

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

Mr. DHARANI PATHI YALLAPALLI
18-3-60/12A/201 PLOT NO 20
POOJITHARESIDENCY SANTHI NAGAR
GEETHANJALI EM SCHOOL ROAD
TIRUPATHI
Andhra Pradesh - 514501
9849083637

Date : 11-Dec-2009



20190397 Tirupathi

Dear Mr. DHARANI PATHI YALLAPALLI,

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	20190397	Policy Term	15 Years
Policy Owner	Mr. DHARANI PATHI YALLAPALLI	Premium Paying Term	10 Years
Plan of Insurance	Met Mortgage Protector Plus LP	Premium Amount	Rs. 3,553.87
Payment Mode	Annual	Beneficiaries	Mr. Chandra Sekhar

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 50397190**, 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

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Policy Document

Met Mortgage Protector Plus LP

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 179.00

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The Schedule – Met Mortgage Protector

Policy Number	20190397	Date Of Issue	3/Dec/2009	Issuing Office	Bangalore
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1. Details of the Policy Owner and Insured

Name of the Owner	Mr. DHARANI PATHI YALLAPALLI			
Proof of Identification	Passport	Gender	M	
Name of the Insured	Mr. DHARANI PATHI YALLAPALLI			
Proof of Identification	Passport	Gender	M	
Date of Birth of Insured	24/Apr/1979			
Whether age admitted	Yes	Age last birthday at entry	30 Years	

2. Policy Features

Plan of Insurance	Met Mortgage Protector			
Face Amount	Rs. 895,000.00	Date of Maturity	3/Dec/2024	
Effective Date of Policy (Date of Commencement)	3/Dec/2009			
Policy Term	15 Years	Premium Paying Period	10 Years	

3. Premium Summary

Details of Coverage	Duration of Coverage		Amount of Coverage	Installment Premium	Frequency of Payment
	From	To	Rs.	Rs.	
Base Policy Met Mortgage Protector	3/Dec/2009	3/Dec/2024	895,000.00	3,222.00	Annual
Total Modal Premium				Rs. 3,222.00	
Due date(s) of Premium				3rd Dec of every year	
Insured Event upon which Benefits Payable	Regular Hospitalization, ICU Hospitalization Critical Illness and Total and Permanent Disability due to Accident.				
Special Provisions / Options	Automatic vesting of ownership option: No Please read the Policy Document for detailed provisions on Coverage & Exclusions				

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The Schedule – Met Mortgage Protector

4. Table of Benefit Amount

Death During Policy Year	Benefit Amount Payable	Death During Policy Year	Benefit Amount Payable	Death During Policy Year	Benefit Amount Payable
0-1	895,000	8-9	572,862	16-17	
1-2	866,831	9-10	512,479	17-18	
2-3	835,845	10-11	446,058	18-19	
3-4	801,761	11-12	372,995	19-20	
4-5	764,268	12-13	292,625	21-22	
5-6	723,025	13-14	204,219	22-23	
6-7	677,659	14-15	106,972	23-24	
7-8	627,756	15-16		24-25	

5. Beneficiary Details

Name(s) of the Beneficiary	Relationship	Share(s) %
1) Mr. Chandra Sekhar	Father	100.00
2)		
3)		
4)		

5. Appointee Details

Appointee Name

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, Vani Vilas Road, Basavanagudi, Bangalore – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

First Premium Receipt

20190397

Mr. DHARANI PATHI YALLAPALLI
18-3-60/12A/201 PLOT NO 20
POOJITHARESIDENCY SANTHI NAGAR
GEETHANJALI EM SCHOOL ROAD
TIRUPATHI
Andhra Pradesh - 514501

Date:December 11, 2009

Policy Number:20190397

Dear Mr. DHARANI PATHI YALLAPALLI,

Thank you for choosing MetLife as your insurance partner.

Policy Number		20190397	
Life Insured		Mr. DHARANI PATHI YALLAPALLI	
Plan		Met Mortgage Protector Plus LP	
Policy Term	15 Years	Premium Paying Term	10 Years
		Sum Assured / Face Amount	Installment Premium
Base Policy		Rs. 895,000.00	Rs. 3,222.00
Accidental Death Benefit Rider		-	-
Critical Illness Rider		-	-
Term Rider		-	-
Waiver Of Premium Rider		-	-
Total Premium		Rs. 3,222.00	
Service Tax/ Add Cess/ Edu Tax		Rs. 331.87	
Total Amount Payable		Rs. 3,553.87	
Initial Deposit Paid		Rs. 3,564.00	
Balance in Policy Deposit		Rs. 10.00	
Effective Date	3rd Dec 2009	Premium Frequency	Annual
Premium Due Dates	3rd Dec of every year	Next Due Date	3rd Dec 2010
Financial Advisor Name		Mr. K RAJENDRA PRASAD ,	
Financial Advisor Code		60008164	
Financial Advisor Contact No.		9885182687	
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

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Terms and Conditions- MET Mortgage Protector - Single and Limited Pay

1. Owner of the Policy

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

2. Understanding this Policy

- "You" and "your" refer to the Owner of the Policy.
- "Owner" refers to the holder of the Policy.
- "We", "us", "our" and "Company" refer to MetLife India Insurance Company Private Limited.
- "Application" refers to the Proposal Form as defined under the Insurance Regulatory and Development Authority (Protection of Policyholders' Interest) Regulations 2001.
- "Insured" named in the Schedule is the person on whose death / survival, or happening of any other insured event, the benefits as defined in the Schedule, subject to the terms and conditions of this Policy, will become payable.
- "Beneficiary" refers to the person(s) nominated by the Insured to receive the insurance proceeds in accordance with the provisions of Section 39 of the Insurance Act, 1938.
- The "Contingent Beneficiary" is the Person(s) named to receive insurance proceeds in case the Beneficiary is not alive.
- "Policy Renewal Date" is one year from the Effective Date of the Policy and every date falling one year thereafter till the Date of Maturity.
- This Policy pre-supposes the existence of a debt due by the Insured who shall be the Debtor.

3. Proof of Age

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

- If the actual age proves to be higher than what is stated in the Application, the Face Amount of Insurance would be adjusted to that which would have been purchased by the amount of premium paid, had the age been correctly stated;
Or
- If the actual age is lower than that stated in the Application, the premium paid in excess will be refunded to the Owner without interest or may be adjusted towards future premium. The Policy will continue to be in force as per the terms specified therein;
Or
- If the Insured's actual age is such that it would have made him/ her ineligible for the insurance cover stated in the Policy, we reserve the right at our sole discretion to take such action as may be deemed appropriate including cancellation of the Policy and forfeiture of premium(s) received.

4. Currency and place of payment

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

5. Benefits Payable

The benefits payable under this policy at any time during the currency of the policy would be the amounts as shown in the Schedule titled "Table of Benefit Amount" and would become payable in the event of the death of the insured, less any premium due and unpaid.

6. Suicide Exclusion

In the event the Insured commits suicide, whether sane or insane at that time, within one year from the effective date of insurance cover or the date of the Policy or the date of the last reinstatement whichever is later, the insurance cover shall be void and we shall not be liable to pay the Face Amount of Insurance or any rider benefits, except refunding the premium(s) received without interest, if any, less any expenses incurred by us.

7. Premium Payment

The benefits of this Policy depend on the payment of premiums when due. Premiums are payable while the Insured is alive and are payable on or before their due dates as shown in the schedule.

The frequency of payment may be changed with our prior written approval effective from the following policy renewal date.

In the case of Single Pay: It's a Single Premium Policy.

8. Guaranteed Surrender Value (Applicable for Single Pay)

Your Policy has a Guaranteed Surrender Value while the Insured is alive. The Guaranteed Surrender Value is payable only in the event of prepayment of mortgage.

The Guaranteed Surrender Values are provided in the attached table.

9. Grace Period (Applicable for Limited Pay)

If any premium is not paid on its due date a Grace period of 30 (thirty) days will be allowed for payment of premium without interest.

During the Grace period the Policy shall continue to be in force for all the Insured events.

If the premium is not paid within the grace period, the Policy shall lapse and be subject to non-forfeiture options, if applicable.

10. Reinstatement (Applicable for Limited Pay)

When the premium is not paid within the grace period, this Policy shall lapse and no benefits are payable thereafter.

The Owner may, however, reinstate the Policy while the Insured is alive or if the Owner:

- Requests in writing for reinstatement within 6 months from the date of first unpaid premium;
- Provides satisfactory evidence of insurability to us;
- Provides satisfactory evidence of the loan amount outstanding.
- Pays all due premiums to the date of reinstatement with compound interest at the rate prescribed by the Company at the time of Reinstatement."

11. Policy Loan

No Loan is available under the Policy.

12. Non-Forfeiture options upon Non-Payment of Premiums (Applicable for Limited Pay)

Non-Forfeiture options are not available under the policy upon Non-Payment of Premiums.

13. The Contract

This Policy document, application and the declaration and the riders attached are all part of this contract.

14. Travel, residence and occupation

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

15. Beneficiary

The Beneficiary/ Beneficiaries is/ are the person or persons the Insured may nominate, to whom the insurance proceeds are payable upon death of the Insured.

A contingent Beneficiary/ Beneficiaries may also be named by the Insured to become the Beneficiary/ Beneficiaries if the Beneficiary/ Beneficiaries die while the Insured is alive.

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

If more than one Beneficiary is alive when the Insured dies, the benefits will become payable in equal shares unless you have chosen otherwise.

Where the beneficiary is a minor, the Insured may appoint any person to receive the benefits payable during the minority of the beneficiary.

The benefits payable to beneficiary are subject to the interest of the assignee.

16. Assignment

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

Your policy may be assigned as collateral. All rights under the policy will be transferred to the extent of the assignee's interest. We are not bound by any assignment unless it is in writing and is recorded at the registered office of the Company. We are not responsible for the validity of the assignment.

17. Claims Procedure**Death Claims**

Upon death of the Insured before the date of maturity, we shall settle the death claim, on submission of the following requirements, provided all premiums fallen due till the date of death have been paid:

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

If your policy is conditionally assigned as collateral to the mortgage, the amount to the extent of outstanding mortgage will become payable to the assignee and the balance amount, if any, will become payable to the beneficiary or legal heir.

18. Grievance Redressal Mechanism

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

MetLife India Insurance Company Ltd.,
 'Brigade Seshamahal', 5 Vani Vilas Road, • Basvangudi • Bangalore – 560 004, India.
 Toll Free Help line: 1-800-425-6969 (8am –8pm) • Phone: +91 80 2650 2244 • Fax +91 80 4150 6969
 Email: indiaservice@metlife.com • Web: www.metlife.co.in

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

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

Grievance cell (Complaint against Life insurer)
 Insurance Regulatory and Development Authority
 Parishrama Bhawanam, 5-9-58/B, Basheerbagh, Hyderabad – 500 004.
 Phone: +91-40- 6682 0964/6678 9768 (Ext –251)
 E-mail: lifecomplaints@irda.gov.in

3. In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman at the address enclosed as Annexure A mentioned after the terms and condition section if your grievance pertains to:

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

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

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

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

19. Disclosure

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

20. Incontestability

In accordance with the provisions of Section 45 of the Insurance Act, 1938, except for fraud, misrepresentation of any kind or non-disclosure or suppression of material facts, this policy will be incontestable by the Company after it has been in force during the lifetime of the Life Insured, for two years from the date of policy.

21. Governing Laws and Jurisdiction

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

Taxation

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

Taxes as applicable will be levied on the premiums paid by you, and the same shall be collected by the Company along with the premiums at the rates as applicable under the then prevailing tax laws in India.

22. Your Rights

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

23. Computation of Values

We have filed a detailed statement of the method of computation with the Insurance Regulatory and Development Authority (IRDA). The values under this policy are equal to or greater than those required by IRDA.

24. Free look provision

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, you have the option to return the Policy stating the reasons for the objections and you shall be entitled to a refund of the premium paid subject to only a deduction of a proportionate premium for the time on risk that we have borne plus the expenses incurred on medical examination and the stamp charges.

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

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

25. Address for Communication

All communications in respect of this Policy shall be addressed to the Company at the following address:
MetLife India Insurance Company Private Limited
Registered Office,
'Brigade Seshamahal'
5, Vani Vilas Road,
Basavanagudi,
Bangalore – 560 004.



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

Annexure A - List of Insurance Ombudsmen

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

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

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

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

Write to us at indiaservice@metlife.com

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



Date: 8/12/09

MetLife Documents Form - 15065 5298

Time: 11:00 AM

peace of mind. Guaranteed.

MetLife India Insurance Company Limited

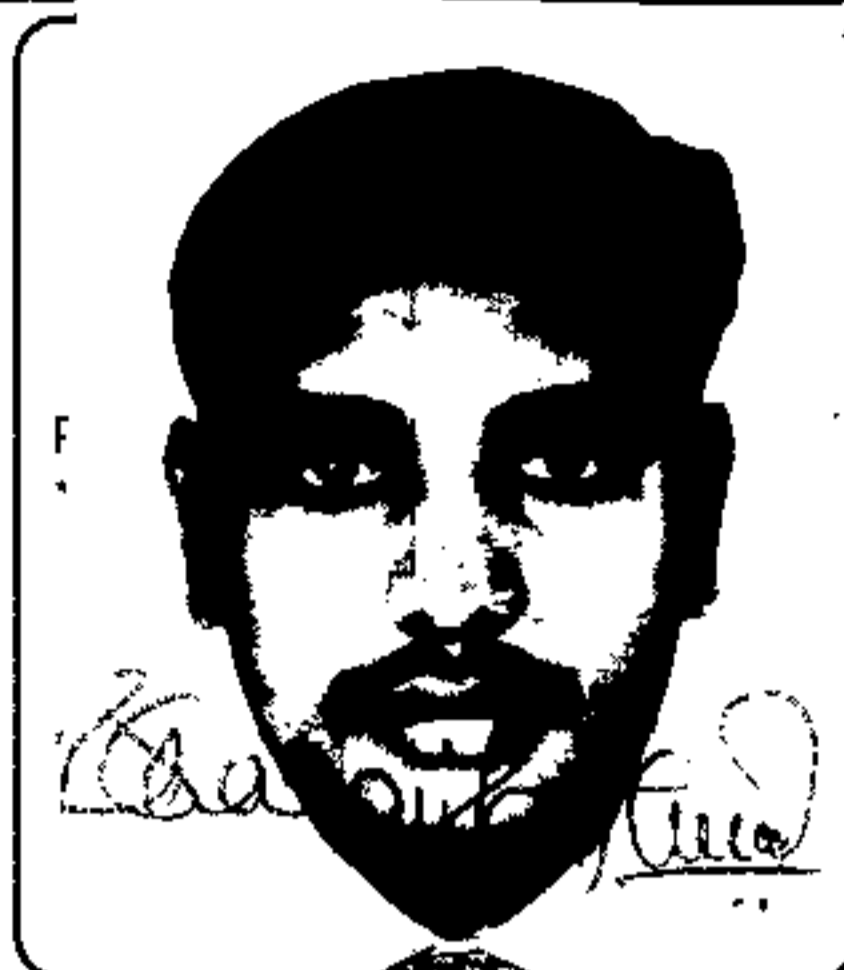
151750686

Sign: [Signature] (Insurance Regulatory and Development Authority Life Insurance Registration No.117)
Registered Office: Brigade Seshamahal, 5 Vani Vilas Road, Basavanagudi, Bangalore-560004 www.metlife.co.in Phone: +91-80-2643 8638. Fax: +91-80-41506969

Application Form

Please ID: TIRUPATHI
 Name: K. RAJENDRA PRASAD
 FA/FPC/CSO: 60008164
 MetLife Branch: TIRUPATHI
 Relationship Branch: AD-1

Policy Type: Rural Urban
 Channel Type: Agency BABP C-WAD
 Type of Cover: Individual Employer-Employee
 MWP HUF General Partnership
 Key Person Key Partnership



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

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

Instructions / Important Notes
 1. Read the Application carefully before you fill in the details. 2. You are requested to provide COMPLETE and TRUTHFUL information in this Application in relation to your health and habits, within your knowledge as on the date of Application. 3. The information provided by you will form the basis for issuance of the policy. Please fill in all the questions in block letters and in black ink. Please tick (✓) in appropriate boxes provided and write NA wherever not applicable. 4. The payments may be made either in, crossed cheque, bank draft made payable to "MetLife India Insurance Co. Ltd." or in any other manner as per the approval of MetLife. 5. All documents submitted along with the Application form should be attested by the Proposed Policy Owner. 6. The Application form and all rights, obligations and liabilities arising thereunder, shall be construed, determined and enforced in accordance with the laws of India.

A. Proposed Insured Details (To be filled in BLOCK CAPITALS)

1. Full Name Mr. Mrs. Ms. Others (Specify) DHARANI PATHI YALLAPALLI
 2. Date of Birth: 24 04 1979
 3. Place of Birth: TIRUPATHI
 4. Gender: Male Female
 5. Nationality: Resident Indian Non Resident Indian Foreign National*
 6. Marital Status: Single Married Divorced Widowed
 7. Father's Name in Full Mr. Others (Specify) CHANDRA SEKHAR
 8. Mailing Address: Residence Office # 18-3-60/12a / 201 [PLAT-NO] POOJITHA RESIDENCY, SANTIHALNAGAR, GEETHAN-JALI. E. M. SCHOOL ROAD TIRUPATHI PIN 517501
 State: ANDHRAPRADESH Country: INDIA
 9. Permanent Address (If different from Mailing Address) # 7-185/1; SEKUNTHALIA NILAYAM; SANTIHALNAGAR M. R. PALLI City TIRUPATHI PIN 517502
 State: ANDHRAPRADESH Country: INDIA
 10. Telephone with STD Code: Residence: 9849083637
 Office: 0877 2289890
 (i) Do you wish to receive service communication via SMS alert? Yes No
 (ii) Do you wish to receive service communication via E-mail alert? Yes No
 11. If you wish to backdate* your policy, please indicate date: [Blank]
 * (Backdate can be done up to 180 days within the same financial year only).
 * This option is not applicable for Unit-Linked Insurance Product.
 12. Educational Qualification: Post Graduate and Above Graduate Diploma 12th Pass 10th Pass Below 10th Pass
 13. Occupation: Service Business Self Employed Professional Student Retired Homemaker Others (Specify)
 14. Occupation Details: Name of the Organization/Business: Bharti Axa Life Insurance Co. Ltd.
 Address of the Organization/Business: 580, Central Park Tilak Road, Tirupathi
 Exact Nature of Duties: Sales
 Designation: Branch Sales Manager
 Years of Service/Business: 02
 Annual Gross Income (in Rs.): 800000/-
 15. Purpose of Insurance: Planning for Child's future Protection Saving Key person Retirement Gift of Life Others (Specify)
 16. Spouse's Name in Full Mr. Mrs. Others (Specify) NA
 17. Spouse's Occupation: Service Business Self Employed Professional Student Retired House wife Others (Specify)



B. Policy Owner / Nominee Details / Beneficiary Details

Please Tick (✓) any one Policy Owner Nominee Beneficiary

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

2. Date of Birth **02 06 1951** 3. Gender Male Female 4. Marital Status Married Divorced Widowed

Paste here (do not pin or staple)
 * A recent passport size photograph (not more than 6 months old)
 * Photograph should not exceed this box.
 * Photograph for the Nominee is not required

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

6. Relationship with the Proposed Insured **FATHER** 7. % Nominee* Share **100 %**
 *In case of multiple nominees please attach the "Multiple Nominee form" for each nominee

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

9. Mailing Address Residence Office
 State City Country PIN

10. Permanent Address (If different from Mailing Address)
 State City Country PIN

11. Telephone with STD Code: Residence Mobile E-mail Office
 (i) Do you wish to receive service communication via SMS alert? Yes No
 (ii) Do you wish to receive service communication via E-mail alert? Yes No

12. Educational Qualification Post Graduate and Above Graduate Diploma 12th Pass 10th Pass Below 10th Pass Illiterate Others (Specify)
 13. Occupation Service Business Self Employed Professional Student Retired Homemaker Others (Specify)

14. Occupation Details Name of the Organization/Business: **Z.P. High School**

Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service/Business	Annual Gross Income (in Rs.)
7-155/1, M.R. Palle Samthi Nagar, Tirupalle	Personnel	Retired Teacher	30	100000/-

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

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

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

2. Date of Birth 3. Gender Male Female 4. Marital Status Single Married Divorced Widowed

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

6. Mailing Address Residence Office
 State City Country PIN

7. Relationship with the Nominee / beneficiary 8. Signature Accepting the Appointment

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

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

Relationship with Proposed Insured (Self, family member)	Name of the Insurance Company	Policy/Application Number	Type of Policy	Sum Assured/ Face Amount (Rs.) Base + Term Rider	Annualised Premium	Year of Issue	In force/ lapsed/in case of revival, date of revival/ pending	Acceptance terms (Std./ with extra/ postponed/ declined/ withdrawn/restricted benefits)
Self	Met life	20111277	Traditional	475000	1925	2009	In force	Std
		APP NO: 150655298						



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E. Medical Details & Family History of the Proposed Insured

1. Height in cms 173 or Ft. 5 Inches Weight in Kgs 078 or Pounds 171

2. Family History Relation to Proposed Insured	Living		Deceased	
	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	<u>58</u>	<u>Good Health</u>		
Mother			<u>35</u>	<u>Blood cancer</u>
Brothers/Sisters	<u>28, 26(B)</u>	<u>Good Health</u>		
Spouse	<u>-</u>	<u>-</u>		
Children	<u>-</u>	<u>-</u>		

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

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

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

5. Personal Physician
Name None in particular
Address _____
Phone with STD Code _____ Date of consultation _____
Reason for consultation, diagnosis, treatment and advice _____

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

F. Life Style & Personal Details of the Proposed Insured

1. Life Style Information:
1) Please give the following details:

Substance Consumed	Yes	No	Consumed As				Quantity	For No. of months	If stopped consuming state date since when you stopped	
			Pipe	Cigar	Cigarettes	Beedi			Years	Months
Tobacco	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gutkha							
Alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Narcotics / Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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

Question No.	Details

G. Product Details

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

UNIT - LINKED	<input type="checkbox"/> Met Smart Gold	<input type="checkbox"/> Met Smart Plus	<input type="checkbox"/> Met Smart Premier	<input type="checkbox"/> Met Growth	<input type="checkbox"/> Other: _____
TRADITIONAL	<input type="checkbox"/> Met Suraksha	<input type="checkbox"/> Met 100	<input type="checkbox"/> Met Pension	<input type="checkbox"/> Met Junior	<input checked="" type="checkbox"/> Other: MET SMART GOLD Protector Plus
	<input type="checkbox"/> Met Suvidha	<input type="checkbox"/> Met Sukh	<input type="checkbox"/> Met Bhavishya	<input type="checkbox"/> Met Monthly Income Plan	

2. (a) Policy / Coverage Term (in Years) (If applicable) 15 (b) Premium Payment Term (in Years) (Required only for Limited Pay Plans) 10 (c) Modal Premium (in Rs.) 35641

(d) Annualised/Single Premium (in Rs.) 35641 (e) In case of Met Monthly Income Plan (MMIP) Choose the Monthly Regular Income NA

(f) Face Amount/Sum Assured (Rs.) 895000 (h) Preferences for Renewal Premium Payment Mode

(g) Premium Payment Frequency

Annual Semi-Annual Quarterly Monthly Single

Cash/Cheque/DD Credit Card* ECS* PSP Others (Specify) _____

*Please fill in the relevant Standing Instruction Form.

3. (a) UNIT - LINKED

(i) Multiple Chosen _____ Annualized Premium _____ Multiple _____ Sum Assured _____

(ii) Rider Name | Face Amount / Sum Assured (in Rs.) | Rider Term (in Years)

Accidental Death Benefit		
Critical Illness		

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

a) Lump Sum Option (On Death, balance premiums credited into the fund as a Lump Sum)

b) Regular Option (On Death, balance premiums credited into the fund as and when due annually)

(iv)

Fund Allocation	Preserver	Protector	Moderator*	Balancer	Accelerator*	Virtue	Multiplier	Total
% Allocation	%	%	%	%	%	%	%	%

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

(b) TRADITIONAL

(i) Type of plan Participating Non-Participating

(ii) Rider Name | Sum Assured (in Rs.) | Rider Term (in Years)

Accidental Death Benefit		
Critical Illness		
Term		
Waiver of Premium		

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

3.1) Name of the Child _____

3.2) Relationship with the Proposed Insured _____

3.3) Date of Birth _____ 3.4) Gender Male Female

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

H. Additional Information

1. Details of Initial Deposit Type of Deposit Crossed Cheque Bank Draft Cash* Credit Card AutoDebit-AxisBank

Instrument No.	Instrument Date	Amount (in Rs.)	Name of the Bank and Branch
<u>054033</u>	<u>30/11/2009</u>	<u>35641</u>	<u>State Bank of Hyderabad J.P. Rupathin</u>

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

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

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

3. Permanent Account Number (PAN): Applied for NA

4. To be filled by BABP Customers only

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

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

I. Documentation Required

Proofs to be submitted by Proposed Insured

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

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

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

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

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

2. Address Proof Telephone Bill* Ration Card Electricity Bill* Bank Statement* Others (Specify) Property tax Bill

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

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

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





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

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



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(Signature)
Signature of the Proposed Insured / Owner

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

INCONTESTABILITY

Section 45 of the Insurance Act, 1938:

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

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

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

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

DECLARATION, AGREEMENT & AUTHORISATION

DECLARATION

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

AGREEMENT

I also do hereby agree that

- 1 My statements and this declaration shall be the basis of any policy issued by MetLife India Insurance Co. Ltd ("MetLife").
- 2 Any untrue statement be contained in this Application, the policy contract shall be null and void and all the money, which have been paid, in respect thereof, shall stand forfeited to MetLife.
- 3 After submission of this Application and before issue of the Policy,
 - (i) There are any adverse circumstances connected with the general health of myself, or (ii) An Application for insurance on my life made to any other insurance company or an Application for revival has been withdrawn or dropped or accepted at an increased premium or on terms other than as proposed by me, or, (iii) There is any change in my occupation or financial position, I shall forthwith intimate the same to MetLife in writing to reconsider the terms of acceptance of this Application. Any omission on my part to do so shall render the contract based on this Application invalid and all monies which have been paid in respect of the contract shall stand forfeited to MetLife.
- 4 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 I further authorise 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

AUTHORISATION

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

(Signature)

Signature / Left Thumb Impression of the Proposed Insured

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

Name of the Proposed Insured: Y. DHARANI PATHI

Name of Proposed Owner: _____

Mobile No. 98490 83637

Name of Witness PRADEEP RAJ

Address of witness Santhi Nagar M.R. Palle

Date 30/11/09 Place Tirupathi

(Signature)

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

DECLARATION IN CASE OF VERNACULAR (Can not be signed by sales person or nominee)

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

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

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

DECLARATION IN CASE THE APPLICANT IS ILLITERATE

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

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

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

DECLARATION IN CASE PREMIUM PAYER DIFFERENT FROM THE APPLICANT

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

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

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

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



FA / FPC REPORT

FA/FPC CODE

NAME OF THE FA/FPC

FA/FPC Mobile No

60008164

K. RAJENDRA PRASAD

9299999982

- 1.** Name of the Proposed Insured
Y. DHARANI PATHI
- 2.** Are you related to the Proposed Insured / Owner? Yes No
If yes, nature of relationship
- 3.** Is this Application on your own life? Yes No
- 4.** Name of Plan opted by PI/PO Met Mortgage Protector plus
- 5.** Face Amount/Sum Assured (in Rs.)
895000
- 6.** Riders opted by PI/PO NA
- 7.** Have you explained fully the terms and conditions of the plan to the Applicant*? Yes No
- 8.** Does the Applicant* currently reside in Rural area? Yes No
- 9.** (a) Since when do you know the Proposed Insured/Owner? 03 Years Months
(b) Are you satisfied with the Identity of the Proposed Insured? Yes No
(c) Does the Proposed Insured have any physical deformity/defect or mental retardation? Yes No
(d) What is the estimated income of the Proposed Insured/ Owner? 800000/-
- 10.** What is the Proposed Insured's state of health at the time of completion of this Application?
Good
- 11.** Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES:
Height in cms or Ft. 173 Inches Weight in Kgs or Pounds 078
- 12.** Is this Application a replacement for an existing policy of the Applicant*? If Yes, please complete the Replacement Questionnaire. Yes No
- 13.** Has the Applicant* been informed about the following?
(a) Charges Yes No
(b) Surrender charges Yes No
(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. Yes No
(d) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Policyholder (To be filled for Unit - Linked Policies only). Yes No
- 14.** Do you recommend acceptance of this Application considering all the factors, including moral hazard? Yes No

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

Date

30/11/2009

K. Rajendra Prasad

Signature of the FA / FPC

Applicable for BABP only :

Promotion Code

Promoter Name

Signature of the Promoter

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

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

- 1.** Was Financial Advisor licensed to write personal life insurance on the date Application was signed? Yes No
- 2.** Have you personally reviewed this Application? Yes No
- 3.** Whether you are satisfied with the identity of the Proposed insured? Yes No
- 4.** If the total premium exceeds 30% of the annual income of the Applicant*, are you satisfied that the product is sold within the financial capacity of the Applicant*? Yes No
- 5.** Is the product recommended suitable for the Applicant* keeping in mind his/her age, needs, risk appetite, income, long term financial goals and long term premium paying capacity? If No, please give the reason. Yes No
- 6.** Has the Applicant* been informed about the following?
(a) Charges Yes No
(b) Surrender charges Yes No
(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. Yes No
(d) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Policyholder (To be filled for Unit - Linked Insurance Product only). Yes No
- 7.** Do you recommend acceptance of this Application considering all the factors, including moral hazard? Yes No

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

Name	Designation	Signature	Date	Place
V-SRINIVASULU	SM	<u>V. Srinivasulu</u>	30/11/2009	TIRUPATHI



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

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.

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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: _____



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(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 am), 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



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Claim Intimation Form

To,

MetLife India Insurance Co. Ltd.,

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

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

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

Signature of Claimant: _____

Date _____ **Place** _____

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Write to us at indiaservice@metlife.com



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

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

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

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

_____ Date _____

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

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

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Receipt for Policy Delivered

Policy No.	20190397
Name of the Policy Owner	Mr. DHARANI PATHI YALLAPALLI
Place	Tirupathi
FA Name & Code	Mr. K RAJENDRA PRASAD , - 60008164

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

Witnessed by _____
(Financial Advisor)

Signature of Policy Owner _____

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