

MetLife®

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MetLife India Insurance Company Limited(Insurance Regulatory and Development Authority Life Insurance Registration No.117) Registered Office: 'Brigade Seshamahal', 5 , Vani Vilas Road, Basavanagudi, Bangalore – 560 004. www.metlife.co.in Phone: +91-80-2643 8638 FAX: +91-80-41506969

Welcome Letter

Date : [REDACTED]

Dear Mrs. USHA SUBHASHCHANDRA SHAH,

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 50490390** , 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 Growth Super

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 36.00

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The Schedule – Met Growth Super (UIN: 117L053V01)

SECTION 1

Policy Number	[REDACTED]	Date Of Issue	[REDACTED]	Issuing Office	[REDACTED]
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1. Details of the Policyholder and Insured

Name of the Owner	[REDACTED]				
Proof of Identification	[REDACTED]	Gender	[REDACTED]		
Name of the Insured	[REDACTED]				
Proof of Identification	[REDACTED]	Gender	[REDACTED]		
Date of Birth of Insured	[REDACTED]				
Whether age admitted	[REDACTED]	Age	[REDACTED]		

2. Policy Features

Plan of Insurance	Met Growth Super				
Base Sum Assured (INR)	[REDACTED]	Date of Maturity	[REDACTED]		
Date of Commencement	18/Jan/2010				
Policy Term	[REDACTED]	Premium Paying Period	[REDACTED]		

3. Premium Summary

Details of Coverage	Duration of Coverage		Amount of Coverage	Regular/Single/ Rider Premium	Frequency of Payment
	From	To	INR	INR	
Base Cover Met Growth Super	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Rider Cover					
Accidental Death Benefit	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Critical Illness	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Total Premium*	[REDACTED]				
Due Date(s) of Premium	[REDACTED]				

* Total Premium is inclusive of Rider Premium, service tax and extra premium (if applicable)

4. Premium Direction

Funds	Protector-II	Preserver-II	Balancer-II	Flexi Cap	Virtue-II	Multiplier II	Total
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



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Insured Event upon which Benefits Payable	1) On Death of the Insured prior to the Date of Maturity/On Death due to an Accident in the event that an ADB Rider has been opted. 2) Effective Date of diagnosis of Critical Illness (in the event that a Critical Illness rider has been opted) 3) Upon Survival of the Insured to the Date of Maturity:- Total Fund Value in the Unit Account
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)		

6. Appointee Details (Only in case of Nominee is less than 18 years of age)

Appointee Name	
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SECTION 2

1. Funds

1.1. There are **6 Unit Linked Funds** available under the **Policy**. You may have to invest the premiums in any **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 (20%).

Following are the six Unit Linked Funds offered with Met Growth Super

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.	Equity	60 -100	Very High risk
		Money market instruments	0 - 40	

Unit Linked Fund Disclaimers

- 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.



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- 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 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.
- The past performance of **Our** Unit Linked Fund(s) is not necessarily indicative of the future performance of any of these Unit Linked Funds.
- The Unit Linked Funds do not offer a guaranteed or assured return unless otherwise mentioned as Guarantee Fund
- The name of the Product does not in any way indicate the quality of the product, its future prospects or returns.
- The names of the Unit Linked Funds and their objectives do not in any manner indicate the quality of the Fund, their future prospects or returns.
- 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:

Policy Year	Allocation Charge
Year 1	100%
Year 2 & above	0%

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

2.2. Policy Administration Charges: The Policy Administration charge is expressed as a percentage of the **Base Sum Assured** and would be deducted from the **Total Fund Value** at the beginning of every **Policy Month** from the second **Policy Year** onwards.

2.2.1. For **Base Sum Assured** multiple of 5 times the **Annualised Premium**

Annualised Premium	As a % of the Base Sum Assured (per month)
Silver (18,000- 29,999)	0.100%
Gold (30,000 – 2,00,000)	0.080%
Platinum (2,00,001 & above)	0.070%

2.2.2. For **Base Sum Assured** multiple of 10 times the **Annualised Premium**

Annualised Premium	As a % of the Base Sum Assured (per month)
Silver (18,000- 29,999)	0.050%
Gold (30,000 – 2,00,000)	0.040%



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The Schedule – Met Growth Super (UIN: 117L053V01)

Platinum (2,00,001 & above)	0.035%
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2.2.3. For **Base Sum Assured** multiple of 20 times the Annualised Premium

Annualised Premium	As a % of the Base Sum Assured (per month)
Silver (18,000- 29,999)	0.025%
Gold (30,000 – 2,00,000)	0.020%
Platinum (2,00,001 & above)	0.0175%

2.3. Fund Management Charge: These charges are levied daily while calculating the **Net Asset Value** of each Unit Linked Funds 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 **Total Fund Value** and 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. After the first three policy years, the following **Surrender Charges** expressed as a percentage of First Year Annualised **Premium** are applicable.

No. of Annualised Premiums paid	Policy Years/ Percentage of Annualised Premium			
	Year 0-3	Year 4	Year 5	Year 6+
Less than one Annualised Premiums paid	100%	100%	NA	NA
More than or equal to one and less than two Annualised Premiums paid	100%	15%	15%	NA
More than or equal to two and less than three Annualised Premiums paid	100%	10%	10%	Nil
More than or equal to three but less than four Annualised Premiums paid	NA	5%	5%	Nil
More than or equal to four but less than five Annualised Premiums paid	NA	NA	3%	Nil
More than or equal to five Annualised Premiums paid	Nil	Nil	Nil	Nil



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2.5. Rider Premium Charge: The Rider Premium charges are not deducted from **Total Fund Value** and is payable in addition to the **Regular Premium as per the Rider Cover chosen**.

2.6. Partial Withdrawal Charge: The first two (2) **Partial Withdrawals** in a **Policy Year** are allowed free of charge. For every additional **Partial Withdrawal** in the same **Policy Year** a charge of Rs. 250 will be levied.

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

2.8. Mortality Charge

The Mortality Charge is calculated as follows:

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

The Sum at Risk is the **Death Benefit** less Fund Value (excluding Top-up Premium Account)

A table of **CoI** charges is attached with this Schedule.

Mortality Charge will be deducted at the beginning of each **Policy Month** by canceling an appropriate number of **Units** using the relevant **Net Asset Value** in proportion to the respective **Fund Value** of each of the subscribed **Funds** on the date of deduction.

2.9. 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.

2.10. Miscellaneous Charges

We reserve the right to charge Rs.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 Funds on the date of deduction.

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

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]	
Policy 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		[REDACTED]	
Effective Date	[REDACTED]	Premium Frequency	[REDACTED]
Premium Due Dates	[REDACTED]	Next Due Date	[REDACTED]
Financial Advisor Name		[REDACTED]	
Financial Advisor Code		[REDACTED]	
Financial Advisor Contact No.		[REDACTED]	
Financial Advisor E - mail ID		[REDACTED]	

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.

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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Statement of Account

Date [REDACTED]

[REDACTED]

[REDACTED]

Policy Details

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

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.

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Service Guidelines

Important Points to Remember:

Renewal Premium Payment	<ol style="list-style-type: none">1. For all Renewal Premium Payments (including Advance premium), the reference NAV date considered is the Payment Date or the Due Date of payment, 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 in the terms and conditions of your policy. In case there is a past due payment on your policy or the policy is lapsed, the payment would first be appropriated towards the past due payment or towards reinstating your policy, as the case may be.4. For local cheques / DD's payments sent through post, drop box, etc the NAV will depend on the date and time of receipt at MetLife's Office. If received before 1500 hours on any day, the NAV would be that of the same valuation date. Outstation Cheques and Demand Draft payments would be given an NAV as on the date of clearance.5. Please pay your premium within the grace period (30 days from due date) to keep your policy in-force and continue enjoying the benefits & privilege under the coverage.
Frequency of premium payment	Can be changed on policy anniversary by giving a request in writing along with the policy document
Switch of Fund Options	Facility of switch between fund options is available after 6 months from the date of issue of your policy. This can be done by submitting the Fund Switch Request Form by 1500 hours to get the same day's NAV
Withdrawal	Facility of withdrawing from the Policy Account is available after 3 years from the date of issue of the policy. This can be done by submitting the Withdrawal Request Form by 1500 hours to get the same day's NAV.
Address Change	Address changes may be done anytime by giving us a request in writing.
Beneficiary Change	You may change/add a beneficiary to the policy by filling up the beneficiary change request form and submitting this to the nearest MetLife office.
Assignment	To assign your policy to another person/person/institution, please fill up our assignment deed in 2 original and submit along with the policy document.

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

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

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

Write to us at indiaservice@metlife.com



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Table of Cost of Insurance Charges

Met Growth Super Cost of Insurance Table per thousand sum at risk

Attained Age	Male	Female
7	0.083333	0.083333
8	0.083333	0.083333
9	0.082500	0.083333
10	0.084583	0.083333
11	0.090833	0.083333
12	0.099167	0.082500
13	0.106792	0.084583
14	0.111792	0.090833
15	0.116375	0.099167
16	0.120667	0.106792
17	0.124667	0.111792
18	0.128333	0.116375
19	0.131667	0.120667
20	0.134667	0.124667
21	0.137333	0.128333
22	0.139708	0.131667
23	0.141792	0.134667
24	0.143542	0.137333
25	0.144958	0.139708
26	0.146083	0.141792

Attained Age	Male	Female
27	0.146875	0.143542
28	0.147333	0.144958
29	0.147500	0.146083
30	0.147542	0.146875
31	0.148833	0.147333
32	0.151958	0.147500
33	0.156417	0.147542
34	0.162292	0.148833
35	0.194542	0.151958
36	0.203125	0.156417
37	0.213083	0.162292
38	0.224417	0.194542
39	0.238250	0.203125
40	0.254167	0.213083
41	0.269375	0.224417
42	0.284167	0.238250
43	0.301417	0.254167
44	0.322583	0.269375
45	0.397833	0.284167
46	0.427250	0.301417

Contd...



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Table of Cost of Insurance Charges

47	0.460792	0.322583
48	0.498417	0.397833
49	0.540125	0.427250
50	0.648458	0.460792
51	0.698417	0.498417
52	0.752458	0.540125
53	0.810625	0.648458
54	0.872917	0.698417
55	0.981000	0.752458
56	1.051125	0.810625
57	1.117458	0.872917
58	1.186500	0.981000
59	1.271833	1.051125
60	1.373500	1.117458
61	1.491458	1.186500
62	1.625667	1.271833
63	1.776167	1.373500
64	1.942958	1.491458
65	2.076625	1.625667
66	2.243375	1.776167

67	2.497500	1.942958
68	2.778958	2.076625
69	3.090250	2.243375
70	3.434042	2.497500
71	3.813125	2.778958
72	4.230458	3.090250
73	4.689292	3.434042
74	5.193000	3.813125
75	5.745125	4.230458
76	6.349417	4.689292
77	7.009708	5.193000
78	7.730042	5.745125
79	8.514583	6.349417
80	9.367625	7.009708

** Applicable taxes will be charged over and above the Mortality Charge



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 Growth Super - Unit Linked Life Insurance Plan (Non Par)

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 the age of the Insured as of his last birthday and is as shown in Section 1 of the **Schedule**.
- 1.1.2. **Annualised Premium** refers to one full year's **Regular Premium(s)** and is as shown in the **Schedule**.
- 1.1.3. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Policy**.
- 1.1.4. **Appointee**: means the person, **You** have named to receive payment under this **Policy** if the **Nominee** is a minor, at the time payment becomes due under this **Policy**.
- 1.1.5. **Base Premium** means the **Regular Premium You** must pay for the **Base Sum Assured** and is as shown in Section 1 of the **Schedule**
- 1.1.6. **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 on the **Relevant Date**
- 1.1.7. **Base Premium Unit Account or Top-Up Premium Unit Account** means the Unit Account pertaining to the **Base Premium** or the **Top Up Premium**.
- 1.1.8. **Base Sum Assured** is the amount of life insurance cover as chosen by **You** and is shown in Section 1 of the **Schedule**
- 1.1.9. **Business Day** means a working day of **Our** Registered office.
- 1.1.10. **Date of commencement** is the date when coverage under this **Policy** takes effect and is as shown in Section 1 of the **Schedule**
- 1.1.11. **Date of Maturity** means the expiry date of this **Policy** as and is as shown in Section 1 of the **Schedule**
- 1.1.12. **Date of Issue** means the date when the **Policy** gets issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in Section 1 of the **Schedule**.

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- 1.1.13. **Death Benefit** means the amount payable under this **Policy** in case of the death of the **Insured** in accordance with clause 2.1.1
- 1.1.14. **Insured** means the person on whose life the insurance cover is effected , as named in Section 1 of the **Schedule**
- 1.1.15. **Maturity benefit** means the amount payable on the **Date of Maturity** in accordance with clause 2.1.5.
- 1.1.16. **Mortality Charge** means the cost of life insurance as shown in Section 3 of the **Schedule**.
- 1.1.17. **Net Asset Value (“NAV”)** of a **Unit Linked Fund** is 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**.
- 1.1.18. **Nominee: is** 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 death of the **Insured** , before the **Date of Maturity**.
- 1.1.19. **Partial Withdrawal:** means any part of the Unit Account that is encashed by you in accordance with clause 2.1.8.
- 1.1.20. **Policy** means this document, any endorsements issued by **Us**, the **Schedule** and the **Application**.
- 1.1.21. **Policy Month** refers to the one month period between the **Date of Commencement** and every subsequent month thereafter till the **Date of Maturity**.
- 1.1.22. **Policy Term** means the period between the **Date of commencement** and the **Date of Maturity**. The **Rider Cover**, in the event opted, may cease prior to the **Date of Maturity** and the duration of the **Rider Cover** is as provided in Section 1 of the **Schedule**.
- 1.1.23. **Policy Year** refers to the one year period between the same **Date of Commencement** and every subsequent year thereafter till the **Date of Maturity**.
- 1.1.24. **Premium Payment Term** refers to the period for which the premiums are payable and is as shown in Section 1 of the **Schedule**.
- 1.1.25. **Policy Charges** means the charges shown in Section 3 of the **Schedule**. **Policy Charges** will be determined and applicable in the manner shown in Section 3 of the **Schedule** subject to the terms and conditions of the **Policy**
- 1.1.26. **Regular premium** refers to the amount which **You** must pay for the **Base Sum Assured** during the **Premium Payment Term** and is as shown in Section 1 of the **Schedule**.
- 1.1.27. **Relevant Date means :**
- 1.1.27.1. **Our** date of receipt of **Your** written notice for switches, **Partial Withdrawal, Surrender** or freelook cancellation.
 - 1.1.27.2. **Our** date of receipt of notice of the death of the **Insured** in the case of a **Death Benefit** claim.
 - 1.1.27.3. The **Date of Maturity** in the case of a **Maturity Benefit** claim.

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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**.
- 1.1.28. **Rider** means the additional benefit as described therein chosen by **You** over and above the **Base Sum Assured**.
- 1.1.29. **Rider Cover** means the amount of coverage under the **Rider** chosen by **You** as shown in Section 1 of the **Schedule**
- 1.1.30. **Rider Premium** means the amount that **You** must pay, in the event that **You** have opted for the **Rider Cover** and is as shown in Section 1 of the **Schedule**.
- 1.1.31. **Schedule** means the **Schedule We** issue along with any annexure, unit statement, tables or endorsements attached to it from time to time
- 1.1.32. **Surrender** means **Your** termination of the **Policy** before the **Date of Maturity**.
- 1.1.33. **Surrender Value** means the amount payable in accordance with clause 2.1.7, and is the **Total Fund Value** less the Surrender Charge shown in the Section 3 of the **Schedule**.
- 1.1.34. **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.
- 1.1.35. **Top-Up Premium Fund Value** means the number of Units in **Your Top-Up Premium Unit Account** of this **Policy** multiplied by the **Net Asset Value** as on the **Relevant Date**.
- 1.1.36. **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**.
- 1.1.37. **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**.
- 1.1.38. **Unit** means a notional and proportionate part of the **Base Premium Unit Account/ Top-Up Premium Unit Account** created upon the allocation of **Base Premium/Top-up Premium**.
- 1.1.39. **Unit Account** means the notional accounts that **We** administer in which **Units** are allocated or redeemed.
- 1.1.40. **Valuation Date** means the date on which the assets to which a **Unit Linked Fund (s)** is/are referenced, are valued and the date on which **NAV (s)** are determined.
- 1.1.41. **We, Us** or **Our** means MetLife India Insurance Company Limited.

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1.1.42. **You** or **Your** means the policy owner, as named in Section 1 of the **Schedule**.

2. Policy Benefits

Met Growth Super is the name of the product offered by us under this **Policy**. It is a Non-Participating **Regular Premium** Unit Linked insurance plan which matures on the **Date of Maturity**. **Your Policy** provides the following benefits:

2.1.1. Death Benefit

a) If the **Insured** dies before attaining age seven:

If the **Insured** dies before the completion of **one Policy Year** **We** will refund all the **Regular Premiums** received till the date of death without interest.

If the **Insured** dies after the completion of **one Policy Year** **We** will pay the **Regular Premiums** received in the first **Policy Year** without interest in addition to the **Base Premium Fund Value** .

b) If the **Insured** dies before Age 60 during the **Policy Term**, then **We** will pay **You** or **Your Nominee** the higher of :

(a) The **Base Premium Fund Value** as on the **Relevant date**; or

(b) The **Base Sum Assured**, less any **Partial Withdrawals** made from the **Base Premium Unit Account** in the 24 months preceding the **Insured's** death.

c) If the **Insured** dies during the **Policy Term** having attained Age 60, then. **We** will pay **You** or **Your Nominee** the higher of:

(c) The **Base Premium Fund value** as on the **Relevant date**; or

(d) The **Base Sum Assured** less the higher of:

(i) any **Partial Withdrawals** made from the **Base Premium Unit Account** in the 24 months preceding the **Insured's** death; or

(ii) any **Partial Withdrawals** made from the **Base Premium Unit Account** after the **Insured** attained Age 60

In addition to either of the benefits as stated in a), b) and c) above, the **Top-Up Fund Value**, in the event applicable and calculated as on the **Relevant Date**, shall be paid to **You** (or **Your Nominee**).

Any **Policy Charges** that accrued during the grace period will be deducted from any payment to be made.

2.1.2. Accidental Death Benefit Rider (UIN : 117C014V01)

If **You** have opted for this Rider and the **Insured** dies due to an Accident as defined in the **Rider Cover** terms and conditions, then **We** will pay **You** (or a Nominee) the **Rider Cover** in addition to the **Base Sum Assured**.

2.1.3. Critical Illness Rider (UIN:117C013V01)

If **You** have opted for this **Rider** and the **Insured** is diagnosed with a Critical Illness as defined in the Critical Illness Rider terms and conditions, then **We** will pay **You** (or the **Beneficiary**) the **Rider** benefit as set out in the **Schedule**.

2.1.4. No payment will be made under any **Rider** unless the insured event occurs on or before the **Date of Maturity** and whilst the **Policy** is in force, and f **Our** liability for any payment will always be subject to the respective **Rider** terms and conditions.

2.1.5. Maturity Benefit

If the **Insured** is alive on the **Date of Maturity**, then **We** will pay **You** the **Total Fund Value** of this **Policy** at the applicable NAV as on the **Relevant Date**. **You** may choose to take **Your Maturity Benefit** as per the Settlement Option provided in clause 2.1.10.

2.1.6. Loyalty Benefits

a) Guaranteed Loyalty Additions

Subject to the **Policy** being in force and all the applicable **Regular Premiums** having been paid for atleast 5 policy years, Guaranteed Loyalty Additions will be credited to the **Policy** at intervals specified below during the **Policy Term**. The Guaranteed Loyalty Additions is determined as a percentage of the first year **Annualised Premium**.

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

The Guaranteed Loyalty Additions to be credited to the Policy are as follows:

The Guaranteed Loyalty Additions to be credited to the Policy on the 10th & 15th Policy Anniversary shall be computed as a percentage of the First year Annualised Premium and shall be as under

Guaranteed Loyalty Additions on the 10th Policy Anniversary	50% of the First Year Annualised Premium
Guaranteed Loyalty Additions on the 15th Policy Anniversary	
Annualised Premium	Guaranteed Loyalty Addition
Silver (18,000 – 29,999)	55% of the First year Annualised Regular Premium
Gold (30,000 – 2,00,000)	60% of the First year Annualised Regular Premium
Platinum (2,00,001 & above)	70% of the First year Annualised Regular Premium

The **Top Up Premium** are not eligible for Guaranteed Loyalty Addition.

b) Loyalty Additions

Subject to the Policy being in force and all the due Regular Premiums applicable having been paid for atleast 5 Policy Years Loyalty Additions will be credited to the Policy at intervals specified below during the Policy Term. The Loyalty Additions to be credited to the Policy on the 20th Policy Anniversary and every 5 years thereafter, shall be computed as a percentage of the average Base Premium Fund Value.

The average Base Premium Fund Value of the last 3 years is equal to the sum of Your Base Premium Fund Value on each Policy Month, after Monthly Deductions, in the 36 Policy months immediately preceding the Loyalty Addition due date, divided by 36.

Loyalty Additions on the 20th Policy Anniversary and every 5 years thereafter	
Annualised Premium (in Rs)	Loyalty Additions
Silver (18,000 – 29,999)	2.0%
Gold (30,000 – 2,00,000)	2.0%
Platinum (2,00,001 & above)	2.0%

For the purpose of Loyalty Additions only the Base Premium Fund Value pertaining to the Regular Premiums paid shall be considered. The Top Up Premium Fund Value pertaining to the Top-up Premium Account is not eligible for Loyalty Additions.

2.1.7. Surrender Value

- (a) 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**.
- (b) For the purpose of computing the **Surrender Value**, the **Total Fund Value** in the **Unit Account** will be determined using the **Net Asset Value** on the **Relevant Date**
- (c) In exceptional circumstances, **We** may defer the surrender of the **Policy** for a period not exceeding thirty days (30) from the date of request. 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 or out of the control of the Company, the disposal of the assets of the Unit-Linked Fund(s) are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining policyholders invested in the Unit-Linked Fund(s).
 - (iii) During periods of extreme volatility of markets 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 event of any force majeure or disaster that affects our normal functioning;
 - (vi) If so instructed by the Insurance Regulatory and Development Authority.

2.1.8. Partial Withdrawals

Partial Withdrawals can be requested from the Total Fund Value if (a) the Policy has been in force for at least three (3) years from the Date of Commencement and (b) the Policyholder is by then at least Age 18.

Requests for any Partial Withdrawals must be given to Us in writing and must specify the amount or percentage of the Total Fund Value to be partially withdrawn. No Partial Withdrawal will be processed if (a) the amount of Partial Withdrawal is less than Rupees Five Thousand (Rs. 5,000/-), or (b) exceeds 25% of the Total Fund Value or (c) the Total Fund Value after any Partial Withdrawal would be less than 120% of the Annualised Premium.

Requests will be processed subject to Our approval which will be based on the applicable Unit Linked Fund rules.

Two (2) Partial Withdrawals in each Policy Year will be processed free of charge. For every Partial Withdrawal thereafter, the Partial Withdrawal Charge mentioned in Section 3 of the Schedule shall be applicable.

Partial Withdrawals will be effected by first canceling any Units in the Top-Up Premium Unit Account if the Top-Up Premium has been invested for at least three (3) years from the date of its receipt. This condition shall not apply if the Top-Up Premium is credited to the Policy in the three (3) Policy Years immediately before the Date of Maturity.

2.1.9. Loans

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

2.1.10. Settlement Option

2.1.10.1 If the **Insured** is alive on the **Date of Maturity**, **You** may receive **Your Maturity Benefit** either in a lump sum or in the form of regular payments over a fixed period not exceeding 5 years from the **Date of Maturity** (the "Settlement Period") or a combination of part lump sum and part regular payments.

2.1.10.2 If **You** choose the Settlement Period option, then

2.1.10.3 **You** must let **Us** know in writing at least 90 days before the **Date of Maturity** by sending a written request to **Us**, failing which **We** will pay **You** the **Total Fund Value** as on the **Date of Maturity**; and

2.1.10.4 The **Fund Value** payable will be the **Net Asset Value** as on the **Relevant Date** of withdrawal; and

2.1.10.5 **You** must specify the frequency of such payments. **We** will permit a maximum of 12 withdrawals in any calendar year and each regular payment must be a minimum of 5% of the **Fund Value** (as on the date we receive your written request for the Settlement Period option). The value of the regular payments will depend on the performance of the **Unit Linked Funds** **You** select for investment;

2.1.10.6 **You** agree and understand that

- i. **You** will bear all of the risks of and associated with the performance of the **Unit Linked Funds**; and
- ii. All applicable Fund Management Charges will continue to be levied during the Settlement Period; and
- iii. During the Settlement Period, no life or other insurance cover will be provided and upon the **Insured's** death **We** shall only be obliged to return the remaining **Total Fund Value** to **You** (or **Your Nominee**); and
- iv. Switching and **Partial Withdrawal** (other than for the regular payments) are not available during the Settlement Period; and
- v. At any time during the Settlement Period **You** may decide to take the remaining **Total Fund Value** as on the **Relevant Date** and close the **Policy**.

3. Premium Provisions

3.1. Regular/Rider Premium (in the event opted for)

3.1.1. For **Regular Premium** policies, **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. In the event that **You** have opted for a **Rider Cover**, in addition to the **Regular Premium**, **You** must also pay the **Rider Premium** as shown in section 1 of the **Schedule** on or before its due date

3.1.2. **You** may only change the frequency of premium payment with **Our** prior written approval, and such approval will only be effective from the following **Policy Year**.

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3.1.3. 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:

3.2.2. 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.

3.2.3. 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.

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 Rs Five thousand (Rs 5,000)) and not more than 25% of the total **Annualised Premiums** paid as on date.

Allocation of the **Top-Up Premiums**, shall be subject to the rules, if any, of the applicable the **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 life cover will immediately cease to exist and the **Policy** will lapse with effect from the due date of first unpaid **Regular Premium**. **We** will cease deducting **Mortality Charges** and Policy Administration Charges, however Fund Management Charges will continue to be levied 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** and the applicable Fund Management Charges will be deducted from the **Unit Account**. **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 cessation of the third (3) **Policy Year**, in which case **We** will pay **You** the **Surrender Value** as on the applicable date ; or

3.3.2.2. The death of the **Insured**, in which case **We** will pay **You** the **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.

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In case the **Rider** has been opted for, the status of the **Rider** will be same as that of the base **Policy**. If the base **Policy** lapses, the **Rider** also lapses. During the period allowed for reinstatement, the **Rider** benefit is discontinued. The **Rider** will be reinstated along with the base **Policy** conditional to the **Rider Premium** being paid in full along with the **Base Premium** and subject to underwriting requirements as the case may be.

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. **Policy** may automatically terminate earlier within the 2 year period if the **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 (3.3.5) below, **You** may:

3.3.3.1. Apply to reinstate the **Policy** within 2 years from the due date of the first unpaid **Regular Premium** subject to the reinstatement conditions at (3.3.5) below; or

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

3.3.3.3. 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** per 2.3 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 2.3 above.

3.3.4. If the base policy lapses, the **Rider** also lapses. During the period allowed for reinstatement, the **Rider** benefit is discontinued. The **Rider** will be reinstated along with the base **Policy** conditional to the **Rider Premium** being paid in full along with the base **Policy** premium. In case that **You** cease to pay the **Base Premium** and submit a written request to **Us** opting to continue the **Policy** by deduction of applicable charges, the **Rider** benefit shall be discontinued.

3.3.5. 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, 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/Rider Premium** (in the event applicable) 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 premium (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.

4. Fund Provisions

4.1. Unit Allocation

The **Base Premium/Top-up premium (if any)** net of Premium 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.

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

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

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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 **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:

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

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. Switches between Unit Linked Funds

4.6.1. 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.

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

4.7. Limitation of Interest

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.

4.8. Changes in existing Fund

4.8.1. **We** may in **Our** sole and absolute discretion establish a new **Unit Linked Fund** or close any of the **Funds** stated in **Section 2 of The Schedule** with the approval of the regulatory authority

4.8.2. **You** will be given at least 4 weeks prior written notice of **Our** intention to close any **Unit Linked Fund** and 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

4.9. Change to Term and conditions

4.9.1. **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.

4.9.2. **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 the company has 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 Policy Owner

You are the Policy Owner and beneficiary of this **Policy** as shown on Section 1 of the **Schedule** until changed. Only **You** can, during the **Insured's** lifetime, exercise all rights, privileges and options provided under this Policy subject to any assignee's rights.

5.2. Nomination & Assignment

5.2.1. If **You** are also the **Insured** under this **Policy**, then at any time before the **Date of Maturity** **You** may nominate an individual 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** 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. If the **Nominee** is a minor at the time payment becomes due under the **Policy**, then **We** shall make payment to the **Appointee You** named in the **Application**.

5.2.4. **You** may assign this **Policy** by giving **Us** written notice. An assignment will be effective against **Us** only once **We** have received written notice of the assignment, a copy of the **Policy** document and **We** have sent an endorsement confirming that the assignment has been recorded.

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

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 Maturity** of the **Policy** if **You** have opted for lumpsum payment, subject to the provisions of section 2.2
- The date of receipt of the intimation of death of the **Insured**
- Automatic termination as described in Section 3.3

7. General Provisions

7.1. **Free Look Period:** You have the right to cancel the **Policy** by giving written notice to **Us** and **You** will receive the premiums invested into the funds at the Unit Price as at the date of cancellation along with the charges paid after deducting (a) proportionate Risk Premium for the period on cover (for **Ages** of 7 and above) and (b) medical examination costs and (c) stamp duty, which has been incurred for issuing the **Policy**. 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:** A grace period of thirty (30) days from the due date (the "Grace Period") will be allowed for all modes (15 days for monthly mode) of payments of each subsequent **Regular Premium**. 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.

7.3. **Taxes:** Service tax is applicable as per governing laws and the same shall be borne by **You**. We reserve the right to recover from **You**, any levies or duties or taxes (including but not limited to service tax), as imposed by the government from time to time.

7.4. **Suicide:** If the **Insured** commits suicide whilst sane or insane within 1 year of 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 higher of 50% of the **Regular Premiums** paid in 1st **Policy Year** and **Total Fund Value**.

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

Met Growth Super - Unit Linked Life Insurance Plan (Non Par)

**IN THIS POLICY, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.
Product UIN: 117L053V01**

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) 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** and any **Rider** 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 **Insured** differs from the **Age** stated in the **Application** then:

7.8. If the **Insured's** actual age is higher than **Age** stated in the **Application**, then the accumulated difference between the **Mortality Charges** applied and applicable to the actual age will be paid to **Us** from the **Date of commencement** with interest at such rate and in such manner as **We** charge for the late payment of **Regular premium**. The difference so paid will not be used to buy **Units**. If such difference and interest is not paid within of it being requested, **We** are hereby authorised to recover the same by the cancellation of **Units**.

7.9. If the **Insured's** actual age is lower than **Age** stated in the **Application**, the **Mortality Charges** shall be altered corresponding to the actual age from the **Date of commencement** and **We** may, at **Our** discretion, refund without interest the accumulated difference between the corrected **Mortality Charges** and the original **Mortality Charges**.

7.10. If 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 forfeit the **Total Fund Value**.

7.11. 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) First Information Report, Police inquest report and a post-mortem report where the death is due to an unnatural cause.
- (vi) Proof of title to the **Policy** where applicable
- (vii) **Nominee**/legal heir Identification and Address proof as per regulatory requirement.

(b) **We** will not be obliged to make any payment of the **Maturity Benefit** unless and until **We** have received all of the information and documentation **We** request, including but not limited to

- (i) The **Policy** document
- (ii) The claim forms as prescribed by **Us**
- (iii) The discharge voucher as prescribed by **Us**

- 7.12. **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.
- 7.13. 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.
- 7.14. **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.
- 7.15. **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.
- 7.16. **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.

7.17. Grievance Redressal Mechanism

- 7.17.1. In case **You** have any query or complaint/grievance, **You** may approach **Our** office at the following address:

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

Toll Free Help line: 1-800-425-6969 (8am –8pm)
Phone: +91 80 2650 2244
Fax +91 80 41506969
Email: indiaservice@metlife.com
Web: www.metlife.co.in

Please address **Your** queries or complaints to the Customer Services Department, and **Your** grievances to the Grievance Redressal Officer, who are authorized to review **Your** queries or complaints or grievances and address the same. Please note that only 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**.

Met Growth Super - Unit Linked Life Insurance Plan (Non Par)
IN THIS POLICY, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.
Product UIN: 117L053V01

7.17.2. 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 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

7.17.3. 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, 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**

7.17.4. 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.

7.17.5. 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.

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.



peace of mind. Guaranteed.

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

Annexure A - List of Insurance Ombudsmen

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

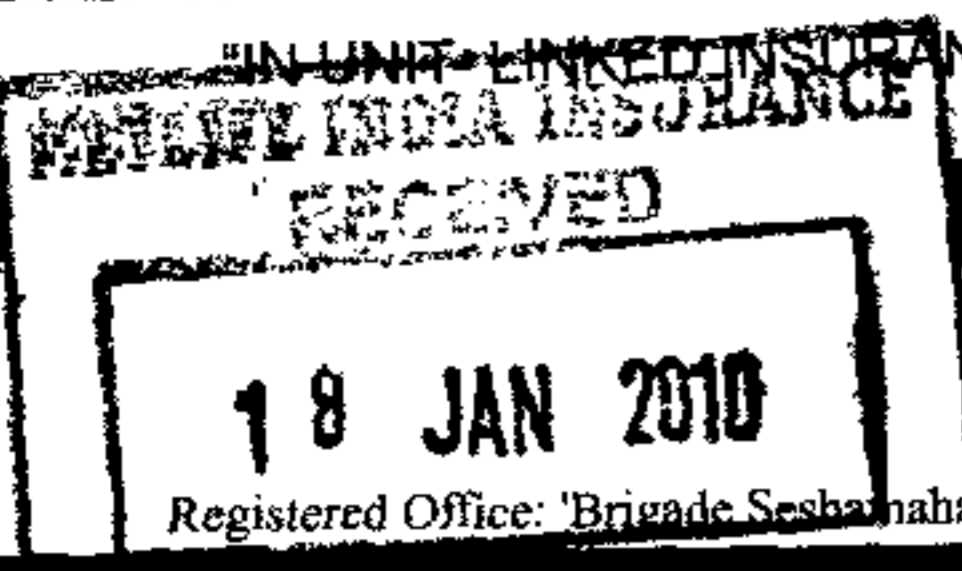
Note : Address and contact number of Governing Body of Insurance Council:

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

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

Write to us at indiaservice@metlife.com

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

MetLife®

Application No.



154750132

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

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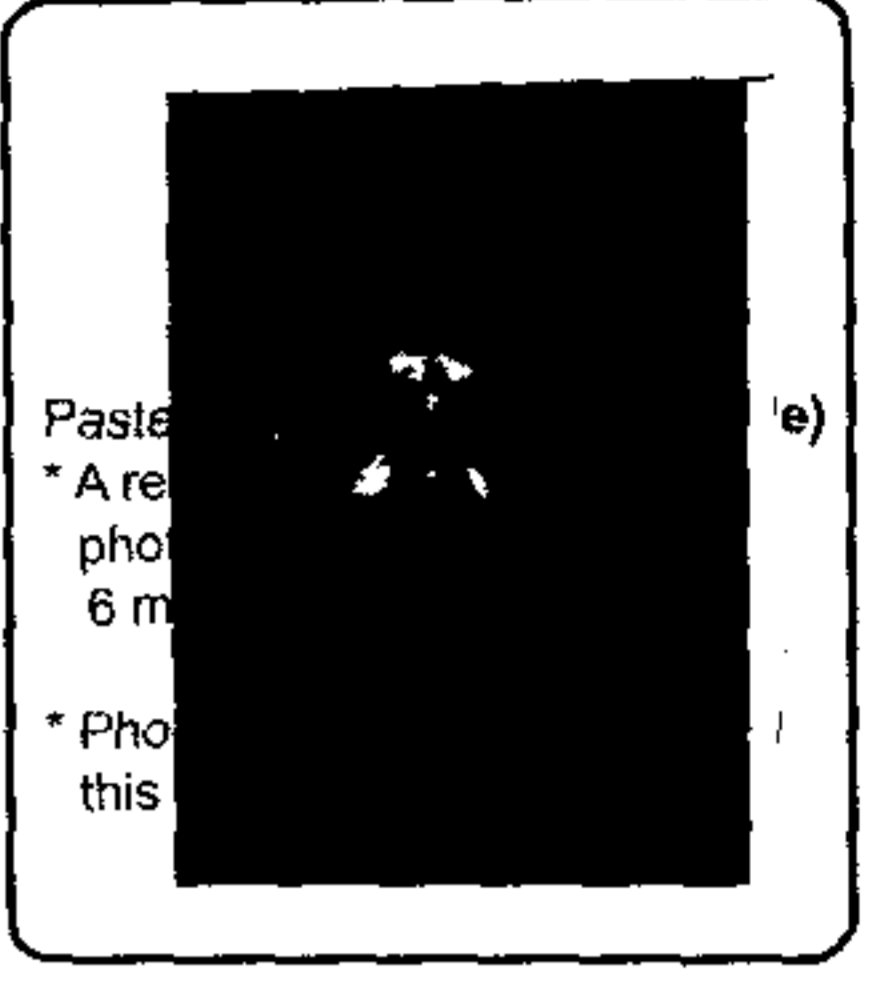
Application Form

Please fill in **VADODARA** Code **600132** Name **[REDACTED]** Channel Type Agency C-WAD Urban BABP

FA/PC/CSO **[REDACTED]**

MetLife Branch **[REDACTED]** Type of Cover Individual Employer-Employee MWP HUF General Partnership Key Person Key Partnership

Relationship Branch **[REDACTED]**



Paste here
* A recent photograph of the applicant, 6 months old.
* Photograph should be pasted on this space.

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

[Faded disclaimer text]

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

1. Full Name Mr. Mrs. Ms. Others (Specify) **[REDACTED]** 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 **[REDACTED]** Place of Birth **[REDACTED]** 4. Gender Male Female

5. Nationality Indian Non Resident Foreign National* mention the Country you reside in **[REDACTED]** 6. Marital Status Single Married Divorced Widowed

7. Father's Name in Full Mr. Mrs. Others **[REDACTED]** *Fill NRI Questionnaire *Subject to applicable Indian laws/regulations

8. Mailing Address Residence **[REDACTED]**

9. Permanent Address (if different) **[REDACTED]** City **[REDACTED]** PIN **[REDACTED]** State **[REDACTED]**

10. Telephone with STD Code: Residence **[REDACTED]** Office **[REDACTED]**

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

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

12. Educational Qualification Post Graduate and Above Graduate Diploma 12th Pass 10th Pass Below 10th Pass Illiterate Others (Specify) **[REDACTED]**

13. Occupation Service Business Self Employed Professional Student Retired Others **[REDACTED]**

14. Occupation Details Name of the Organization/Business: **[REDACTED]**

Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service/Business	Annual Gross Income (in Rs.)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

16. Spouse's Name in Full Mr. Mrs. Others (Specify) **[REDACTED]**

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



B. Policy Owner / Nominee Details / Beneficiary Details

Please Tick (✓) any one Policy Owner Nominee 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

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. Relationship with the Proposed Insured _____ *Fill NRI Questionnaire *Subject to applicable Indian laws/ regulations

7. Mailing Address Residence Office _____

8. Father's / Husband's Name _____ *In case of multiple names, mention the "Main" name for _____

9. Permanent Address (if different from Mailing Address) _____

10. Telephone with STD Code: Residence _____ Office _____

11. Educational Qualification Post Graduate and Above Graduate Diploma 12th Pass 10th Pass Below 10th Pass Illiterate Others (Specify) _____

12. Occupation Service Business Self Employed Professional Student Retired Homemaker Others _____

13. Occupation Details Name of the Organization/Business: _____

Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service/Business	Annual Income (in Rs.)
_____	_____	_____	_____	_____

14. In case the Proposed Insured is a minor, do you want to have the ownership rights to the Proposed Insured on his / her attaining age 18? Yes No

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 required

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 _____

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)
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

E. Medical Details & Family History of the Proposed Insured

154750132

1. Height in cms [REDACTED]

2. Family History

Relationship to Proposed Insured	Age	At heart and full particulars of any major illness (Diabetes, Cancer, Stroke, Heart and Kidney related problems), including age at onset of illness	Age To	Deceased Cause of Death
Father	[REDACTED]	[REDACTED]	70	SHAMU NATURAL
Mother	[REDACTED]	[REDACTED]		
Son	[REDACTED]	[REDACTED]		
Daughter	[REDACTED]	[REDACTED]		

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.)

1-10	Yes	No	11-17	Yes	No
1. High Blood Pressure, Chest Pain, Angina, Heart Attack or any other ailment pertaining to the Heart or Circulatory System?	[REDACTED]	[REDACTED]	11. Depression, Stress, Anxiety, Attempt to Suicide or Psychological or Emotional Disorder or Nervous Breakdown or Illness or symptoms of the same?	[REDACTED]	[REDACTED]
2. Seizures, Stroke, Paralysis, Epilepsy, Parkinson's, Multiple Sclerosis or any other Disorder of the Brain or Nervous System?	[REDACTED]	[REDACTED]	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?	[REDACTED]	[REDACTED]
3. Tuberculosis, Asthma, Bronchitis, Avian Flu, Shortness of Breath or any other Respiratory Disorder?	[REDACTED]	[REDACTED]	13. In the past five years, have you consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or cough?	[REDACTED]	[REDACTED]
4. Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy?	[REDACTED]	[REDACTED]	14. Have you Undergone ECG, x-rays, blood test or other tests?	[REDACTED]	[REDACTED]
5. Any Kidney, Liver, Bladder Disorder or Prostate Disease, Blood/Protein in Urine?	[REDACTED]	[REDACTED]	15. Have you been admitted/advised to be admitted to any hospital or any other medical facility?	[REDACTED]	[REDACTED]
6. Ulcers or any Stomach or Intestinal Disorder?	[REDACTED]	[REDACTED]	16. In the past two years have you been involved in any motor vehicle accidents?	[REDACTED]	[REDACTED]
7. Diabetes, Thyroid or any other Gland Related Disorders?	[REDACTED]	[REDACTED]	17. Do you have any Physical Deformity/Defect?	[REDACTED]	[REDACTED]
8. Is vision corrected by glasses, if yes, please specify the power of glasses for both eyes. Right Eye +1 Left Eye +1	[REDACTED]	[REDACTED]	18. Has there been drastic weight loss or weight gain (>=5 Kgs) in the past year?	[REDACTED]	[REDACTED]
9. Any Disorder related to Ear, Nose and Throat?	[REDACTED]	[REDACTED]	19. Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?	[REDACTED]	[REDACTED]
10. Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?	[REDACTED]	[REDACTED]			

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: [REDACTED]

Address: [REDACTED]

Phone with STD Code: [REDACTED] Date of consultation: [REDACTED]

Reason for consultation, diagnosis: [REDACTED]

6. For Female Proposed Insured Only

1) Maiden Name: [REDACTED]

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) 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 No

2) 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	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			Gutkha							
Alcohol	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			Beer	Wine	Liquor					
Narcotics / Drugs	[REDACTED]	[REDACTED]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
			Marijuana	Cocaine	Addictive Drugs					

3) 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

4) Are you employed in Armed, Para Military or Police Force, if Yes, please complete Armed Services Questionnaire? Yes No

5) Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you? Yes No

6) Have you flown in the last two years or do you expect to fly in future either as a Student Pilot, Pilot, Crew Member Passenger in a Non-Commercial/ Personal / Chartered Flight? If yes, please complete Aviation Questionnaire. (Please tick "No" if you are a fare-paying passenger in domestic/international airline)

7) Do you engage in Automobile or Motor-cycle Racing, Skin or Scuba Diving, Skydiving or Professional Sports? If yes, please complete respective Avocation Questionnaire. Yes No

IN UNIT-LINKED INSURANCE PRODUCT THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER*
 For each "Yes" answer in Section E & F, please identify the question and give full details, conditions, dates, duration and results. Give full names and addresses of Doctor/Hospital/Clinic etc.

Question No.	Details

G. Product Details

1. Plan Name: MetLife SUPER Option:
 (where would be an adjustment made in the Sum Assured)

2. (a) Policy / Coverage Term (In Years) (if applicable): 20 (b) Premium Payment Term (in Years): 20 (c) Modal Premium (in Rs.): 1.80
 (Required only for policies with a premium payment term)
 (d) Annualised/Single Premium (in Rs.):
 (e) Face Amount/Sum Assured (Rs.):
 (f) Premium Payment Frequency: Annual Semi-Annual Quarterly Monthly Single
 Renewal Premium Payment Mode: Cash/Cheque Credit Card* ECS* PSP Others (Specify)
 *Please fill in the relevant Standing Instruction Form.

3. (a) **UNIT-LINKED**

(i) Multiple Chosen: 1 Annualized Premium: Multiple: Insured:

Rider Name	Face Amount / Sum Assured (in Rs.)	Rider Term (in Years)
Accidental Death Benefit		
Medical Illness		

(ii) For unit-linked policies, please choose the fund allocation:
 (a) I wish to invest my First Premium in Return Guarantee Fund (RGF*)
 *Return Guarantee Fund would be available only for the first premium.
 (b) Choosing a fund allocation is mandatory. If Return Guarantee Fund has been selected for First Premium then, Fund Allocation stated below will be applicable for the first premium and 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	Flexi Cap	Virtue II	Multiplier II	Total
% Allocation	%	%	%	%	%	%	%

(b) **TRADITIONAL**

(i) Type of plan: Participating Non-Participating

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

(iii) If the plan is **Met Bhavishya**:

3.1) Name of the Child:

3.2) Relationship with the Proposed Insured:

3.3) Date of Birth:

(iv) Annualized Income: Monthly Regular Income:

H. Additional Information

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

Instrument No.	Amount (in Rs.)	Name of the Bank and Branch

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 SABP Customers only**

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

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

I. Documentation Required

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

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) Passport

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

4. Recent Passport size photograph to be submitted (not more than 6 months old): Yes NA
 *The electricity bill, telephone bill and the bank statement should not be more than six month old

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



154750132

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

Signature of the Proposed Insured / Owner

INCONTESTABILITY

Section 45 of the Insurance Act, 1938:

"No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.
 Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

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

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

DECLARATION, AGREEMENT & AUTHORISATION

DECLARATION

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

AGREEMENT

I also do hereby agree that

1. My statements and this declaration shall be the basis of any policy issued by MetLife India Insurance Co. Ltd ("MetLife").
2. Any untrue statement 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 of the Proposed Insured: _____

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

Name of the Proposed Insured: _____

Name of Proposed Owner: _____

Mobile No. _____

Name of _____

Address of witness _____

Date: _____

(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 _____

Date _____ Place _____

Left Thumb Impression of Proposed Insured / Owner _____

Signature of Declarant _____

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 _____

Date _____ Place _____

Signature of Premium Payer _____

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



FA / FPC REPORT

FA/ERC CODE: [REDACTED] NAME OF THE FA/ERC: [REDACTED] [REDACTED] 206.90

3. Is this Application on your own life? Yes No
4. Name of Plan opted by PI/PO [REDACTED]
5. Face Amount/Sum Assured (In Rs.) [REDACTED]
6. Riders opted by PI/PO [REDACTED]
7. Have you explained the 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? 26 Years Months Yes No
- (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? [REDACTED]
10. What is the Proposed Insured's state of health at the time of completion of this App [REDACTED]
11. Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES: [REDACTED]
12. Is this Application a replacement for an existing policy of the Applicant? 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: [REDACTED]

Signature of the FA / FPC: [REDACTED]

Applicable for BABP only :

Promotion Code: [REDACTED] Promoter: [REDACTED]

Signature of the Promoter: [REDACTED]

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 income 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 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	Place
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

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

Policy Name: Met Growth Super	Unique Identification Number : 117L053V01
--------------------------------------	--

A) Details of the Person insured		
Name: Mrs. Usha Shah ✓		
Gender : Female ✓	Date of Birth: 29/Jun/1954	Age at Entry : 55
Age is calculated as per the age last birthday ✓		

Application Number	[REDACTED]
Policy Number	[REDACTED]

B) Details of the Plan			
Annual Regular Premium (Rs.)	18000	Premium Payment Mode	Annual ✓
Coverage Term (Years)	20 ✓	Premium Payment Term (Years)	20 ✓
Age of the Person Insured at Maturity (Years)	75	Payment Option	Regular Pay

C) Cover Description	Sum Assured (Rs.)	Rider Premium
Base Sum Assured	[REDACTED]	NA
Rider Cover 1 : Accidental Death Benefit Rider Sum Assured		0
Rider Cover 2 : Critical Illness Rider Sum Assured		0

D) Fund Options	Preserver II	Protector II	Balancer II	Flexi Cap	Virtue II	Multiplier II	Total
Percentage Allocated						100%	100%

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

Prepared For: Mrs. Usha Shah

Prepared by: Parul

Ledger prepared for: Mrs. Usha Shah Prepared on : 1/18/2010

Age at Entry: 55 Years
 Coverage Term: 20 Years
 Premium Payment Term: 20 Years

Illustrated @10% Gross rate of Return

Gross Yield		10.0%
Net Yield		7.79%

Policy Year End	Total Annualized Regular Premium (Rs.)	Premium Allocation Charge	Top-up Premiums (Rs.)	Allocated Premium	Mortality Charge	Service Tax	Policy Administration Charge	Other Charges	Guaranteed Loyalty Additions	Non Guaranteed Loyalty Additions	Total	Fund Before FMC	FMC	Fund at End	Surrender Value	Death Benefit
1	18000	18000	0	0	0	0	0		0	0	18000	0	0	0	0	180000
2	18000	0	0	18000	1601	2130	1080		0	0	2890	14444	209	14427	0	180000
3	18000	0	0	18000	1548	271	1080		0	0	3071	32190	443	32154	0	180000
4	18000	0	0	18000	1523	268	1080		0	0	3301	51475	698	51416	50516	180000
5	18000	0	0	18000	1379	253	1080		0	0	3434	72565	975	72482	71942	180000
6	18000	0	0	18000	1171	232	1080		0	0	3530	95687	1279	95578	95578	180000
7	18000	0	0	18000	900	204	1080		0	0	3593	121088	1613	120950	120950	180000
8	18000	0	0	18000	560	169	1080		0	0	3619	149041	1980	148871	148871	180000
9	18000	0	0	18000	123	124	1080		0	0	3587	179874	2384	179668	179668	180000
10	18000	0	0	18000	0	111	1080		9000	0	3907	213471	2827	222227	222227	222227
11	18000	0	0	18000	0	111	1080		0	0	4518	259701	3438	259405	259405	259405
12	18000	0	0	18000	0	111	1080		0	0	5051	300085	3971	299743	299743	299743
13	18000	0	0	18000	0	111	1080		0	0	5630	343903	4550	343510	343510	343510
14	18000	0	0	18000	0	111	1080		0	0	6258	391445	5178	390998	390998	390998
15	18000	0	0	18000	0	111	1080		9900	0	6940	443029	5860	452423	452423	452423
16	18000	0	0	18000	0	111	1080		0	0	7821	509753	6741	509171	509171	509171
17	18000	0	0	18000	0	111	1080		0	0	8635	571395	7555	570742	570742	570742
18	18000	0	0	18000	0	111	1080		0	0	9519	638278	8439	637548	637548	637548
19	18000	0	0	18000	0	111	1080		0	0	10477	710846	9397	710034	710034	710034
20	18000	0	0	18000	0	111	1080		0	14242	11517	789584	10437	802924	802924	802924
									0							
									0							
									0							
									0							
									0							
									0			0				
									0			0				
									0			0				
									0			0				
									0			0				
Total	360000	18000	0	342000	8804	4874	20520		18900	14242	125298		77974			

The net yield excluding all risk charges (mortality, rider charges (if any) & service tax is estimated assuming a gross return of 10% p.a.

Note: All the values shown in the illustration above are as at the end of the year. Please read Page 4 of this benefit illustration for detailed notes and explanations. For glossary of various terms of charges kindly refer to the Product brochure or Terms and Conditions provided along with policy document

Prepared For: Mrs. Usha Shah

Prepared by: Parul

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 530/900

Met Growth Super Plan (Non Par)

Benefit Illustration (Page 3 of 5)

Age at Entry: 55 Years
 Coverage Term: 20 Years
 Premium Payment Term: 20 Years

Illustrated @ 6% Gross rate of Return

Gross Yield	6.00%
Net Yield	4.07%

Policy Year End	Total Annualized Regular Premium (Rs.)	Premium Allocation Charge	Top -up Premiums (Rs.)	Allocated Premium	Mortality Charge	Service Tax	Policy Administration Charge	Other Charges	Guaranteed Loyalty Additions	Non Guaranteed Loyalty Additions	Total	Fund Before FMC	FMC	Fund at End	Surrender Value	Death Benefit
1	18000	18000	0	0	0	0	0	0	0	0	18000	0	0	0	0	180000
2	18000	0	0	18000	1603	2130	1080	0	0	0	2888	13865	205	13849	0	180000
3	18000	0	0	18000	1560	272	1080	0	0	0	3066	30352	426	30317	0	180000
4	18000	0	0	18000	1555	271	1080	0	0	0	3293	47595	657	47540	46640	180000
5	18000	0	0	18000	1444	260	1080	0	0	0	3425	65749	901	65674	65134	180000
6	18000	0	0	18000	1286	244	1080	0	0	0	3523	84909	1157	84812	84812	180000
7	18000	0	0	18000	1086	223	1080	0	0	0	3593	105169	1428	105049	105049	180000
8	18000	0	0	18000	847	198	1080	0	0	0	3641	126622	1714	126477	126477	180000
9	18000	0	0	18000	552	168	1080	0	0	0	3649	149386	2018	149215	149215	180000
10	18000	0	0	18000	180	130	1080	0	9000	0	3601	173608	2341	182409	182409	182409
11	18000	0	0	18000	0	111	1080	0	0	0	3889	208558	2809	208319	208319	208319
12	18000	0	0	18000	0	111	1080	0	0	0	4253	235679	3173	235410	235410	235410
13	18000	0	0	18000	0	111	1080	0	0	0	4634	264036	3554	263734	263734	263734
14	18000	0	0	18000	0	111	1080	0	0	0	5033	293685	3953	293350	293350	293350
15	18000	0	0	18000	0	111	1080	0	9900	0	5449	324685	4369	334214	334214	334214
16	18000	0	0	18000	0	111	1080	0	0	0	6024	367460	4944	367040	367040	367040
17	18000	0	0	18000	0	111	1080	0	0	0	6485	401821	5405	401362	401362	401362
18	18000	0	0	18000	0	111	1080	0	0	0	6968	437747	5888	437247	437247	437247
19	18000	0	0	18000	0	111	1080	0	0	0	7472	475311	6392	474768	474768	474768
20	18000	0	0	18000	0	111	1080	0	0	9507	8000	514585	6920	523504	523504	523504
									0							
									0							
									0							
									0							
									0							
									0							
									0							
									0							
									0							
									0							
									0							
Total	360000	18000	0	342000	10113	5009	20520		18900	9507	106885		58252			

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

Note: All the values shown in the illustration above are as at the end of the year. Please read Page 4 of this benefit illustration for detailed notes and explanations. For glossary of various terms of charges kindly refer to the Product brochure or Terms and Conditions provided along with policy document.

Prepared For: Mrs. Usha Shah

Prepared by: Parul

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 MetLife India Insurance Co. Ltd., Brigade Seshamahal, 5 Vani Vilas Road, Basavanagudi, Bangalore - 560004
 IRDA Registration Number. 117, Fax +91-80-26521970. Visit us at www.metlife.co.in
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Due to the nature of the Unit Linked Funds, which are different from traditional insurance products, the Company does not guarantee the price of the Units of any of the Unit Linked Funds offered by it.

Notes:

1. The Modal premium shown above indicates the amount payable under that mode and provided for reference only. The Rider premiums for the Rider Coverage (if opted) by the policyholder is not a part of the ledger.
2. The ADB Rider Charge and the CI Rider Charge are the equivalent rider premium to be paid by the policyholder for the Rider Coverage over and above regular premium for base policy and does not form part of the Total Charges.
3. The charges include all the deductions pertaining to Premium Allocation Charges, Policy Administration Charges, Mortality Charge and Fund Management Charges.
4. For the purpose of partial withdrawal, any Top-Up Premium paid in the policy will have a lock-in-period of 3 years from the date of such Top-Up premium. However acceptance of such Top-Up Premium may result in increase in Sum Assured (based on the Top Up conditions of the product) and would be subject to the underwriting rules in force from time to time. For details, please refer yours Policy document.
5. In case of any partial withdrawals being made, the death benefit would be adjusted as per the relevant provisions in the policy terms and conditions. However, this adjustment of death benefit for partial withdrawals is not captured in this illustration.
6. Please read this benefit illustration in conjunction with the product brochure to understand all Charges, Terms, Conditions & Exclusions carefully before concluding the sale.
7. This illustration explains the benefits and features of the proposed policy and is not a contract or a representation of any guarantee or warranty.
8. Loyalty Additions are made based on the First Year Annualised Premium as well as on the Fund Value of the Regular Premium Account. The value of Loyalty Additions would be dependant on the regular premiums paid and the policy being in force. The Fund Values pertaining to Top-up premiums do not qualify for Loyalty Additions.
9. The values shown in the "Loyalty Additions" column have been included in the calculation of the fund values, and therefore should not be considered over and above the fund value. The Fund Value shown in the ledger is net of surrender charges, wherever surrender charges are applicable.
10. 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.
11. 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.
12. Preserver II Fund, Protector II Fund, Balancer Fund II, 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.
13. The investments in the Unit Linked Funds are subject to investment risks associated with capital markets and the NAVs of the markets may go up or down based on the performance of fund and factors influencing the capital market and the insured is responsible for his/her decision.
14. MetLife India Insurance Co. Ltd. is only the name of the Insurance Company and Met Growth 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.
15. Service Tax and Education Cess are levied as per applicable tax laws from time to time and the same is subject to changes in the tax laws in future and the policy proceeds would be affected to that extent. The Service Tax column includes the Service Tax and Education Cess on all

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- 16. 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). In the case of Service Tax on Fund Management Charge it 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.
- 17. 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.

Policyholder's/ Prospect's Declaration

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

I understand that investment in this product is subject to market risks and the actual rate of return may be higher or lower than what has been illustrated, and are ignoring any current and future tax laws that could impact these figures. I also understand that this illustration is an example in nature and as such does not indicate maximum or minimum returns. **"I ALSO UNDERSTAND THAT NO PART OF MY FIRST YEAR PREMIUM WILL BE INVESTED IN UNIT LINKED INVESTMENT FUNDS"**.

Signature of the Policyholder/ Prospect: [Redacted]
Date: [Redacted] Place: [Redacted]

For MetLife India Insurance Company Limited,

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

Signature of the Employee: [Redacted]

Name of the Employee: [Redacted]
Employee Number: [Redacted]

Branch/ Location: [Redacted] Agent Contact Number: [Redacted] Agent Email Id: [Redacted]

Prepared For: Mrs. Usha Shah

Prepared by: Parul

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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

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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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.

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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.	██████████
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 _____

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