering all the factors, including moral hazard? No

Certification: I have carefully ascertained the above information and recorded them. All the answers are true and correct to the best of my knowledge and belief.

Date

Signature of the FA / FPC

Applicable for BABP only :

Lead Generator Code

Lead Generator Name

Signature of the Lead Generator

To be filled by the Sales Management (Depending on the CAF Matrix)

The agency management must, wherever necessary, verify and certify the following:

1. Was Financial Advisor licensed to write personal life insurance on the date Application was signed?

2. Have you personally reviewed this Application?

3. Whether you are satisfied with the identity of the Proposed insured?

4. If the total premium exceeds 30% of the annual income of the Applicant*, are you satisfied that the product is sold within the financial capacity of the Applicant*?

5. Is the product recommended suitable for the Applicant* keeping in mind his/her age, needs, risk appetite, income, long term financial goals and long term premium paying capacity? If No, please give the reason.

6. Has the Applicant* been informed about the following?

(a) Charges

(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws.

(b) Surrender charges

(d) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Policyholder (To be filled for Unit - Linked Insurance Product only).

7. Do you recommend acceptance of this Application considering all the factors, including moral hazard?

Based on the review as above I am satisfied that the product is suitable to the customer and may be placed subject to other underwriting guidelines.

Name	Designation	Signature	Date	Place



Met Little Star

Unit Linked Regular Premium Child Insurance Plan (Non Par)

"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 Little Star	Unique Identification Number : 117L045V01
-------------------------------------	--

A) Details of the Beneficiary and Person Insured	
Name of the Beneficiary :	[REDACTED]
Gender: Male	Date Of Birth: [REDACTED]
Name of the Person Insured : Valued Client	[REDACTED]
Gender: Male	Date Of Birth: [REDACTED]

Application Number	[REDACTED]
Policy Number	[REDACTED]

Age is calculated as per the age last birthday

B) Details of the Plan	
Annual Regular Premium (Rs.)	[REDACTED]
Premium Payment Mode	[REDACTED]
Coverage Term (Years)	[REDACTED]
Premium Payment Term (Years)	[REDACTED]
Age of Person Insured at Maturity (Years)	[REDACTED]
Age of the Child at Maturity (Years)	[REDACTED]
Future Premium Protection Benefit	Lump Sum Option <input type="checkbox"/> Regular Option <input checked="" type="checkbox"/>

C) Cover Description	Sum Assured (in Rupees)
Death Benefit	[REDACTED]
Total and Permanent Disability	[REDACTED]
Critical Illness	-

D) Fund Options	Preserver	Protector	Balancer	Virtue	Multiplier	Total
Percentage Allocated	-	-	-	-	[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 : **Valued Client**

Prepared By : **Asha S Nair**

You can also write to us at IndiaService@metlife.com or call us Toll free at 1-800-425-6969 (9am - 6pm)
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/2008-09/408 (Exp 31/12/2009)

Unit Linked Regular Premium Child Insurance Plan (Non Par)

Ledger prepared for : **Master Rijo Robert & Valued Client**
 Prepared on **24/04/2009**

Age at Entry : 45 Years
Coverage Term : 12 Years
Premium Paying Term: 12 Years
Illustrated @ 10% Gross rate of Return

Policy Year End	Age of the Child beneficiary	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top-up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Money Available for Investment (Rs.)	Charges				Guaranteed Benefits		Non Guaranteed Benefits					
							Policy Administration (Rs.)	Mortality (Rs.)	CI Rider Charge (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	CI Rider Sum Assured (Rs.)	Loyalty Additions (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
1	8	45	18,000	0	2,700	15,300	5,130	1,172	0	194	9,196	90,000	0	0	0	9,863	0	90,000
2	9	46	18,000	0	1,800	16,200	2,430	1,201	0	438	5,869	90,000	0	0	0	24,387	0	90,000
3	10	47	18,000	0	360	17,640	540	1,230	0	745	2,875	90,000	0	0	0	43,586	0	90,000
4	11	48	18,000	0	360	17,640	540	1,256	0	1,093	3,249	90,000	0	0	0	64,315	54,415	90,000
5	12	49	18,000	0	360	17,640	540	1,275	0	1,469	3,645	90,000	0	0	0	86,703	79,503	90,000
6	13	50	18,000	0	360	17,640	540	1,286	0	1,875	4,061	90,000	0	0	0	110,895	105,495	90,000
7	14	51	18,000	0	360	17,640	540	1,285	0	2,314	4,499	90,000	0	0	0	137,049	137,049	90,000
8	15	52	18,000	0	360	17,640	540	1,270	0	2,789	4,958	90,000	0	0	0	165,339	165,339	90,000
9	16	53	18,000	0	360	17,640	540	1,237	0	3,302	5,439	90,000	0	0	0	195,956	195,956	90,000
10	17	54	18,000	0	360	17,640	540	1,183	0	3,858	5,941	90,000	0	0	0	229,111	229,111	90,000
11	18	55	18,000	0	360	17,640	540	1,107	0	4,460	6,467	90,000	0	0	0	265,033	265,033	90,000
12	19	56	18,000	0	360	17,640	540	1,004	0	5,113	7,017	90,000	0	3,040	0	307,014	307,014	90,000
Total			216,000	0	8,100	207,900	12,960	14,507	0	27,650	63,217			3,040	0			

Note: All the values shown in the illustration above are as at the end of the year. Please read Page 4 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 For : Valued Client

Prepared By : Asha S Nair

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 Insurance is the subject matter of the solicitation. LD/2008-09/408 (Exp 31/12/2009)

Unit Linked Regular Premium Child Insurance Plan (Non Par)

Ledger prepared for : Master Rijo Robert & Valued Client
Prepared on 24/04/2009

Age at Entry : 45 Years

Coverage Term : 12 Years

Premium Paying Term: 12 Years

Illustrated @ 6% Gross rate of Return

Policy Year End	Age of the Child beneficiary	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top -up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Money Available for Investment (Rs.)	Charges					Guaranteed Benefits		Non Guaranteed Benefits				
							Policy Administration (Rs.)	Mortality (Rs.)	CI Rider Charge (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	CI Rider Sum Assured (Rs.)	Loyalty Additions (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
1	8	45	18,000	0	2,700	15,300	5,130	1,172	0	190	9,192	90,000	0	0	0	9,443	0	90,000
2	9	46	18,000	0	1,800	16,200	2,430	1,201	0	421	5,852	90,000	0	0	0	23,000	0	90,000
3	10	47	18,000	0	360	17,640	540	1,230	0	706	2,836	90,000	0	0	0	40,527	0	90,000
4	11	48	18,000	0	360	17,640	540	1,256	0	1,017	3,173	90,000	0	0	0	58,759	48,859	90,000
5	12	49	18,000	0	360	17,640	540	1,275	0	1,341	3,516	90,000	0	0	0	77,732	70,532	90,000
6	13	50	18,000	0	360	17,640	540	1,286	0	1,678	3,864	90,000	0	0	0	97,485	92,085	90,000
7	14	51	18,000	0	360	17,640	540	1,285	0	2,029	4,214	90,000	0	0	0	118,065	118,065	90,000
8	15	52	18,000	0	360	17,640	540	1,270	0	2,395	4,565	90,000	0	0	0	139,519	139,519	90,000
9	16	53	18,000	0	360	17,640	540	1,237	0	2,777	4,913	90,000	0	0	0	161,903	161,903	90,000
10	17	54	18,000	0	360	17,640	540	1,183	0	3,175	5,259	90,000	0	0	0	185,275	185,275	90,000
11	18	55	18,000	0	360	17,640	540	1,107	0	3,591	5,598	90,000	0	0	0	209,701	209,701	90,000
12	19	56	18,000	0	360	17,640	540	1,004	0	4,027	5,930	90,000	0	2,353	0	237,605	237,605	90,000
Total			216,000	0	8,100	207,900	12,960	14,507	0	23,346	58,913			2,353	0			

Note: All the values shown in the illustration above are as at the end of the year. Please read Page 4 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 For : Valued Client

Prepared By : Asha S Nair

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VERSION: 1.0.465

Unit Linked Regular Premium Child Insurance Plan (Non Par)

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.

Notes :

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 and Fund Management Charges.
4. For the purpose of partial withdrawals, 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. The acceptance of Top-Up Premium is subject to the restrictions as indicated in the Sales Literature and detailed in the Terms & Conditions of the Plan.
5. Please read this benefit illustration in conjunction with the product brochure to understand all Charges, Terms, Conditions and Exclusions carefully before concluding the sale.
6. This illustration explains the benefits and features of the proposed policy and is not a contract or a representation of any guarantee or warranty.
7. Loyalty Additions are made based on the First Year Annualised Premium as well as on the Fund Value of the Regular Premium Account and is payable on maturity date. The value of Loyalty Additions would be payable only if the policy will be in full force on the date of addition and provided that no Death or Total and Permanent Disability claim has been paid during the policy term. The Fund Values pertaining to Top-up Premiums do not qualify for Loyalty Additions.
8. The values shown in the "Loyalty Additions" column have been included in the calculation of the fund values, and therefore should not be considered over and above the fund value. The Fund Value shown in the ledger is net of surrender charges, wherever surrender charges are applicable.
9. Under Future Premium Protection Benefit options, in the event of Death or Total and Permanent Disability due to accident, units equivalent to the amount of the entire future Regular Premiums waived are credited in the unit account as per the option chosen and invested in various Funds in the same allocation proportion as was prevailing before the date of notification of death or the date of notification of Total and Permanent Disability.
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. 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.
12. Preserver Fund, Protector Fund, Moderator Fund, Balancer 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 and do not offer a guaranteed or assured returns.
13. The investments in the Unit Linked Funds are subject to investment risks associated with capital markets and the NAVs of the markets 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 decision.
14. MetLife Insurance Co Ltd is only the name of the Insurance Company and **Met Little Star** 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.
15. 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 impact of Service Tax (inclusive of Education Cess) is not incorporated in the fund values shown in the current illustration. 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.
16. 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 For : Valued Client

Prepared By : Asha S Nair

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Our Regd office: MetLife India Insurance Co. Ltd., Brigade Seshamahal, 5 Vani Vilas Road, Basavanagudi, Bangalore - 560004
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Insurance is the subject matter of the solicitation. LD/2008-09/408 (Exp 31/12/2009)

VERSION: 1.0.465

Met Little Star

Unit Linked Regular Premium Child Insurance Plan (Non Par)

Policyholder's/ Prospect's Declaration

I, [REDACTED] have been taken through the illustration for Met Little Star. 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] Place : [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 :

[REDACTED]

& Date :

[REDACTED]

Name of the Employee :

[REDACTED]

Employee Number :

[REDACTED]

Branch/ Location :

[REDACTED]

Agent Contact Number :

Agent Email Id :

Prepared For : Robert Varghese

Prepared By : Asha S Nair

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Mandate Form For ECS (Direct Debit)

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

Policy holder Name			
Policy Number			
Mode of Premium		Amount (In Rupees)*	
ECS Debit Date (Choose (✓) any one) <input type="checkbox"/> 2 nd <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th <input type="checkbox"/> Yes, I have attached a blank cancelled cheque.			
Bank Account Details			
Name of the Account Holder		Account Number	
Name and Address of the Bank/Branch		Account Type (Please check one) <input type="checkbox"/> Savings (Code 10) <input type="checkbox"/> Current (Code 11) <input type="checkbox"/> Cash Credit (Code 13)	
9 Digit MICR Code		Ledger No./ Ledger Folio No.	
Alert Mode			
SMS Alert		Mobile Number	
E-mail Alert		E-mail address	

- 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, which could be higher or lower than the amount mentioned above. For Counter Offers, the amount would also be mentioned in the Acceptance Letter that you provide at the time of taking the policy.

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, through the National Clearing Cell of the Reserve Bank of India for collection of the insurance premiums.

I hereby declare that the particulars given above are correct and complete in all respects. I authorize MetLife India Insurance Company Limited. (the "Company") to collect any amounts as may be due on account of payment for life insurance premium(s) payable on and/or pursuant to the life insurance proposal(s)/policy (ies), and Rider(s) (if any), as issued by the Company, by Direct Debit to my Bank Account as per details provided above. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance directly to the Company. I will also inform the company of any changes in my Bank Account.

Mandate Terms and Conditions

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

- 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. The Company shall not be responsible for making follow-up in relation to receipt or non-receipt of premium(s).
- The Proposer/Policy Holder shall at all times maintain sufficient credit balance in the Bank Account specified in the Mandate so that the Mandate is honoured and credit for the premiums payments due is received in the first instance by the Company within the time specified therefore.
- Without prejudice to any rights of the Company, the Proposer/Policy Holder will indemnify and hold the Company harmless against any and all liability, costs and expenses that may be incurred by the Company arising out of any acts of omission or commission or negligence on the part of the Proposer/Policy Holder.
- The ECS facility of making life insurance premium payments by way of Direct Debit is offered by the Company in accordance with the guidelines issued by Reserve Bank of India ("RBI") and shall also be subject to any modifications to such guidelines, and other rules, orders, directions, instructions etc., as may be issued by RBI from time to time.
- The ECS facility of making life insurance premium payments by way of Direct Debit may be withdrawn by the Company at any time, and should this facility be withdrawn by the Company at any time, subsequent premium payments due will be made in any other manner acceptable to or stipulated by the Company.
- In case of Unit Linked Life Insurance Policies net premiums, after deduction of applicable charges, will be used to buy units in the Linked Funds using the net asset value as on the ECS Debit Date.
- In case of decline of a said transaction for any due the Proposer/Policy Holder would make payment for the policy for due through an alternate mode. The policy would not be removed from the standing instruction mode. The Company reserves the right to remove the policy from standing instruction mode of payment in case three consecutive decline transactions.
- You have a right to opt by written notice to the Company of not less than 60 (sixty) days, for any other mode of premium payment as may be the Company from time to time, and shall have right to revoke this Mandate by giving not less than 60(sixty) days' notice in writing simultaneously to the Company and to the Bank.
- The Company shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate or non-availability of sufficient funds in my account or for other reason beyond the company's control.

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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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

Standing Instruction For Direct Debit Authorization – Credit Card Only

I hereby authorize MetLife India Insurance Company Limited. 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.

Form with fields: 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, Card Issuing Authority (Master, Visa, Amex, 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 charged 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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Claim Intimation Form

To,

MetLife India Insurance Co. Ltd.,

Notification of Claim under **Policy No.** _____ **Nature of Claim** _____

Member ID/ Certificate No. _____ **GPH** _____ (For Group Policies)

Details	To be filled up by the Claimant/Informant
Name of the Insured Person	
Name of the Informant/Claimant	
Address of the Informant/Claimant	
Phone Number of the Informant/Claimant	
Particulars of Illness/Disability (Compulsory for Critical Illness/Disability)	
Date of Event	
Type of Illness/Disability	
Name, Address & Telephone Numbers of the Doctors/Hospitals treated the Life Assured for illness/disability	
For Death Claims:	
Relationship of the Claimant with Insured Person	
Date of Death	
Place of Death	
Time of Death	
Cause of Death	
Address of the Police Station where FIR was lodged (If Applicable)	
Name & Address of Hospital where post-mortem was performed (If Applicable)	
Particulars of other Life Insurance Policies on the life of insured issued by other companies	

Signature of Claimant: _____

Date _____ **Place** _____

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



TO BE FILLED BY METLIFE BRANCH / REGIONAL OFFICE
(PLEASE FILL IN BLOCK CAPITALS)

Name of the Branch / Regional Office where the Intimation has been received	
Date of receipt of Claim Intimation	
Name of the person receiving the Claim Intimation along with phone no and email id	
Name, phone no and email id of concerned ASM	
Name of concerned AM with phone no and email id	
Name of concerned SM with Phone no and email id	
Name of concerned FA with Phone no and email id	
Date of dispatch to HO	
CHECK POINTS (Please answer in YES / NO)	
Have you put a Date and Time of Receipt Stamp on Page 1 of the Claim Intimation Form?	
Have you e-mailed scanned copy of the intimation form, death certificate (if recd) to the HO?	

Please do not leave any column blank. Please write N.A, if not applicable

Signature of person receiving the intimation (as mentioned in row # 3 above)

_____ Date _____

Documents to be submitted by the Claimant/ Informant along with Claim Intimation Form:

	Item	Attestation /Signature	Action
1	Policy Document Issued by MetLife at the time of taking the policy	Not Applicable	Original Policy Document to be submitted.
2	Claim Intimation form	MetLife Ops official	Documents have to be completely filled as per the format by the Claimant / Informer . To be sealed and signed on both the sheets with date and time of receiving the documents by MetLife Ops official.
3	Claimant Statement	Gazetted Officer / Notary Public / Magistrate / Person of Local Standings (with their Official Seal)	Documents have to be completely filled as per the format by Claimant .
4	Attending Physician statement	Concerned Physician with Official Seal	Documents have to be completely filled as per the format by Physician only (with his /her seal and signature) .To be sealed and signed by MetLife Ops official.
5	Family Doctors Statement	Concerned Doctor with Seal and Sign	Documents have to be completely filled as per the format by Family Doctor only (with his /her seal and signature) .To be sealed and signed by MetLife Ops official.
6	Copy of the Death Certificate	Issuing Authority / Notary Public	Only Death certificate issued by the Registrar of Births and Deaths shall be accepted. (In case where the death occurs / is registered in a non Municipal area in the State of Jammu and Kashmir, the Death Certificate issued by the Chowkidar of the concerned Police Station with the official seal may be accepted).
7	Copy of Photo ID and address proof of the nominee	Notary Public/ MetLife Ops Official	Copy has to be attested by MetLife Ops official / Notary Public with seal and signature (Statement to the effect that the original Photo ID and address proof are seen and verified are required)
8	Copy of Post Mortem Report and FIR (if applicable)	Notary Public / Issuing Authority	Copy of Post Mortem Report if not attested by Issuing authority has to be notarized
9	Paper Cuttings (if available)	Not Applicable	Local newspaper wherever the particular death is published

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'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore – 560004. www.metlife.co.in FAX: +91-80-4150 6969

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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