

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 – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

Welcome Letter

Date : [REDACTED]



Dear Mr. [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:

Policy Number	[REDACTED]	Policy Term	[REDACTED]
Policy Owner	[REDACTED]	Premium Paying Term	[REDACTED]
Plan of Insurance	[REDACTED]	Premium Amount	[REDACTED]
Payment Mode	[REDACTED]	Beneficiaries/Nominee	[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

Concealment of material facts including any health conditions and any misrepresentation entitles MetLife to reject a policy claim and to even terminate the policy and forfeit the premiums received. Hence, please go through the documents attached carefully.

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

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 – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

Policy Document

Met Pension Plus - RP

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").

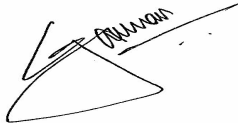
This Policy is subject to Terms and Conditions stated herein after and the Schedule, attached riders/endorsements, if any, and is governed by the law of India.

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

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

Signed by and on behalf of

MetLife India Insurance Co.Ltd.



Gaurav Sharma
Director- Customer Service and Operations

Stamp Duty Rs 153.23

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

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 – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

The Schedule - Met Pension Plus Unit Linked Pension Plan (UIN: 117L059V01)

Policy Number	██████████	Date Of Issue	██████████	Issuing Office	██████████
----------------------	------------	----------------------	------------	-----------------------	------------

1. Details of the Policyholder and Insured

Name of the Policy holder/Insured	██████████		
Proof of Identification	██████████	Gender	█
Date of Birth of Policyholder/Insured	██████████		
Whether age admitted	█	Age	██████████

2. Policy Features

Plan of Insurance	██████████		
Base Sum Assured (INR)	██████████	Date of Vesting	██████████
Date of Commencement	11/Feb/2010		
Policy Term	██████████	Premium Paying Term	██████████

3. Premium Summary

Details of Coverage	Regular / Single Premium(INR)	Frequency of Payment	Last Premium Due Date
Base Policy Met Pension Plus	██████████	██████████	██████████
Total Premium (INR)	██████████		
Due date(s) of Premium	██████████		

4. Premium Direction

Funds	Protector-II	Preserver-II	Balancer-II	Flexi Cap	Virtue-II	Multiplier II	Total
	██████████	██████████	██████████	██████████	██████████	██████████	██████████

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

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 – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

The Schedule - Met Pension Plus Unit Linked Pension Plan (UIN: 117L059V01)

Insured Event upon which Benefits Payable	1) On Death of the Policyholder prior to the Date of Vesting. 2) Upon Survival of the Policyholder to the Date of Vesting.
Special Provisions/Options	Automatic vesting of ownership option: No

5. Nominee Details

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

The Schedule – Met Pension Plus Unit Linked Pension Plan (UIN: 117L059V01)

SECTION 2

1. Funds

- 1.1. There are 6 **Unit Linked Funds** available under the **Policy**. You have to invest the premiums either in any other **Unit Linked Fund** in any proportion aggregating to a total of one hundred percent. However, investment in any of the chosen **Unit Linked Funds** should have a minimum allocation of twenty percent. Following are the six **Unit Linked Funds** offered with this **Policy**

Fund Name	Investment Objectives	Asset Category	Asset Allocation Range (%)	Risk Profile
Protector II	To earn regular income by investing in high quality fixed income securities	Government and other debt securities	60 - 100	Low risk
		Money market instruments.	0 - 40	
Preserver II	To generate income at a level consistent with preservation of capital, through investments in securities issued or guaranteed by Central and State Governments.	Government & Govt. Guaranteed Securities	60 - 100	Very low risk
		Money market instruments	0-40	
Balancer II	To generate capital appreciation and current income, through a judicious mix of investments in equities and fixed income securities.	Government and other debt securities	0 – 60	Medium risk
		Equity	0 – 60	
		Money market instruments	0 – 40	
Flexi Cap	To generate long-term capital appreciation from an actively managed portfolio of diversified stocks across the market capitalization spectrum.	Equity	60 -100	Very high risk
		Money market instruments	0 -40	
Virtue II	To generate long term capital appreciation by investing in diversified equities of companies promoting healthy life style and enhancing quality of life.	Equity	60 -100	Very high risk
		Money market instruments	0 – 40	
Multiplier II	To generate long term capital appreciation by investing in diversified equities selected from S&P Nifty Index	Equity	60 -100	Very High risk
		Money market instruments	0 - 40	

Unit Linked Fund Disclaimers

- 1) 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.
- 2) The premium paid in Unit Linked Life Insurance policies are subject to investment risks associated with capital markets. The Fund Value of each of the Unit Linked Fund can go up or down depending on the



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 - 560 004, www.metlife.co.in, Fax: +91-80-4150 6969

The Schedule – Met Pension Plus Unit Linked Pension Plan (UIN: 117L059V01)

factors & forces affecting the financial markets from time to time including changes in the general level of interest rates and the insured is responsible for his/her decisions.

- 3) The past performance of Our Unit Linked Fund(s) is not necessarily indicative of the future performance of any of these Unit Linked Funds.
- 4) The Unit Linked Funds do not offer a guaranteed or assured return unless otherwise mentioned as Guarantee Fund
- 5) The name of the Product does not in any way indicate the quality of the product, its future prospects or returns.
- 6) 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.
- 7) Please know the associated risks from the Financial advisor or the intermediary

SECTION 3

2. Schedule of Policy Charges

2.1. **Premium Allocation Charge:** This is a premium-based charge. After deducting this charge from **Your** premiums, the remainder is invested to buy units. The premium allocation charge will be as defined in the following table for **Regular Premium/Single Premium**

Policy Year /Premium Payment Term	Single Premium	Regular Premium
1	7%	28%
2	NA	28%
3 onwards	NA	0%

The Premium Allocation Charge for **Top-Up Premium** would be 2% of the **Top-Up Premium**

2.2. **Policy Administration Charges:** The following monthly policy administration charge would be deducted by cancellation of units at the beginning of each **Policy Month**.

Regular Premium

Policy Year/Premium Bands	Annualised Premium <25,000	Annualised Premium >= 25,000	
		Policy Term <10	Policy Term >= 10
Year 1 to 3	0.30%	0.25%	0.125%
Year 4 & above	0.30%	0.125%	0.125%

Single premium

Policy Year	Percentage of Single premium
Year 1 to 3	0.125%
Year 4& above	0.125% (*)

The Schedule – Met Pension Plus Unit Linked Pension Plan (UIN: 117L059V01)

(* Subject to a maximum of INR.50 per month from Year 4 onwards)

2.3. **Fund Management Charge:** These charges are levied daily while calculating the **Net Asset Value** of each Unit Linked Fund on each Valuation day.

Fund	Fund Management Charge
Multiplier II	1.25% p.a.
Virtue II	1.25% p.a.
Flexi Cap	1.25% p.a.
Balancer II	1.15% p.a.
Protector II	1.00% p.a.
Preserver II	1.00% p.a.

2.4. **Surrender Charge**

The Surrender Charge is applied on the First Annualised Premium. The Surrender Charge would be deducted from the Total Fund Value before payment of the same to the Policyholder. No surrender value is payable during the first three years of the Policy. Upon surrender of policy during the first 3 years, the Fund Value reduced by applicable surrender charges will be frozen to be settled at the end of three years from commencement of the policy. The following Surrender Charges, expressed as a percentage of First Year Annualised Premium are applicable.

Regular Premium

No. of Annualised Premiums paid	Policy Years / Percentage of Annualised Premium			
	0 to 3	4	5	6 onwards
Less than one Annualised premiums paid	100%	40%	0%	0%
More than or equal to one but less than two Annualised premiums paid	100%	30%	30%	0%
More than or equal to two but less than three Annualised premiums paid	100%	30%	30%	0%
More than or equal to three but less than four Annualised premiums paid	NA	10%	10%	0%
More than or equal to four but less than five Annualised premiums paid	NA	5%	5%	0%
Equal to five Annualised premiums paid	NA	NA	0%	0%

Single Premium

No surrender charges are levied if **Single Premium** option is chosen.

2.5. **Switching Charge:** The first 12 switches in a **Policy Year** are free of charge. For each additional switch in the same **Policy Year** a charge of INR 250 will be levied.



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 - 560 004, www.metlife.co.in, Fax: +91-80-4150 6969

The Schedule – Met Pension Plus Unit Linked Pension Plan (UIN: 117L059V01)

2.6. Service Tax Charge

This charge will be made by the cancellation of appropriate number of units at the relevant **Net Asset Value** as notified by the Government from time to time. Service Tax on the Fund Management Charges would be calculated while calculating the **Net Asset Value** of the **Unit Linked Funds** at each valuation date.

2.7. Miscellaneous Charge

We reserve the right to charge INR 250 for any alteration to the contract, such as a change in premium allocation proportion; reinstatement; change of premium payment frequency; change of beneficiary. These charges will be effected by canceling an appropriate number of units at the relevant Net Asset Value in proportion to the respective Fund Value of each of the subscribed **Unit Linked Funds** on the date of deduction.

Note : We reserve the right to increase or decrease any of the above charges (except Premium Allocation Charge) subject to prior approval from the Insurance Regulatory and Development Authority and also shall inform **You** 30 days in advance.

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 – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

First Premium Receipt

Date [REDACTED]
Policy Number [REDACTED]

Thank you for choosing MetLife as your insurance partner.

Policy Number		[REDACTED]	
Life Insured		[REDACTED]	
Plan		[REDACTED]	
Coverage Term	[REDACTED]	Premium Paying Term	[REDACTED]
		Sum Assured / Face Amount	Installment Premium
Base Policy		[REDACTED]	[REDACTED]
Accidental Death Benefit Rider		[REDACTED]	[REDACTED]
Critical Illness Rider		[REDACTED]	[REDACTED]
Term Rider		[REDACTED]	[REDACTED]
Waiver Of Premium Rider		[REDACTED]	[REDACTED]
Total Premium		[REDACTED]	
Service Tax/ Add Cess/ Edu Tax		[REDACTED]	
Total Amount Payable		[REDACTED]	
Initial Deposit Paid		[REDACTED]	
Balance in Policy Deposit		Nil	
Effective Date	[REDACTED]	Premium Frequency	[REDACTED]
Premium Due Dates	11th Feb of every year	Next Due Date	[REDACTED]
Financial Advisor Name		[REDACTED]	
Financial Advisor Code		[REDACTED]	
Financial Advisor Contact No.		[REDACTED]	
Financial Advisor E - mail ID		-	

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

All Premiums paid are eligible for a deduction under 80C of the Income Tax Act, 1961 subject to conditions as mentioned • Premiums paid toward 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 • Payment made by cheque(s) is subject to realization • If the amount paid is in excess of the balance due, excess will be held in deposit without interest • Service tax and relevant cess are charged at rates applicable from time to time • You can also request for a detailed account statement by writing to indiaservice@metlife.com or leave a request on our 24 hour helpline: 1-800-425-6969.

In case of any queries related to the information provided in this notice or any other, please feel free to 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.

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

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 .

Note: Please mention your 8 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 (**Annual/Semi-annual/Quarterly mode**) and **15 days(Monthly mode)** 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/Premium Cycle 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:

1-800-425-6969

You can send email to us at:

indiaservice@metlife.com

You can write to us at:

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

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 – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

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, whichever 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/Section 3 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/15 days for policy with monthly frequency of payment) 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 immediately 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 Net Asset Value (or) the same facility is extended through Policy Information portal.
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

This Page is intentionally left blank



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 - 560 004,
www.metlife.co.in, Fax: +91-80-4150 6969

Terms & Conditions – Met Pension Plus Unit Linked Pension Plan (Non Par) UIN 117L059V01

1. Basic Definitions

The words or terms below that appear in this Policy in Initial Capitals and **bold** type will have the specific meaning given to them below. These defined words or terms will, where appropriate to the context, be read so that the singular includes the plural, and the masculine includes the feminine.

- 1.1.1. **Age** means age of the **Policyholder** as of his last birthday and is as shown in Section 1 of the **Schedule**.
- 1.1.2. **Annualised Premium** (applicable for **Regular Premium** policies) means one full year's **Regular Premium(s)**. The **Schedule** will show if this is a **Regular Premium or Single Premium Policy**.
- 1.1.3. **Annuity** means the regular amount payable to the Policyholder or Nominee (in case of spouse) in accordance with the chosen Annuity options as shown in clause 2.5
- 1.1.4. **Annuitant** is the person to whom regular Annuity payments are made
- 1.1.5. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Policy**.
- 1.1.6. **Base Premium** means the **Regular Premium/Single Premium You** must pay and is as shown in Section 1 of **The Schedule**.
- 1.1.7. **Base Premium Fund Value** means the total number of **Units** in the **Base Premium Unit Account** of this **Policy** multiplied by the **Net Asset Value** as at the **Relevant Date**.
- 1.1.8. **Base Premium Unit Account** or **Top-Up Premium Unit Account** means **Your Unit Account** pertaining to the **Base Premium** or the **Top Up Premium** respectively.
- 1.1.9. **Business Day** means a working day of **Our** Registered office.
- 1.1.10. **Date of Commencement** means the date when this **Policy** takes effect and is as shown in Section 1 of the **Schedule**.
- 1.1.11. **Date of Issue** means the date on which this **Policy** is issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in Section 1 of the **Schedule**.
- 1.1.12. **Date of Vesting or Vesting Date** means the expiry date of this **Policy** as shown in Section 1 of the **Schedule**.
- 1.1.13. **Death Benefit** means the amount payable under this **Policy** in accordance with clause 2.1

in case of the death of the **Policyholder**.

- 1.1.14. **Net Asset Value ("NAV")** of a **Unit Linked Fund** means the price of a unit in a **Unit Linked Fund** at which **We** would allocate or cancel **Units** in that **Unit Linked Fund** at each **Valuation Date**.
- 1.1.15. **Nominee** means the person nominated by **You** as per the **Application** (or as may be subsequently intimated to **Us** from time to time), to receive the benefits under the **Policy** in the event of **Your** death, before the **Date of Vesting**.
- 1.1.16. **Policy** means this document, any endorsements issued by **Us**, the **Schedule** and the **Application**.
- 1.1.17. **Policy Charges** means the charges shown in the Section 3 of the **Schedule**. **Policy Charges** are applicable and will be determined in the manner shown in the Section 3 of the **Schedule** subject to the terms and conditions of the **Policy**.
- 1.1.18. **Policy Month** means one month period between the **Date of Commencement** and every subsequent month thereafter until the **Date of Vesting**.
- 1.1.19. **Policy Term** means the period between the **Date of commencement** and the **Date of Vesting**.
- 1.1.20. **Policy Year** means the one year period between the **Date of Commencement** and every subsequent year thereafter until the **Date of Vesting**.
- 1.1.21. **Premium Payment Term** means the period for which the premiums are payable and is as shown in the Section 1 of the **Schedule**.
- 1.1.22. **Regular premium** means the amount which **You** must pay either yearly, half yearly, quarterly, or monthly during the **Premium Payment Term** and is as shown in Section 1 of the **Schedule**.
- 1.1.23. **Relevant Date means :**
- 1.1.23.1. **Our** date of receipt of **Your** written notice for switches, **Surrender**, or Free-look cancellation.
- 1.1.23.2. **Our** date of receipt of notice of the death of the **Policyholder** in the case of a **Death Benefit** claim.
- 1.1.23.3. The **Date of Vesting** in the case of a **Vesting Benefit** claim.

The rules in this regard are as follows:

- If the request is received before 15.00 hours on a **Business/Working Day**, the corresponding **Valuation Date** is the same business/working day.
 - If the request is received after 15.00 hours on a **Business/Working Day**, the corresponding **Valuation Date** is the next **Business/working day**.
- 1.1.24. **Schedule** means the **Schedule We** issue along with any annexure, unit statement, tables or endorsements attached to it from time to time.
- 1.1.25. **Single premium** means the amount which **You** must pay one time and is as shown in the **Schedule**.

- 1.1.26. **Surrender** means **Your** termination of the Policy before the **Date of Vesting**.
- 1.1.27. **Surrender Value** means the amount payable in accordance with clause 2.5, and is the **Total Fund Value** less the Surrender Charge shown in the Section 3 of the **Schedule**.
- 1.1.28. **Top-up Premium** means the single sum amount **You** may optionally pay in addition to the **Base Premium** which is subject to **Our** rules and limits which may be revised at **Our** sole discretion from time to time.
- 1.1.29. **Top-Up Premium Fund Value** means the number of Units in the **Top-Up Premium Unit Account** of this **Policy** multiplied by the **Net Asset Value** as on the **Relevant Date**.
- 1.1.30. **Total Fund Value** means the sum of the **Base Premium Fund Value** and the **Top-Up Premium Fund Value** under this **Policy** as on the **Relevant Date**.
- 1.1.31. **Unit Linked Fund** means a separately identifiable investment-linked fund set up and managed by **Us** for the purpose of achieving the objectives of the fund. The **Unit Linked Funds** available under this **Policy** are mentioned in Section 2 of the **Schedule**.
- 1.1.32. **Unit** means a proportionate part of the **Base Premium Unit Account** or **Top-Up Premium Unit Account** created upon the allocation of **Base Premium** or **Top-up Premium**.
- 1.1.33. **Unit Account** means the accounts that **We** administer in which **Your Units** are allocated or redeemed.
- 1.1.34. **Vesting Benefit** means the **Fund Value** in the **Unit Account**, which **We** will determine using the **Net Asset Value** on the **Maturity Date**.
- 1.1.35. **Valuation Date** means the date on which the assets to which a **Unit Linked Fund (s)** are referenced, are valued and the date on which **NAV (s)** is determined.
- 1.1.36. **We, Us** or **Our** means MetLife India Insurance Company Limited.
- 1.1.37. **You** or **Your** means the Policyholder and the Insured , as named in Section 1 of the **Schedule**

2. Policy Benefits

Met Pension Plus is the name of the product offered by us under this **Policy**. It is a non-participating unit linked Pension plan, which matures on the **Date of Vesting**. **Your Policy** provides the following benefits:

2.1. Death Benefit

- 2.1.1. In case of **Your** death during the **Policy Term**, we will pay **Your Nominee** the **Total Fund Value** as on the **Relevant Date** as **Death Benefit** less any overdue monthly deduction.
- 2.1.2. If **Your Nominee** is the named spouse **he/she** can chose to take the **Death Benefit** in part or full as a lump sum. With the balance, if any, an **Annuity** using the various annuity options as mentioned in clause **2.4** other than Joint Life Last Survivor Spouse Annuity can be chosen.

2.1.3. **Your** spouse also has an option to buy **Annuity** from other insurers.

2.2. Vesting Benefit

- (a) If the **Policyholder** is alive on the **Maturity Date**, then **We** will pay the **Vesting Benefit** to **You**. **You** may take up to 1/3rd of the **Vesting Benefit** as a lump sum and invest the whole or part of the amount remaining in either:
 - (i) **One** or more of **Our Annuities** listed in the Schedule; or
 - (ii) In the **Annuity** of any other IRDA licensed life insurer. If the **Annuity** is bought from any other **Annuity** Provider in the market we shall cease to have any obligation in respect of the **Annuity** benefits payable under the **Policy**.
- (b) **You** must give us written notice of **Your** choice of **Annuity** at least 6 months before the **Vesting Date**,

Guaranteed Loyalty Additions

You are eligible to receive Guaranteed Loyalty additions under this **Policy** subject to the **Policy** being in force and all **Annualised Regular Premiums** under the **Policy** having been paid in full. The Guaranteed Loyalty Additions are expressed as a percentage of the **First Year Regular Premium or Single Premium** Allocation charges and are paid into the **Unit Account** at **Date of Vesting** and /or at the end of the tenth **Policy Year**, as set out below. The Guaranteed Loyalty Additions provided under the **Policy** vary according to the **Premium Payment Term** chosen, as shown below.

Single Premium option

Premium Payment Term	Total Guaranteed Loyalty Additions as a percentage of Single Premium Allocation Charge	Payout of Guaranteed Loyalty Additions
Single Premium	100%	At Vesting Date

Regular Premium option

Premium Payment Term	Guaranteed Loyalty Additions as a percentage of First Year Regular Premium Allocation Charge	Payout of Guaranteed Loyalty Additions
Premium Payment Term <= 10	200%	At Vesting Date
Premium Payment Term > 10	220%	Payable in 2 installments : 110% at the end of Policy Year 10 & 110% at Vesting Date

The rupee value of the Guaranteed Loyalty additions would be allocated to the chosen **Unit Linked Funds** in the same proposition as the then existing **Unit Linked Funds** at the date of disbursement, by creating appropriate number of units as per the **Net Asset Value** of the **Unit Linked Funds**. The Premium Allocation charges collected under the **Top-Up premiums** do not qualify for any Guaranteed Loyalty Addition.

2.3. Postponement/ Preponement of Vesting Date

You may choose to postpone/prepone **Your Vesting Date** once during the term of the **Policy**, subject to the minimum vesting age criteria under the plan and at least 5 **Policy Years** have elapsed and all premiums have been paid in full. **You** should inform us at least six months before the original **Vesting Date** in case you choose to defer **Your Vesting Date**. In case of preponement of vesting age, **You** may inform us at least six months before the original **Vesting Date**.

In case of Postponement of **Vesting Date**, the Policyholder may continue to pay the **Regular Premium**, if any, till the revised **Vesting Date**. However it is not obligatory for the Policyholder to pay premiums for the extended period also. Policy Charges, as applicable, will continue to be deducted from **Your Policy** during the extended period.

Guaranteed Loyalty Addition in case of Preponement or Postponement of Vesting Date

Postponement of Vesting Date: For Single premium and **Regular Premium** Policies (**Policy Term** <=10), the Guaranteed Loyalty Additions will be payable at the same level as earlier, on the original **Vesting date**. For **Regular premium** Policies (**Policy Term** >10), Guaranteed Loyalty Additions based on First Year Regular Premium Allocation charges are payable in two installments 110% at the end of 10th **Policy Year** and 110% on the original **Vesting Date**.

Preponement of Vesting Date: For **Single Premium** Policies and **Regular Premium** Policies (**Policy Term** <= 10), the Guaranteed Loyalty Additions will not be payable. For **Regular Premium** Policies(**Policy Term** >10), Guaranteed loyalty Additions of 110% of First Year Regular Premium Allocation charges are payable at the end of 10th **Policy Year** , if not preponed earlier and none on the revised **Vesting date**.

Payment of Guaranteed Loyalty Additions as defined above is subject to the payment of all due premiums and the **Policy** being in force.

2.4. Annuity Options

The various immediate **Annuity** options currently offered with this **Policy** are as follows.

- Life Annuity
The **Annuitant** shall receive an annuity for life.
- Life Annuity with Return of Purchase Price
The **Annuitant** shall receive an annuity for life. The purchase price shall be payable to the nominee on the death of the annuitant.
- Life Annuity with Return of Balance (Purchase Price Less Pensions Received)
The **Annuitant** shall receive an annuity for life. The purchase price less the total pensions already received if any shall be payable to the nominee on the death of the annuitant.
- Annuity for 5 years certain and Life thereafter
The **Annuitant** shall receive an annuity for a certain period of 5 years and for life thereafter.
- Annuity for 10 years certain and Life thereafter
The **Annuitant** shall receive an annuity for a certain period of 10 years and for life thereafter.
- Annuity for 15 years certain and Life thereafter
The **Annuitant** shall receive an annuity for a certain period of 15 years and for life thereafter.
- Joint Life Last Survivor Spouse Annuity

The first **Annuitant** shall receive an annuity for life. The second **Annuitant** (named surviving spouse) would receive the annuity for life after the death of the first annuitant.

- ***Increasing Life Annuity***

The **Annuitant** shall receive an annuity for life increasing at a rate of 3% p.a.

The annuity options other than the Joint Life Last Survivor Spouse Annuity will be available to the spouse in the event of death of the Policyholder during the **Premium Payment Term**.

We reserve the right to add and / or delete annuity options and / or restrict available modes to the above list subject to the approval of Insurance Regulatory and Development Authority.

2.5. Surrender Value

2.5.1. A **Surrender Value** is only payable after the first three (3) **Policy Years**. The **Surrender Value** will be the **Total Fund Value** less the Surrender Charge shown in section 3 of the **Schedule**.

2.5.2. Upon surrender of **Policy** during the first 3 **Policy Years**, the **Total Fund Value** reduced by applicable surrender charges will be frozen to be settled at the end of three years from the **Date of Commencement** of the **Policy**

2.5.3. For the purpose of computing the **Surrender Value**, the **Total Fund Value** in the **Unit Account** will be determined using the **Net Asset Value** as on the **Relevant Date**.

2.5.4. In exceptional circumstances that we will determine, **We** may defer the **Surrender** of the **Policy** for a period not exceeding thirty days (30) from the date of request of **Surrender**. Examples of such circumstances are:

- (i) 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.
- (ii) When, as a result of political, economic, monetary or any circumstances that are out of **Our** control, the disposal of the assets of the **Unit-Linked Fund(s)** are not reasonable or would not in **Our** view reasonably practicable without being detrimental to the interests of remaining policyholders invested in the **Unit-Linked Fund(s)**.
- (iii) During periods of extreme market volatility during which surrenders would, in **Our** opinion, be detrimental to the interests of the existing policyholders invested in the **Unit-Linked Fund(s)**.
- (iv) In case of natural calamities, strikes, war, civil unrest, riots and bandhs;
- (v) In the event of any circumstance of force majeure or disaster that affects **Our** normal functioning;

2.6. Partial Withdrawal

No Partial Withdrawals are allowed under this **Policy**.

2.7. Loans

No loans are available under this **Policy**.

3. Premium Provisions

3.1. Regular Premium /Single Premium

- 3.1.1. In case **You** have chosen **Single Premium** Payment option **You** must pay the applicable premium once at the time of purchasing this **Policy**
- 3.1.2. In case **You** have chosen **Regular Premium** option, **You** must pay the amount of **Regular Premium** on or before its due date. **Regular Premium** received before the due date shall be credited to **Your Policy** only on the due date as shown in section 1 of the **Schedule**.
- 3.1.3. **You** may only change the frequency of premium payment with **Our** prior written approval, and such approval if given, will only be effective from the following **Policy Year**. Change in Frequency of premium payment is available only in case of **Regular Premium Policies**.
- 3.1.4. **All amounts** payable to **Us** or by **Us** shall be paid in Indian Rupees and will be payable or paid at **Our** Corporate Office, Registered Office, Regional Office or any other office.

3.2. Top-up Premium

- 3.2.1. **You** may pay **Top-up Premium** if **You** have paid **Your Regular Premium** as required. **You** must clearly inform us when **You** are paying **Top-up Premium**, otherwise:
- (i) If the amount paid is equal to the **Regular Premium** due, then it will be accepted as the **Regular Premium** payable on the next due date.
- (ii) If the amount paid is less than the **Regular Premium** due, then it will be held in an interest free deposit account for up to 45 days and, when the next installment of **Regular Premium** is due, it will be taken as part payment of the **Regular Premium** then due, provided the balance **Regular Premium** is paid by **You** on that date, else the same shall be returned to **You**. If 45 days pass without the next installment of **Regular Premium** becoming due, then **We** will refund the amount to **You** without interest. This condition is not applicable in case of **Single Premium**

3.2.2 The **Top-Up Premium** can be paid at any time. Each **Top-Up Premium** shall not be less than the then prevailing minimum amount (currently set as Rupees Five thousand (Rs 5,000)).

3.2.3 Allocation of the **Top-Up Premiums**, shall be subject to the rules, if any, of the applicable **Unit Linked Fund**.

3.3. Premium Discontinuance

- 3.3.1. If **You** fail to pay **Regular Premium** due on the due date, then **We** will allow a grace period of 30 days (15 days if **Regular Premium** is due monthly).

3.3.2. If the **Regular Premium** due is not paid within the grace period and this occurs within the first 3 **Policy Years**, then upon the expiry of the grace period, the **Policy** will lapse with effect from the due date of first unpaid **Regular Premium**. **We** will continue to deduct the Policy Administration Charges and Fund Management Charges as shown in Section 3 of the **Schedule**. The **Units** in **Your Unit Account** shall be subject to the performance of the underlying **Unit Linked Funds**. **You** may apply to reinstate the **Policy** within 2 years from the due date of the first unpaid **Regular Premium** subject to the reinstatement conditions set out in (3.3.5) below. If the **Policy** is not reinstated within 2 years from the date of first unpaid **Regular Premium** then it will automatically terminate at the earliest of the following:

3.3.2.1. The later of the end of the 2 year period (as mentioned above) or the commencement of the fourth **Policy Year**, in which case **We** will pay **You** the **Surrender Value** as on the **Relevant Date**; or

3.3.2.2. The death of the **Policyholder**, in which case **We** will pay the **Nominee Total Fund Value** as on the **Relevant Date**

3.3.2.3. The **Total Fund Value** becoming insufficient to meet the **Policy Charges** as they fall due;

The above section 3.3.2.2 and 3.3.2.3 will also be applicable for **Single Premium** policies

3.3.3. If the **Regular Premium** due is not paid within the grace period and this occurs after the first 3 **Policy Years** during which time all **Regular Premium** due has been paid, then the **Policy** will remain in full force for 2 years from the due date of the first unpaid **Regular Premium** and the **Policy Charges** shown in Section 3 of the **Schedule** will continue to be deducted.

3.3.4. **Policy** may automatically terminate earlier within the 2 year period if the **Total Fund Value** becomes equal to the sum of 120% of **Annualised Premium** and applicable Surrender Charges, at which time the **Surrender Value** will become payable. Subject to (3.3.6) below, **You** may:

3.3.4.1. Apply to reinstate the **Policy** within 2 years from the due date of the first unpaid **Regular Premium** subject to the reinstatement conditions at (3.3.6) below; or

3.3.4.2. **Surrender** the policy in which case **We** will pay **You** the **Surrender Value** as on the **Relevant Date**; or

3.3.4.3. Continue the **Policy** beyond the 2 year period without paying further **Regular Premium** as long as **You** request this to **Us** in writing at least 7 days before the expiry of the said 2 year period. If **We** agree to the continuation request, then the **Policy** will continue in full force and **Policy Charges** will continue to be deducted. The **Policy** shall automatically terminate when the **Total Fund Value** reaches the sum of 120% of **Annualised Premium** & applicable Surrender Charges, at which time we will pay you the **Surrender Value** as per 2.5 above.

If **You** do not exercise any of the above options within the 2 year period then the **Policy** shall automatically terminate at the end of the 2 year period and **We** will pay **You** the **Surrender Value** as per 2.5 above.

3.3.5. In case of **Single Premium**, if the **Total Fund Value**, at any point of time, becomes equal to the sum of 25% of the **Single Premium** and applicable Surrender Charges, the **Policy** shall automatically terminate and **We** will pay **You** the **Surrender Value** as on the **Relevant Date**.

3.3.6. The reinstatement of the **Policy** and the terms on which it is reinstated will be in **Our** sole and absolute discretion. We shall not reinstate the **Policy**, unless:

- i. **You** have given written notice to **Us** of **Your** intention to reinstate at least 7 days before the end of the 2 year period from the due date of the first unpaid **Regular Premium**; and
- ii. **You** meet **Our** underwriting requirements, if any, at the time of reinstatement and
- iii. **You** provide **Us** with all the information and documentation that **We** may seek for the purposes of reinstatement; and
- iv. **You** have agreed to such terms that **We** may seek or impose as a condition of reinstatement; and
- v. **You** have paid all unpaid **Regular Premium** due between the date of first unpaid **Regular Premium** to the proposed date of reinstatement including reinstatement fee, as applicable; and
- vi. **You** agree to the deduction of applicable **Policy Charges**; and
- vii. **You** agree that any reinstatement to which **We** consent shall only be effective from the date of **Our** written endorsement of reinstatement.

3.4. Premium Redirection

All premiums (including **Top-up Premium**) will be allocated to the funds specified in **Your Application** and allocated in the proportion also specified in **Your Application**. **You** may change the premium allocation proportion once every **Policy Year** free of charge. The second and subsequent changes in a **Policy Year** will attract the Miscellaneous Charge specified in Section 3 of the **Schedule**. Any change **You** make must comply with the applicable rules of the **Unit Linked Fund**, if any, and will only be processed if (a) the sum of the proportionate allocations is equal to one hundred percent; and (b) the allocation proportion for any funds is at least 20% of the premium.

3.5. Switches between Unit Linked Funds

3.5.1. In addition to requesting a change in premium allocation between **Unit Linked Funds** (subject to the applicable rules, if any, of the **Unit Linked Funds**), **You** may also request a switch between existing investments in **Unit Linked Funds** (subject to their applicable rules). **Your** request to switch between **Unit Linked Funds** must be made to **Us** in writing.

3.5.2. The first twelve (12) switches are free of charge in a **Policy Year**. Any subsequent switch in the same **Policy Year** will be charged as shown in section 3 of the **Schedule**.

The minimum amount of any switch must be at least Rupees Five Thousand (Rs. 5,000/-)

4. Fund Provisions

4.1. Unit Allocation

The **Base Premium/Top-up premium (if any)** net of allocation charges will be allocated to the **Unit Linked Funds You** had chosen in the **Application**, subject to a minimum allocation proportion of fund being 20% and further subject to applicable rules, if any, of the said **Unit Linked Fund**.

4.2. The **Base Premium/ Top-up premium (if any)** net of allocation charges will be used to buy **Units** in the chosen **Funds** using the **Net Asset Value** as determined in Section 4.5, subject to the following:

- 1) If the premium is received by Local Cheque/DD (payable at par where the premiums are received) before 1500 hours on a **Business Day**, the **Valuation Date** will be the same **Business Day**.
- 2) If the premium is received by Local Cheque/DD (payable at par where the premiums are received) after 1500 hours on a **Business Day**, the **Valuation Date** will be the next **Business Day**.
- 3) If the premium is received by any other authorized mode, the **Valuation Date** will be the **Business Day** on which the payment is realised.

If no valuation is undertaken on a **Business Day**, then the **Valuation Date** will be the date when the next valuation is done. **Regular Premium** received prior to the due date will be allocated to the chosen **Unit Linked Funds** only on the due date.

4.3. Unit Allocations & Nominal Value

Unit allocations will be rounded up to four decimal places. The nominal value of **Units** is Rs.10 each.

4.4. Valuation of Funds

4.4.1. The assets to which the **Unit Linked Funds** are referenced will be valued daily and will be based on whether overall **Units** are to be purchased (Appropriation price) or sold (Expropriation price) in the **Unit Linked Funds** in order to meet the day to day transactions in that **Unit Linked Fund**.

4.4.2. **We** will determine the Appropriation price using the following methodology:

(Market value of the assets held by the **Unit Linked Fund** plus expenses incurred in the purchase of assets plus the value of any current assets plus any accrued income net of Fund Management Charges as shown in Section 3 of the **Schedule** less the value of any current liabilities less provisions, if any)/number of outstanding units in the relevant **Unit Linked Fund**.

4.4.3. **We** will determine the Expropriation price of a **Unit Linked Fund** using the following methodology:

(Market Value of the assets held by the **Unit Linked Fund** less the expenses incurred in the sale of such assets plus the value of any current assets plus any accrued income net of Fund Management Charges as shown in Section 3 of the **Schedule** less the value of any current liabilities, less provisions, if any)/number of outstanding in the relevant **Unit Linked Fund**.

4.4.4. **We** shall make all decisions about the selection and valuation of the assets to which a **Unit Linked Fund** is referenced subject to regulatory guidelines in the regard.

4.4.5. The **Unit Linked Fund** value will be calculated using the **Net Asset Value** on the corresponding **Valuation Date** falling on or immediately after the **Relevant Date**. If a request/notice is received:

4.4.5.1. Before 1500 hours on a **Business Day**, the **Valuation Date** will be the same **Business Day**;

4.4.5.2. After 1500 hours on a **Business Day**, the **Valuation Date** will be the next **Business Day**.

If no valuation is undertaken on a **Business Day**, then the **Valuation Date** will be the date when the next valuation is done.

We reserve the right to change these rules by sending **You** 15 days prior written notice.

4.5. Calculation of Net Asset Values

4.5.1. **We** will calculate the **Net Asset Value** in accordance with the following formula:

$$\frac{(\text{Market value of investments} \pm \text{Expenses incurred} + \text{Current Assets} + \text{Accrued Income} - \text{Current Liabilities and Provisions} - \text{Fund Management Charge})}{(\text{Number of outstanding Units under the relevant Unit Linked Fund})}$$

4.5.2. The **Net Asset Value** will be rounded up to four decimal places but there will be no difference between the prices at which **Units** are bought or sold on a particular day.

4.6. Limitation of Interest

The allocation of units to the **Unit Account** shall be solely for the purpose of determining the value of the benefits under the **Policy**. The assets to which the **Unit Linked Funds** are referenced, and any income arising from these assets, is and shall remain **Our** property at all times. Accordingly, the **Policy** does not confer any title to or any beneficial interest in any such assets or **Our** other assets, or to any income from these assets including, but not limited to, any assets to which any **Unit Linked Fund** is referenced or income from it.

4.7. Changes in existing Fund

4.7.1. **We** may at **Our** sole and absolute discretion establish a new **Unit Linked Fund** or close any of the existing **Unit Linked Funds** stated in Section 2 of **The Schedule** with the prior approval of the Insurance Regulatory and Development Authority.

4.7.2. **You** will be given at least 4 weeks prior written notice of the **Unit Linked Fund** closure date. If **You** have not informed **Us** of another **Unit Linked Fund** to which the closing **Fund Value** is to be switched before the **Unit Linked Fund** closure date, then **We** will automatically switch the said **Fund Value** to the **Unit Linked Fund** which offers the highest proportion of investment in Government Securities. **We** will not charge any switching fee for any such **Unit Linked Fund** closure.

4.8. Change to Term and conditions

4.8.1. **We** reserve 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 **Us** or the **Unit Linked Funds** or the **Policy**, or if there is a change in circumstances which makes it impossible or impracticable for **Us** to follow these terms and conditions with prior approval from the Insurance Regulatory and Development Authority.

4.8.2. **We** will intimate **You** about any changes to the terms and conditions, rules for the Unit **Linked Funds** and benefits within four weeks from the date of effecting such changes. If **You** do not agree with the changes and do not so intimate **Us** within four weeks after **We** have sent intimation thereof, it will be deemed that **You** have accepted the change. If **You** give notice of **Your** objection within 4 weeks after **We** have sent intimation thereof, **You** will be allowed to **Surrender** the **Units** in the **Unit Account** and terminate the **Policy**.

5. Ownership Provisions

5.1. The Policyholder

You are the Policyholder and beneficiary of this **Policy** as shown on Section 1 of the **Schedule** until changed. Only **You** can, during **Your** lifetime, exercise all rights, privileges and options provided under this **Policy**.

5.2. Nomination & Assignment

5.2.1. **You** are the Policyholder under this **Policy** and at any time before the **Date of Maturity** **You** may nominate an individual including but not limited to your Spouse or Your Parents or change any existing nomination by giving **Us** prior written notice. No nomination or change in **Nominee** will be effective before it is registered in **Our** records and **We** have sent an endorsement confirming the identity of the **Nominee**.

5.2.2. If no nomination has been made or all **Nominee(s)** die before payment becomes due under the **Policy**, then **Our** payment to **You** or **Your** legal heirs or **Your** legal representatives will be a final and valid discharge of **Our** obligations under the **Policy**.

5.2.3. In registering a nomination, **We** do not accept any responsibility or express any opinion as to its validity or legality.

5.2.4. No assignment is permitted under this **Policy**.

6. Termination of Policy

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

- The date of confirmation by **Us** of the **Surrender** of the **Policy**
- **Date of Vesting** of the **Policy**, subject to the provisions of section 2.2
- The date of receipt of the intimation of death of the Policyholder, subject to provisions of section 2.1

- Automatic termination as described in Section 3.3

7. General Provisions

- 7.1. Free Look Period:** You have a period of 15 days from the date of receipt of the **Policy** to review the terms and conditions of this **Policy**. If you have any objections to the terms and conditions, You have the right to cancel the **Policy** by giving written notice to **Us** stating the reasons for **Your** objection and **You** will receive an amount equal to non-allocated premiums plus charges levied through cancellation of units plus Fund Value at the date of cancellation subject to deduction of expenses towards medical examination, stamp duty and proportionate risk premium for the period of cover. Such notice must be signed by **You** and received directly by **Us** within 15 days after **You** or **Your** designated agent receive the **Policy**.
- 7.2. Grace period:** If **You** fail to pay **Regular Premium** due on the due date, then **We** will allow a grace period of 30 days, 15 days if **Regular Premium** is due monthly (the "Grace Period"), . The **Policy** will remain in force during the Grace Period. If any Regular Premium remains unpaid at the end of its Grace Period, the **Policy** shall lapse from the due date of the first unpaid Regular Premium except in the event that all the Regular Premiums for the first 3 **Policy Years** have been paid. The above condition is not applicable for **Single Premium** Policies
- 7.3. Taxes:** The tax benefits on the Policy shall be as per the prevailing tax laws in India and amendments thereto from time to time. In respect of any payment made or to be made under this **Policy**, We will deduct or charge taxes including service tax and other levies as applicable at such rates as notified by the Government or such other body authorized by the Government from time to time.
- 7.4. Suicide:** If the **Policyholder** commits suicide whilst sane or insane within One (1) year from the **Date of Issue** or the date of the last reinstatement, whichever is later, **Our** liability to make any payment under this **Policy** shall be limited to the **Total Fund Value** as on the **Relevant Date**.
- 7.5. Currency & place of payment:** All amounts payable either to or by **Us** will be paid in the currency shown in Section 1 of the **Schedule**. Such amounts will be paid by a negotiable bank draft or cheque drawn on a bank in the country in which the currency of this **Policy** is denominated
- 7.6. 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 the **Regular Premium(s)/Single premium** received.
- If **You** or anyone acting for **You** or at **Your** direction or with **Your** knowledge makes or advances any claim knowing it to be false, fraudulent or dishonest in any respect, then this **Policy** will be void and any payments due to **You** or made by **You** will be forfeited.
- 7.7. Proof of Age:** Subject to Section 45 of the Insurance Act 1938, if the actual age of the **Policyholder** differs from the **Age** stated in the **Application** and in the event that the **Insured's** actual age is such that it would have made him ineligible for this **Policy**, then **We** may at **Our** option cancel the **Policy** and pay You a Surrender Value in terms of clause 2.5.

7.8. Claims Procedure

- (a) **We** will not be obliged to make any payment of **Death Benefit** unless and until **We** have received all of the information and documentation **We** request, including but not limited to
- (i) The Original **Policy** document.
 - (ii) The Claim forms as prescribed by us.
 - (iii) The official death certificate issued by a competent authority acceptable to the Company.
 - (iv) Written intimation of death by the Nominee/ legal heir.
 - (v) Proof of title to the **Policy** where applicable
 - (vi) **Nominee**/legal heir Identification and Address proof as per regulatory requirement.
- (b) **We** will not be obliged to make any payment of the **Vesting Benefit** unless and until **We** have received all of the information and documentation **We** request, including but not limited to
- (i) The Original **Policy** document
 - (ii) The claim forms as prescribed by **Us**
 - (iii) The discharge voucher as prescribed by **Us**
 - (iv) **Option letter for choosing the vesting benefit payout option**
 - (v) Any additional forms as prescribed by **Us**

7.9 Loss of the Policy document: If the **Policy** is lost or destroyed, **You** may make a written request for a duplicate **Policy** which **We** will issue duly endorsed to show that it is in place of the original document, as long as **You** first pay **Us** the fee **We** prescribe for issuing the duplicate **Policy**. Upon the issue of a duplicate **Policy**, the original will cease to have any legal force or effect.

7.10 The Policyholder'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 **Nominee**, 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 **Your** Financial Advisor or from **Our** local office.

7.11 Travel, Residence and Occupation: This **Policy** does not impose any restrictions as to travel, residence or occupation, except as otherwise provided in any special provisions to this **Policy** or notified by local government for travel advisory risks.

7.12 Governing Law & Jurisdiction: The terms and conditions of the **Policy** shall be governed by and be subject to Indian law and be subject to the sole and exclusive jurisdiction of the courts situated in Bangalore.

7.13 Address for Communication: All notices and communications in respect of this **Policy** shall be addressed to **Us** at the following address:

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

7.14 Grievance Redressal Mechanism

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 an officer duly authorized by **Us** has the authority to resolve **Your** complaints and grievances. **We** 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**.

7.15 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 the 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

7.16 In case **You** are not satisfied with the decision/resolution of the Company, **You** may approach the Insurance Ombudsman at the address enclosed as Annexure A, 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 **Policy**

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

7.17 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.

7.18 Section 45 of the Insurance Act 1938

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

Annexure A – List of Insurance Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.: 079-27546840; Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.: 0755-2569201 ; Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.: 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 /5284 Fax : 044-24333664 Email 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.: 011-23239633; Fax : 011-23230858 Email jobdelrai@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361-2132204/5 ; Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email jokochi@asianetindia.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, 4th Floor, KOLKATA-700 001. Tel : 033-22134866 ; Fax : 033-22134868 Email jombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

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

Smt. Rita Bhattacharya,
Secretary General
Shri D V Dixit, Dy. Secretary
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
MUMBAI – 400 021
Tel : 022-26106245 ; Tel : 022-26106980
Fax : 022-26106949
Email- inscoun@gmail.com

This Page is intentionally left blank



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

Please fill in the following details:

FA/FFC/IC [REDACTED] C-WAD

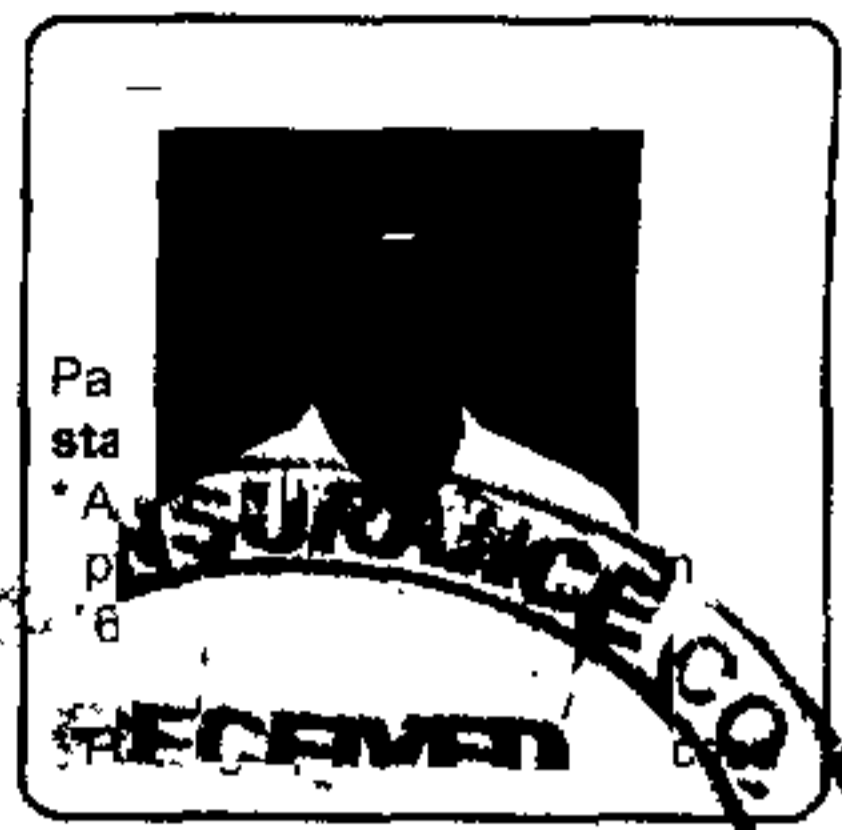
MetLife Branch [REDACTED]

Relationship Branch [REDACTED]

Type of Cover

Key Person Key Partnership

Employer-Employee General Partnership



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

1. Insured

1.1 Full Name [REDACTED]

1.2 Mailing Address: Residence Office [REDACTED]

1.3 Telephone No. [REDACTED]

1.4 Email - ID [REDACTED]

1.5 Nationality: Indian Non-Resident [REDACTED]

1.6 Marital Status: Single Married Divorced Widowed [REDACTED]

1.7 Source of Income [REDACTED]

1.8 Occupation Details [REDACTED]

2. Proposed Policy Holder/ Nominee/ Beneficiary Details (Magic Plus, only beneficiary name is to be given)

Please tick [REDACTED]

2.1 Full Name [REDACTED]

2.2 Father/Husband Name [REDACTED]

2.3 Mailing Address: Residence Office [REDACTED]

2.4 Nationality: Indian Non-Resident [REDACTED]

2.5 Marital Status: Single Married Divorced Widowed [REDACTED]

2.6 Occupation Details [REDACTED]

3. Product Particulars

Policy No.	Multiple	Sum Assured
[REDACTED]	[REDACTED]	[REDACTED]

3.4 ADB Rider (Applicable for Met Wealth Plus, Met Easy Super & Met Easy Plus)

3.5 Please choose the Fund Allocation

(a) I wish to invest my First Premium in Return Guarantee Fund (RGF*)

Note* (i) Please check with the Company/Advisor for the availability of this fund for the chosen plan.

(ii) RGF would be available only during the period of subscription as declared by the Company and where attached.

(b) Choosing a fund allocation is mandatory. If Return Guarantee Fund has been selected for First Premium then, Fund Allocation stated below would be applicable for subsequent premiums. In case of Return Guarantee Fund is not applied for post subscription period, below fund allocation would be applicable for first premium and subsequent premiums.

Fund Allocation	Preserver II	Protector II	Balancer II	Others	Total
% Allocation	%	%	%	%	%

3.6 Premium Payment Frequency: Annual Quarterly Monthly

3.7 Please specify mode of payment: Credit Card ECS** PSP Auto Debit Axis Bank Others (Specify) [REDACTED]

3.8 Initial Deposit: Cheque/DD/Net Banking [REDACTED]

3.9 Premiums will be paid by: Proposed Insured Proposed Holder Others

Documentation Required

1 Age Proof	<input type="checkbox"/> Passport	<input type="checkbox"/> Pan Card	<input type="checkbox"/> School Certificate	<input checked="" type="checkbox"/> Driving License	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Others (Specify)
2 Identity Proof	<input type="checkbox"/> Passport	<input type="checkbox"/> Pan Card	<input type="checkbox"/> Voter's ID Card	<input checked="" type="checkbox"/> Driving License	<input type="checkbox"/> Others (Specify)	
3 Recent Passport size photograph to be submitted (not more than 6 months old)				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> NA	
1 Identity Proof	<input type="checkbox"/> Passport	<input type="checkbox"/> Pan Card	<input type="checkbox"/> Voter's ID Card	<input type="checkbox"/> Driving License	<input checked="" type="checkbox"/> Others	
2 Address Proof	<input type="checkbox"/> Telephone Bill*	<input type="checkbox"/> Ration Card	<input type="checkbox"/> Electricity Bill*	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Others	
3 Income Proof	<input type="checkbox"/> ITR	<input type="checkbox"/> Audited P&L a/c	<input type="checkbox"/> CA Certificate	<input checked="" type="checkbox"/> Others (Specify)		
4 Recent Passport size photograph to be submitted (not more than 6 months old)				<input type="checkbox"/> Yes		

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

4. Personal and Medical Details of the Proposed Insured

4(1) Is this your first Application for Life Insurance with MetLife? Yes No

Section 4(2) & 4(3) not to be answered if Proposed Insured has opted for Met Pension Plan with MetLife.

4(2) Height: _____ cms or _____ ft _____ inches Weight: _____ kgs or _____ pounds

4(3) Medical Details: Have you ever been diagnosed or advised investigation for the below mentioned conditions

1) High blood pressure, diabetes, paralysis, cancer, chest pain, angina, heart attack or any other ailments of the heart or circulatory or nervous system or respiratory or reproductive system or digestive disorder or blood disorders or any other disorders of glands	Yes	No
2) Ulcers or any stomach, liver or intestinal disorder or disorders related kidney/urinary system, anaemia, epilepsy or depression, mental or psychiatric condition		
3) 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		
4) Have you been treated for any ailment which needed continuous treatment for more than 7 days or undergone any surgery or advised surgery?		
5) Have you ever withdrawn or been declined/postponed for insurance or offered insurance with restricted benefits or at other than standard rates?		
6) Do you have physical deformity or defect of eye, ear, nose, throat or limbs.		

For Female Lives Only

7) (a) Maiden Name _____ (b) Are you pregnant? Yes No

4(4) 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)

5. To be filled only incase of Met Wealth Plus and Met Fortune

1. 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				

2. 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 disturbances 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.)

1	Seizures, Stroke, Paralysis, Epilepsy, Parkinson's, Multiple Sclerosis or any other Disorder of the Brain or Nervous System?	Yes	No	9	Depression, Stress, Anxiety, Attempt to Succeed or any other Psychological or Emotional Disorder or Nervous Breakdown or Mental illness or symptoms of the same?	Yes	No	
2	Tuberculosis, Asthma, Bronchitis, Avian Flu, Shortness of Breath or any other Respiratory Disorder?			10	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?			
3	Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy?			11	In the past two years have you been involved in any motor vehicle accidents?			
4	Any Kidney, Liver, Bladder Disorder or Prostate Disease, Blood/Protein in Urine?			12	Has there been drastic weight loss or weight gain (> = 5 Kgs) in the past year?			
5	Diabetes, Thyroid or any other Gland Related Disorders?				13	Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?		
6	Is vision corrected by glasses, if yes, please specify the power of glasses for both eyes Right Eye _____ Left Eye _____							
7	Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?							

3. Have you been or are you suffering from any other illness, injury, disease condition or have undergone medical examination not mentioned 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.

4. For Female Proposed Insured Only 1) If you have answered 4.3.7(b) as yes please mention current month of pregnancy _____ and duration of pregnancy _____ months.
If any complications relating to pregnancy please give details. _____
2) Have you delivered, undergone caesarian section, had any abortion or miscarriage _____ more than 6 months .
3) Have you suffered / are suffering from any disorder of the breast or reproductive system _____

5. Life Style & Personal Details of the Proposed Insured

5.1 Have you smoked or consumed tobacco or nicotine products in any form* in the last 5 years? (* Tobacco product includes but not limited to Cigarettes, Bidis, Cigars, chewable tobacco like Ghutka, flavored Pan masala etc. _____ Yes please fill the addendum)

5.2 Is your occupation associated with any specific hazards (E.g. Mines, Explosives, Corrosive Chemicals and HTV Drivers, etc), please complete the respective Occupation Questionnaire? _____ Do you fly in the last two years or do you expect to fly in future either as a Student Pilot, Pilot, Crew Member Passenger in a Non-Commercial/ Personal / Chartered Flight? _____ If yes, please complete Aviation Questionnaire. (Please tick "No" if you are not a fare-paying passenger in domestic/international airline)

5.3 Are you employed in Armed, Para Military or Police Force, if Yes, please complete Armed Services Questionnaire? _____

5.4 Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you? _____ 5.5 Do you engage in Automobile or Motor-cycle Racing, Skin or Scuba Diving, Skydiving or Professional Sports? If yes, please complete respective Avocation Questionnaire. _____

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

Please tick (s) in case of: Vernacular Illiterate Premium Payer Different From Applicant If Selected Please Complete The Additional Declaration Form

I hereby declare that I have read and understood the Application and have furnished the information contained herein, after fully understanding the contents thereof, and also after understanding the terms and conditions of the plan and the disclosure of all facts to the best of my knowledge and belief and have not withheld any information.

AGREEMENT: YOU MUST DISCLOSE IN THIS APPLICATION ALL MATERIAL FACTS WHICH SHALL FORM THE BASIS OF OUR CONTRACT. OTHERWISE THE POLICY ISSUED MAY BE VOID OR VOIDABLE IF YOU ARE IN DOUBT WHETHER A FACT IS MATERIAL, PLEASE DISCLOSE IT.

I ALSO DO HEREBY AGREE THAT: (1) My statements and the declaration shall be the basis of any policy issued by MetLife India Insurance Co. Ltd. (MetLife). (2) My occupation is not associated with any specific hazards (e.g. Chemical Factory, Mines, Explosives, Corrosives, HTV Drivers, Flying etc.) and I also confirm that I am not engaged in automobile or motor racing, skiing, scuba diving or any such professional sports. (3) In case non-standard age proof (where applicable) is submitted, I agree to pay the extra premium @ 50 Per thousand sum assured in lieu of the standard age proof. (4) The payment made along with the Application is a Deposit with the Company to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me. Unless accepted and Policy is issued, no risk shall attach to the Company. I further acknowledge that the process of consideration of the Application by the underwriter and decision on acceptance of risk may involve a period of time for which I have no objection. In the event that the Application is found acceptable, you shall be entitled to issue the Policy commencing from any date subsequent to the date of submission of Application by me. 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. (9) The information given by me in this application form is true and correct, and fully reflects my current circumstances. I understand that any misrepresentation of fact, whether intentional or unintentional, and subject to the conditions of the Insurance Act 1938, Section 45 can result in the application or resultant issued Policy becoming void at the time that details of such misrepresentation become known to the Company. (10) I also hereby declare that I am not using the money received out of surrender of, or loan withdrawal out of an existing Policy issued by MetLife India or any other insurance Company to pay the Proposed Deposit under the Application. (11) I further authorize MetLife to use and disclose any personal information collected or available with MetLife (whether contained in this application or obtained otherwise) to individuals/organizations/entities associated or affiliated or engaged by/with it (within or outside India, including reinsurers and claim investigative companies and agencies, and industry associations/federations) for the purpose of evaluating insurance on this application and providing subsequent services including the claims arising out of this contract. If, after submission and before issue of the Policy (i) if there are any adverse circumstances connected with the general health of myself or (ii) if 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) if there is any change in my occupation or financial position, I shall forthwith intimate the same to MetLife India Insurance Co. Ltd. in writing to reconsider the terms of the 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 the Company.

AUTHORIZATION: I hereby irrevocably authorize any organization, 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 authorization shall bind my successors and assigns and remain valid notwithstanding my death or incapacity, insofar as legally possible. Photocopy of this authorization shall be valid as the original.

Signature OR Left Thumb Impression of Proposed Holder _____
Name of the Proposed Holder _____
Date & Place _____

NAME OF THE FINANCIAL ADVISOR _____

1. Name _____ Urban _____

2. Are you related to the Proposed Insured? Yes No. If yes, nature of relationship _____

3. Is this application on your own life? Yes No

4. Are you satisfied with the identity of the Proposed Insured? Yes No

5. Does the Proposed Insured have any physical deformity? Yes No

6. What is the proposed mode of payment of premium by the Proposed Insured/Holder? _____

Do you recommend acceptance of this application considering all the factors, including moral hazard? Yes No

_____ are true and correct to the best of my knowledge and belief.
*Promoter/Authorized Signatory
Signature of Financial Advisor / FPC _____

This Page is intentionally left blank

MetLife India Insurance Company Limited																									
Met Pension Plus - Benefit Illustration																									
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.																									
Your Personal Details	Your Fund Details																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Age at Policy Issue</td><td>[REDACTED]</td></tr> <tr><td>Age at Maturity</td><td>[REDACTED]</td></tr> <tr><td>Age at Death & the Insured</td><td>[REDACTED]</td></tr> <tr><td>Age of the Insured</td><td>[REDACTED]</td></tr> </table>	Age at Policy Issue	[REDACTED]	Age at Maturity	[REDACTED]	Age at Death & the Insured	[REDACTED]	Age of the Insured	[REDACTED]	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Fund Options</td><td>[REDACTED]</td></tr> <tr><td>Preserver II</td><td>[REDACTED]</td></tr> <tr><td>Protector II</td><td>[REDACTED]</td></tr> <tr><td>Balancer II</td><td>[REDACTED]</td></tr> <tr><td>Flexi Cap</td><td>[REDACTED]</td></tr> <tr><td>Virtue II</td><td>[REDACTED]</td></tr> <tr><td>Multiplier II</td><td>[REDACTED]</td></tr> <tr><td>Total</td><td>[REDACTED]</td></tr> </table>	Fund Options	[REDACTED]	Preserver II	[REDACTED]	Protector II	[REDACTED]	Balancer II	[REDACTED]	Flexi Cap	[REDACTED]	Virtue II	[REDACTED]	Multiplier II	[REDACTED]	Total	[REDACTED]
Age at Policy Issue	[REDACTED]																								
Age at Maturity	[REDACTED]																								
Age at Death & the Insured	[REDACTED]																								
Age of the Insured	[REDACTED]																								
Fund Options	[REDACTED]																								
Preserver II	[REDACTED]																								
Protector II	[REDACTED]																								
Balancer II	[REDACTED]																								
Flexi Cap	[REDACTED]																								
Virtue II	[REDACTED]																								
Multiplier II	[REDACTED]																								
Total	[REDACTED]																								
Your Proposal Details																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Annual Premium</td><td>[REDACTED]</td></tr> <tr><td>Annual Fee</td><td>[REDACTED]</td></tr> <tr><td>Service Tax</td><td>[REDACTED]</td></tr> <tr><td>Education Cess</td><td>[REDACTED]</td></tr> </table>	Annual Premium	[REDACTED]	Annual Fee	[REDACTED]	Service Tax	[REDACTED]	Education Cess	[REDACTED]																	
Annual Premium	[REDACTED]																								
Annual Fee	[REDACTED]																								
Service Tax	[REDACTED]																								
Education Cess	[REDACTED]																								

Annual Premium for Corporation (17%)	-
Annual Premium for Corporation (6%)	-

Your Plan Details						
Plan Name	Sum Assured	Policy Term	Premium Payable	Assessment Premium (RM)	Frequency of Premium	Modal Premium (RM)
Met Pension Plus	NIL	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			Service Tax on total premium			[REDACTED]
						Total Premium with service tax

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 next 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

- Notes to the benefit illustration in the following pages:**
- The Modal premium shown above indicate the amount payable under that mode and provided for reference only
 - All projections in this benefit illustration is based on the assumption of annual premium.
 - The charges include all the deductions pertaining to Premium Allocation Charges, Policy Administration Charges and Fund Management Charges.
 - Please read this benefit illustration in conjunction with the product brochure to understand all Charges, Terms, Conditions & Exclusions carefully before concluding the sale.
 - This illustration explains the benefits and features of the proposed policy and is not a contract or a representation of any guarantee or warranty.
 - The gross annual investment return of 6% & 10% are for illustration purposes only. These are in accordance with the guidelines issued by the Life Insurance Council and in no way signify our expectations of investment returns. For each of the unit linked funds, the actual investment return may be higher or lower than these rates and would be based on their actual performance.
 - 10% 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.
 - The Annuity Rates mentioned are for illustration purpose only. The actual rates may change at the time of choosing annuity.
 - Preserver II Fund, Protector II Fund, Balancer II Fund, Flexi Cap Fund, Virtue II Fund & Multiplier II 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 unless specified.
 - 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.
 - MetLife India Insurance Co. Ltd. is only the name of the Insurance Company and Met Pension Plus is only the name of the unit linked life insurance contract and does not in any way indicate the quality of the contract, its future prospects or returns.
 - 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 Service Tax column includes the Service Tax and Education Cess on all the charges (other than the Fund Management Charge). The Fund Values shown in the current illustration incorporates the impact of Service Tax (inclusive of Education Cess). The Service Tax on Fund Management Charges will be deducted while calculating the Net Asset Value of the Unit Linked Funds at each valuation date not by cancellation on units. The FMC column includes the Fund Management Charge along with the service tax and education cess on the Fund Management Charge. 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. MetLife reserves the right to recover any taxes imposed by any governmental authorities from the Policyholder's fund value.
 - 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.

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/2009-10/EC 635/969

Illustrated @ 10% Gross rate of Return

Gross Yield	10.0%
Net Yield	7.20%

The grid area is mostly obscured by heavy black redaction lines. A large horizontal black bar covers the top portion of the grid, and another large, irregular black scribble covers the bottom portion. The grid lines are visible in the central area.

The net yield is 7.20% after deducting all risk charges (mortality).

~~Illustration of 6% Gross Rate of Return~~

Gross Yield	6.00%
Net Yield	3.72%

			Administration	Loyalty	Non-Guaranteed	Fund Before FMC	FMC	Fund at End	Surrender Value	Death Benefit
4	99,500	99,500								7,47,540
5	99,500									12,593
6							7,792	6,08,334	6,08,334	6,08,334
7										
Total	6,96,500		6,40,780	6,909	11,355	55,720		33,995		

The net yield excluding all risk charges (mortality, rider charges (if any) & service tax is estimated assuming a gross return of 6% p.a.

~~_____~~
 I have been taken through the illustration for Met Pension Plus. The Financial Advisor has explained to me the premiums payable, applicable charges and benefits under the product. I 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 the returns. I understand that this illustration is an example in nature and as such does not indicate maximum or minimum returns.

Signature of the Policyholder/ Prospect: ~~_____~~

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: ~~_____~~

Employee number: ~~_____~~

This Page is intentionally left blank



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 - 560 004, www.metlife.co.in, Fax: +91-80-4150 6969

Privacy Policy at MetLife India Insurance Company Limited

MetLife India is committed to protecting your privacy. MetLife India does not collect personal information about individuals except when such individuals specifically provide such information on a voluntary basis which information will not be sold or otherwise transferred to unaffiliated third parties unless otherwise stated at the time of collection or with the approval of the user as the case may be.

MetLife India treats your personal information as private and confidential and does not check, edit, or reveal it, to any third parties except where it believes in good faith, such action is necessary to comply with the applicable legal and regulatory processes or where such action is necessary towards processing your application for insurance or administering the insurance policy issued to you or towards investigating any claim arising from such a policy.

Except where specifically agreed or necessary for operational or regulatory reasons, MetLife India will not send you any unsolicited information. MetLife India may use any e-mail addresses of its customers to send occasional e-mails pertaining to information on products and services. You can nevertheless unsubscribe from receipt of such e-mails by following instructions provided therein.

We will communicate with you via e-mail or by other online delivery devices only in the event that you have agreed to/elected to receive such communications. In the event that you believe that you are receiving our communications in error or no longer desire to receive them, you should inform us and we will remove your name from our mailing lists. MetLife India will be judicious in the use of e-mail and paper mail to communicate with users.

In case of any queries related to the information provided in this notice or any other, please feel free to contact us at 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.

This Page is intentionally left blank

ECS Mandate

Policy holder Name			
Policy Number			
Payment Frequency		Amount in Rupees*	
Please Note: ECS Debit Date will be the Premium Due date		<input type="checkbox"/> Yes, I have attached a blank cancelled cheque	
Bank Account Details			
Name of the Account Holder(s)		Account Number	
Name and Address of the Bank/Branch		Account Type (Please select 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Number	
E-mail Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address	

* Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter offers, revised premiums, additional insurance/ riders.

Declaration by the Policy Holder

I hereby authorize MetLife India Insurance Company Limited and/or its authorized service providers, to debit my 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 the 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. I understand and agree that premium amount to be debited from my account may vary due to taxes, counter offers, revised premiums, additional insurance/ riders. 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.

Terms and Conditions

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

- It will be the Proposer/ 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 honored 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 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/ modified 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 due date. In case debit date falls on a Saturday/Sunday or Public Holiday, the reference net asset value will be as on next working day.
- You have a right to opt by written notice to the Company of not less than 60 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 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.
- There will be no retrials for ECS transactions which get declined due to "Insufficient Funds" or other reasons. In the event of such a decline, the Proposer / Policyholder would have to make the payment for the policy due through an alternate mode.

Signature of the Policy Holder: _____
Name: _____

Date: _____
Place: _____

Certificate of the Bank Named in the Mandate

It is certified that the particulars of the Mandate above are correct, and the Signature of the Bank Account Holder, 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:

Signature of the Authorized official of the Bank

Place:

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: _____



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 - 560 004, www.metlife.co.in, Fax: +91-80-4150 6969

Standing Instruction for Direct Debit Authorization – Credit Card

I hereby authorize MetLife India Insurance Company Ltd. 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 India Insurance Company Ltd.

Form with fields: Policy holder Name, Policy Number, Payment frequency, Amount in Rupees *, Credit Card Account Details, Credit Card Number, Name of Card holder, Email id of Credit Card holder, Mobile No. of Card holder, Name of the issuing Bank, Card Issuing Authority (tick any one), Expiry Date (MM/YY).

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

I understand that:

- 1. Premium and other expenses relating to my policy are to be charged to my nominated option as and when accrued.
2. 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.
3. I agree to inform Metlife India Insurance Company Limited, if my nominated option is cancelled, substituted or not renewed (in case of credit card)
4. 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
5. I, therefore agree to unconditionally honour 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 below.

Signature of the Card Holder: _____ 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 owner.
5. In case of a change in the credit card number, either on account of a renewal or the original card being lost, the policy holder shall provide the Company, with the new Credit Card details. In the event warranted, the policy holder shall issue a 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.
10. I authorize MetLife India Insurance Company Limited. (the "Company") to collect the 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. I understand and agree that premium amount to be debited from my account may vary due to taxes, counter offers, revised premiums, additional insurance/ riders. 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.
11. There will be no retrials for debits for Credit Card declines. In the event of such a decline, the Proposer / Policyholder would have to make the payment for the policy due through an alternate mode.

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



MetLife®

peace of mind. Guaranteed.

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

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

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 – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

Receipt for Policy Delivered

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

I acknowledge that the Policy described above was delivered to me on : _____

Witnessed by _____
(Financial Advisor)

Signature of Policy Owner _____

This Page is intentionally left blank