

KYC No.:

Proposal Form

Please fill Code Name IA/FPC/CSO /DM/ARM/ISP Specified Person PNB MetLife Branch Relationship Branch Name of CA/Broker /Referral Company /MIA

Policy Type: Rural Urban Channel Type: Agency Broker BABP DM IMF Type of Cover: Individual Employer-Employee MWP HUF General Partnership Key Person Key Partnership Solution Employee Discount: PNB MLI Employee PNB Employee J&K Bank Employee Account Type: Normal Simplified Small For low risk customers

PROPOSED INSURED

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

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

Please read all the questions carefully and complete the details required truthfully in relation to your health and habits, within your knowledge as on the date of the submission of this proposal. The information provided by you will form the basis for issuance of the policy. Please ensure that you affix your signature in all the places as stated. In certain places more than one signature is required. This is in your own interest. Proposal Form needs to be filled in BLACK Ink only. All documents submitted along with this the Proposal Form should be attested by the Proposed Insured and Proposed Holder. The Proposal Form and all rights, obligations, and liabilities arising thereunder, shall be construed, determined, and enforced in accordance with the laws of India. State code and Country code to be updated as per Indian motor vehicle, 1988 and ISO 3166 country code respectively. Corrections or over writing, if any, must bear full signature of the Applicant. The life insurance policy is neither a Fixed/Recurring deposit/Mutual fund or surrogate of any of the loan products applied with the bank and not a pre-condition for opening a bank account/availing a loan or locker facilities etc. Participation for availing the insurance policy is purely on voluntary basis.

A. Proposed Insured Details (To be filled in BLOCK LETTERS and all FIELDS are mandatory)

1. Name (Mr./Mrs./Ms./Dr./Master/Other): F I R S T M I D D L E L A S T 2. Maiden Name (Ms./Dr./Other): F I R S T M I D D L E L A S T 3. Father's Name (Mr./Dr./Other): F I R S T M I D D L E L A S T 4. Mother's Name (Ms./Mrs./Dr./Other): F I R S T M I D D L E L A S T 5. Spouse Name (Mr./Mrs./Dr./Other): F I R S T M I D D L E L A S T 6. Date of Birth: DDMMYYYY 7. Place of Birth: (Include Country Name) 8. Gender: M-Male F-Female T-Transgender 9. Citizenship: IN- Indian Others-ISO 3166 Country Code 10. Are you Tax resident of any other country other than India Yes No [If Yes, please fill up FATCA/ CRS questionnaire and fill point 13 (iii)] 11. Residential Status: Resident Individual Non Resident Indian Person of Indian Origin Foreign National COUNTRY NAME 12. Marital Status: Married Unmarried Others (Specify) 13. (i) Current/Permanent/Overseas Address: (Certified copy of anyone of the following Proof of Address [PoA] needs to be submitted) Address Type: Residential/Business Residential Business Registered Office Unspecified Address Proof: Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card Simplified Measures Account - Document Type Code Others Please provide the number for the proof submitted RGGENEV09 LANDMARK CITY/TOWN/VILLAGE DISTRICT PIN/POSTCODE STATE/UTCODE (ii) Correspondence/Local Address Same as Current/Permanent/Overseas Address (In case of multiple Correspondence/Local Address, please fill annexure A1) LANDMARK CITY/TOWN/VILLAGE DISTRICT PIN/POSTCODE STATE/UTCODE (iii) Address in the Jurisdictions details where applicant is Resident Outside India for tax purposes Same as Current/Permanent/Overseas Address Same as Correspondence/Local Address LANDMARK CITY/TOWN/VILLAGE DISTRICT PIN/POSTCODE STATE/UTCODE 14. Telephone Office: Country Code Area/STD Code Telephone Mobile Email Telephone Residence: Country Code Area/STD Code Telephone Fax Alternate Contact No: Alternate Email: 15. Form 60 PAN No: 16. a Aadhaar Number: 16. b Virtual ID: 17. 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 Product. DDMMYYYY 18. Educational Qualification: Post Graduate and Above Graduate Diploma 12th Pass 10th Pass Below 10th Pass Illiterate Others (Specify) 19. Occupation: S- Service (Private Sector Public Sector Government Sector Others) O- Others (Professional Self Employed Retired Housewife Student) B- Business X- Not Categorized

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883 Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

20. Occupation Details: 21. Additional KYC*: 22. Income Proof: 23. Age Proof*:

*Name of additional documents submitted if Proposed Owner is a Trust or Foundation OR Type of Cover is selected as Employer-Employee/ General Partnership/ Key Partnership/ Key Person.

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

*In case of Non Standard Age Proof like Voter ID Card, Ration Card, etc. extra of Rs.2.50 per thousand sum assured will be charged

24. Identity Proof: (Certified copy of any of the following Proof of identity [PoI] needs to be submitted)

A- Passport No. Passport Expiry Date B- Voter ID Card
 C- PAN No. D- Driving License Driving License Expiry Date
 E- UID (Aadhaar) F- NREGA Job Card Z- Others (any document notified by the central government)
 S- Simplified Measures Account - Document type code Identification No.

25. Purpose of Insurance: Planning for Child's future Protection Saving Key person Retirement Gift of Life Others (Specify) _____

26. The Company will issue and send the policy document in electronic form. Do you wish to receive your policy document in physical form also? Yes

B. Proposed Holder (To be filled if different from the Proposed Insured and all FIELDS are mandatory)

1. Name (Mr./Mrs./Ms./Dr./Master/Other): F I R S T M I D D L E L A S T

2. Maiden Name (Ms./Dr./Other): F I R S T M I D D L E L A S T

3. Father's Name (Mr./Dr./Other): F I R S T M I D D L E L A S T

4. Mother's Name (Ms./Mrs./Dr./Other): F I R S T M I D D L E L A S T

5. Spouse Name (Mr./Mrs./Dr./Other): F I R S T M I D D L E L A S T

6. Date of Birth: 7. Place of Birth: (Include Country Name)

8. Gender: M-Male F- Female T- Transgender 9. Marital Status: Married Unmarried Others (Specify) _____

10. Relationship with the Proposed Insured: _____

11. Citizenship: IN- Indian Others-ISO 3166 Country Code 12. Are you Tax resident of any other country other than India Yes No

[If Yes, please fill up FATCA/ CRS questionnaire and fill point 14 (iii)]

13. Residential Status: Resident Individual Non Resident Indian Person of Indian Origin Foreign National _____ COUNTRY NAME

14. (i) Current/Permanent/Overseas Address: (Certified copy of any of the following Proof of Address [PoA] needs to be submitted)

Address Type: Residential/Business Residential Business Registered Office Unspecified

Address Proof: Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card Simplified Measures Account – Document Type Code

Others _____ Please provide the number for the proof submitted _____

Landmark City/Town/Village

District/PIN/Postcode State/UT/Code

Correspondence/Local Address

Same as Current/Permanent/Overseas Address (In case of multiple Correspondence/Local Address, please fill annexure A1)

Landmark City/Town/Village

District/PIN/Postcode State/UT/Code

(iii) Address in the Jurisdictions details where applicant is Resident Outside India for tax purposes

Same as Current/Permanent/Overseas Address Same as Correspondence/Local Address

Landmark City/Town/Village

District/PIN/Postcode State/UT/Code

15. Telephone Office: Country Code Area/STD Code Telephone Mobile Email

Telephone Residence: Country Code Area/STD Code Telephone Fax Country Code Area/STD Code Telephone

Alternate Contact No: Alternate Email:

16. Form 60 PAN No: 17. a. Aadhaar Number: 17. b. Virtual ID:

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

19. Occupation: S- Service (Private Sector Public Sector Government Sector Others) O- Others (Professional Self Employed Retired Housewife Student) B- Business X- Not Categorized

20. Occupation Details: 21. Additional KYC*: 22. Income Proof: 23. Age Proof*:

*Name of additional documents submitted if Proposed Owner is a Trust or Foundation OR Type of Cover is selected as Employer-Employee/ General Partnership/ Key Partnership/ Key Person.

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

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 S- Simplified Measures Account - Document type code Identification No.

25. Purpose of Insurance: Planning for Child's future Protection Saving Key person Retirement Gift of Life Others (Specify) _____

26. The Company will issue and send the policy document in electronic form. Do you wish to receive your policy document in physical form also? Yes

5. For Female Proposed Insured Only

1) 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. _____

2) 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

3) Have you suffered / are suffering from any disorder of the breast or reproductive organs? Yes No If yes, please provide details _____

6. Additional medical details - Please fill only when 'PNB MetLife Mera Heart and Cancer Care'- Cancer Cover OR Heart and Cancer Cover is chosen

1. Have you suffered from or been advised investigation/investigated or been treated for any form of Cancer, sarcoma, tumor, or pre-cancerous conditions for example Barrett's esophagus, atrophic gastritis, cervical dysplasia, leukoplakia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Have you suffered from or been investigated for any of the following in the past 12 months? (a) Recurrent cough, hoarseness of voice, or difficulty in swallowing for a Continuous period of 15 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you suffering from or ever suffered from Hepatitis B, Hepatitis C, Liver disease due to alcohol, Barrett's Oesophagus, Crohn's Disease, Peptic Ulcer, Ulcerative Colitis?	<input type="checkbox"/>	<input type="checkbox"/>	(b) Any persistent loss of blood or unusual discharge from any part of the body?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had abnormal findings in any of the listed investigations in the last 6 months - Ultrasound Endoscopy, Colonoscopy CT SCAN, MRI, Biopsy, PAP Smear, Mammography, Blood test for cancer diagnosis (Tumor Marker)	<input type="checkbox"/>	<input type="checkbox"/>	(c) Weight loss more than 5kg within 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
			(d) Any ulceration, growth, nodule, cyst or lump in any part of the body?	<input type="checkbox"/>	<input type="checkbox"/>
			5. Are you suffering from or ever suffered from HIV/AIDS, Chronic Glomerulonephritis, Chronic Kidney Disease, Polycystic Kidney Disease, Anaemia?	<input type="checkbox"/>	<input type="checkbox"/>
			6. Are you suffering from or ever suffered from Fatty liver, Gastritis, Gastro-Oesophageal Reflux?	<input type="checkbox"/>	<input type="checkbox"/>

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 Gutkha, 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
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pipe <input type="checkbox"/> Cigar <input type="checkbox"/> Cigarettes <input type="checkbox"/> Beedi	No. of sticks/day		Years Months
	<input type="checkbox"/>	<input type="checkbox"/>	Gutkha	No. of packets/day		Years Months
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	Pint / ml per week		Years Months
Narcotics / Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Addictive Drugs			Years Months

- 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 If yes, please complete Aviation Questionnaire. (Please tick "No" if you are a fare-paying passenger in domestic/international airline)
- 4) Are you employed in Armed, Para Military or Police Force, if Yes, please complete Armed Services Questionnaire? Yes No 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
- 5) Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you? Yes No 8) Are you (PI/PO/PP) or your family member/close associate is politically exposed person (PEP*). If yes please fill the PEP Questionnaire. 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? Yes No 9) Is the Proposed Holder/Nominee/Premium Payer a Trust, charity, NGO or organisation receiving donations? Yes No

* Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country, which may include Heads of State or of government, senior politicians (Members of Political parties contested in elections of Local bodies/Legislature/Parliament or Nominated), senior government (All Secretary levels), judicial or military officials (Ranks Equivalent to Major and above), senior executives of state owned corporations, important political party officials. Individuals who are or have been entrusted with a prominent function by an international organization, refers to members of senior management or individuals who have been entrusted with equivalent functions, i.e. directors, deputy directors and members of the board or equivalent functions.

Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership.

Close associates are individuals who are closely connected to a PEP, either socially or professionally.

G. Product Details

Product Name	Policy Term	Premium Payment Term	Modal Premium	Basic Sum Assured	Premium Multiple
Plan/ Benefit Option: _____ Accumulation of Survival Benefit payout: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Option: _____ Lump Sum %: _____ Build-Up option: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income Mode: _____ Date of Benefit Payout: dd/mm. Return of Premiums: <input type="checkbox"/> Yes <input type="checkbox"/> No Other benefit / option: _____ Cash Bonus option: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Joint life cover: <input type="checkbox"/> Yes <input type="checkbox"/> No (if Joint life cover is chosen, then please complete Joint Life Questionnaire) Sum Assured of Joint Life : Rs. _____					
Frequency of premium payment: <input type="checkbox"/> Single <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly Annualised Premium Amount (Rs.): _____					
** Preferences for Renewal Premium Payment Mode: <input type="checkbox"/> Cash^ <input type="checkbox"/> Cheque/DD^ <input type="checkbox"/> Online Payment^^ <input type="checkbox"/> Direct Debit/ACH* <input type="checkbox"/> PSP <input type="checkbox"/> PNB-Auto Debit					
<input type="checkbox"/> J&K Bank Auto Debit <input type="checkbox"/> KBL Auto Debit <input type="checkbox"/> Others (Specify) _____ *Please fill in the relevant Standing Instruction Form. ^All Premium payment in cash has to be made directly at our nearest branch. Our agents are not authorized to collect the premium in cash. ^^Payment can be made through Debit/ Credit Card/ NEFT.					

Rider Name	Policy Term	Premium Payment Term	Premium Amount	Sum Assured

**The premium shall be adjusted on the due date even if it has been received in advance & If premium due in one financial year is being collected in advance in earlier financial year, insurers may collect the same for a maximum period of three months in advance of the due date of the premium.

2. (a) UNIT - LINKED

i. Sum Assured Multiple Chosen: [][][] ii. Please select portfolio strategy: [] Self Managed [] Auto Rebalancing [] Systematic Transfer [] Life-stage

iii. Please choose the allocation proportion:

Table with 4 columns: Fund, Allocation, Fund, Allocation. Rows include India Opportunities, Protector II, Balancer II, Sustainable Equity, Virtue II, Flexi Cap, Multiplier III, Liquid, Bond Opportunities, Total.

If Auto Rebalancing Strategy is chosen, then allocation must only be in Flexi Cap and Protector II.

Note: For the Segregated Fund Identification Number (SFIN) please refer to the product brochure / leaflet or the Electronic Benefit Illustration. You may also log on to our website https://www.pnbmetlife.com/ for the same. If the above mentioned proportions are not clear, values from Signed Electronic Benefit Illustrations will be considered.

iv. Choose rebalancing event (as% of Fund Value) [] 10% [] 15% [] 20% [] 25%

v. Choose Stop Loss option (as% of Nav): [] 10% [] 15% [] 20% [] 25% [] 30%

(b) TRADITIONAL

(a) Incase of PNB MetLife Monthly Income Plan-10 Pay Choose the Monthly Regular Income

(b) [] Lump - Sum Option [] Guaranteed Regular Income

(c) For MetLife Retirement Savings Plan only:

(1) Which Annuity Option* would you like to choose: (2) Frequency of Annuity Payout:

*Please ask your advisor to explain your annuity options. You have the option to modify your choice in future till 90 days before the vesting date by intimating the same to PNB MetLife.

H. Additional Information

1. Details of Initial Deposit Type of Deposit [] Crossed Cheque [] Bank Draft [] Cash [] Online Payment [] PNB-Auto Debit [] J&K Bank Auto Debit Instrument No. Instrument Date : Amount in (Rs.) Name of the Bank & Branch :

2. Premiums will be paid by [] Proposed Insured [] Proposed Holder [] Others* (Specify) * Please fill third party declaration form Annual Income of the Premium Payer If other, please provide the following details. Name Relationship to Proposed Holder

3. [] Form 60 of Third party [] PAN No. of Third party: 4. Account type of PO [] Saving [] Current [] NRE [] NRO

5. ^Account No. of PO: MICR Code: IFSC Code:

PO bank & Branch Name : ^Cheque/DD made payable to "PNB MetLife India Insurance Company Limited. Proposal/Policy no " Details will be used for all payouts by PNB MetLife *Cheque subject to realization. ^Payment can be made through Debit/ Credit Card/ NEFT. ^Bank Proof (Pre-Printed Cancelled Cheque / Bank Account Statement) to be mandatorily submitted.

I. E-Repository Details

1. If you already have an e-Insurance Account (e-IA) number, kindly provide []

2. If you don't have an e-Insurance Account (e-IA), please choose any one of the following

- [] CAMSRep - CAMS Insurance Repository & Services [] NDML - NSDL Data Management Services limited [] KARVY [] CIRL - Central Insurance Repository Limited

J. Tax Status Questionnaire (To be filed by Proposed Holder)

Do you have an / a:

- 1. United States citizenship or resident status (resident status applies in the event of the Applicant being an individual or an entity created, incorporated or governed by United States Laws): [] Yes [] No 2. US place of birth: [] Yes [] No 3. US telephone number: [] Yes [] No 4. US residence or correspondence address (including a US PO Box): [] Yes [] No 5. Standing instructions to transfer funds to a US account: [] Yes [] No

In the event of the any of the questions being answered as Yes, please furnish the following:

- 1.If the Applicant is subject to United States Federal Income Tax please provide the Applicant's U.S. Tax ID Number(s)* or a W-9 2.If the Applicant is not subject to United States Federal Income Tax please provide a self-certification under perjury, and a Non-US passport or other valid government-issued identification evidencing citizenship in a country other than the US or such other forms or declarations as may be informed to you by the Company.

IN CASE OF AN APPLICANT NOT CURRENTLY HAVING US INDICIA**, THE APPLICANT AGREES TO INFORM THE COMPANY WITHIN THIRTY (30) DAYS OF THE APPLICANT'S KNOWLEDGE OF SUCH CHANGE IF THE APPLICANT ACQUIRES US INDICIA.

*If the Applicant(s) is subject to United States Federal Income Tax and fails to provide a U.S. Tax Identification Number to the Company, the Internal Revenue Service requires the Company to withhold tax from taxable income payments made to the Applicant.

**US indicia (United States Indicia) is defined as any individual or entity who exhibits any of the following:

- 1. United States citizenship or resident status (applicable to an entity by virtue of being created, incorporated or governed by United States Laws); 2. US place of birth; 3. US telephone number; 4. US residence or correspondence address (including a US PO Box); or 5. Standing instructions to transfer funds to a US account.

RISK PROFILE:

In addition to the insurance coverage, the Proposed Insured/Proposed Holder has the ability to control the allocation of charges into various funds, except in case Automatic option is chosen. In order to understand more about your risk tolerance levels, the Proposed Insured/Proposed Holder can discuss with PNB 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/Proposed Holder.

DECLARATION & AGREEMENT DECLARATION: I/We have read this Proposal or got read/ explained the Proposal, and furnished the information, after fully understanding the contents thereof. I/we have made complete, true and accurate disclosure of all facts to the best of my/our knowledge and belief and that I/we have not withheld any information. I/We hereby declare, on my/our behalf and on behalf of the person proposed to be insured, that the above statements, answers and/or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/we am/are authorized to propose on their behalf. I/We understand that the information provided by me/us form the basis of the insurance policy and that the policy is subject to the Board approved underwriting policy of PNB MetLife India Insurance Company Limited (PNB MetLife/the Company) and that the cover will come into force and effect only after full receipt of the premium chargeable and upon issuance of the policy. I/We declare that I/we consent to the Company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the health of the person to be insured/proposer and seeking information from any insurer to whom a proposal for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement. I/We authorize the Company to share information pertaining to my/our proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. I/We hereby further consent, and authorize, PNB MetLife to use and disclose any of the personal and sensitive information of the insured/ proposer collected or available with PNB MetLife (whether contained in this proposal or obtained otherwise) which may include KYC documents to any individual/organisation/institution as authorised by the Authority or entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors, data analysts, Artificial Intelligence oriented softwares/ firms and industry associations/federations, for the purpose of processing/underwriting this proposal and/or providing subsequent policy related services as permitted under the Authority's regulation/circulars, as applicable and claims settlement. I/We hereby understand that the Company will send/issue me/us the insurance policy in electronic form in accordance with the Company's Board approved policy on 'Issuance of Insurance policies in Electronic Form' and as per the extant regulatory framework. I/We hereby consent and authorise PNB MetLife to deduct/levy/set off, etc. from the premium/policy funds/benefits, any cheque bouncing/credit card charges associated to my policy and if such deductions/levying/set off could put my policy in premium deficiency and termination.

Optional Voluntary Declaration and Non-Mandatory: If the customer has voluntarily provided his/her Aadhaar details along with this proposal, the below consent/undertaking/authorisation becomes applicable. I/We provide my/our below consent in accordance with the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016, and regulations framed thereunder for: (a) collecting, storing and using, (b) validating/authenticating, and (c) updating my/our last 4 digits of Aadhaar number. I/We hereby state that I/We am/are voluntarily interested in conducting the authentication of my/our Aadhaar number and do hereby consent to provide my/our Aadhaar number, Virtual ID, Biometric and/or One Time Pin (OTP) data for Aadhaar based authentication for the purposes of availing of the policy from PNB MetLife and receiving its services arising out of the insurance contract. I/We understand that the Biometrics and/or OTP I/We provide for authentication shall be used only for authenticating my /Our identity through the Aadhaar Authentication system for rendering the services arising out of the insurance contract from PNB MetLife and for no other purposes. I/We understand that PNB MetLife shall ensure security and confidentiality of my/our personal identity data provided for the purpose of Aadhaar based authentication as required under the applicable laws and regulatory provisions. I/We understand that PNB MetLife shall retain/store the last four digits of my/our Aadhaar number or any document or database containing my Aadhaar number only for the purpose of the rendering its services arising out of the insurance contract to me/us as mentioned above herein and for the time period no longer than necessary for the purpose specified hereinabove.

I/we also understand that PNB MetLife has a mechanism for the redressal of my/our grievances, if any, in respect of the usage and storage of my/our personal information and the same is provided in detail in the Privacy Policy available on the website of PNB MetLife. I/We can raise my/our concerns to the Chief Information Security Officer of PNB MetLife and/or Data Protection Board in accordance with the Privacy Policy and Digital Personal Data Protection Act, 2023.

AGREEMENT:

1. I/We do hereby agree that: 1. My/Our answers and/or statements provided herein and this declaration shall form the basis of policy issued by PNB MetLife.
2. I/We do hereby agree that information provided by me/us shall be the basis of insurance contract between me/us and PNB MetLife.
3. If, after submission of this Proposal and before issue of the policy (i) If there are any adverse circumstances connected with the general health of the Proposed Insured/Proposed Holder or (ii) If an proposal for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an proposal of revival, has been withdrawn or dropped or accepted at an increased premium or on terms other than as originally proposed or (iii) if there is any change in my/our occupation or financial position, I/we shall forthwith intimate the same to PNB MetLife in writing to reconsider the terms of acceptance of this Proposal.
4. If there is any suppression or mis-statement of material information or any untrue statement contained in the information provided here in above or in case of fraud or any material omission happens on my/our part in providing the information as required to be provided per item number three above, the insurance contract entered basis this Proposal shall be treated as null and void in accordance with the provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 and as amended from time to time.
5. The payment made along with the proposal is a deposit with PNB MetLife to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me/us. Unless accepted, no risk shall attach to PNB MetLife. In the event that the Proposal is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Proposal by me/us. I/We agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test.
6. I/We hereby declare that the money used by me/us to pay the premium under this Proposal has not been derived from any criminal or illegal activity or any unknown sources.
7. I/We hereby acknowledge that the information provided under this Proposal will be used for the purpose of underwriting this Proposal and for providing policy related services, in the event of the risk being accepted by PNB MetLife.
8. I/We understand that any premium if paid by cash has to be paid only in PNB MetLife branches. Suvidha outlets and other authorized cash collection agencies against an official Receipt and not to PNB MetLife's Insurance Agent/Broker/Corporate Agent. If it is paid to Insurance Agent/Broker/Corporate Agent for depositing with PNB MetLife, then the Insurance Agent/Broker/Corporate Agent for this purpose is acting as my/our authorized representative and not that of PNB MetLife and PNB MetLife shall not be liable for any loss incurred by me/us while doing so.
9. I/We further agree and consent to PNB MetLife receiving my/our updated address from CERSAI (which will happen on my/our updating the new address in my/our account maintained with any Bank or other financial Institution) and update the new address in my/our policy/ies with PNB MetLife. I/We hereby agree and consent PNB MetLife to send future communication regarding my/ our policy and other services through its preferred communication channel (including but not limited to SMS, E-mail and physical letters). Such communication made by the Company shall override the Do not Disturb (DND) registrations, if any, made earlier or anytime herein after by me.
10. The policy will lapse in case the premium is not paid as per the payment terms opted.
11. I/We also understand that the premium and the benefits payable under the Policy are subject to variation basis the change in applicable taxation and other relevant in accordance to applicable laws from time to time.

Signature / Left Thumb Impression of the Proposed Holder

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

Name of the Proposed Holder: _____

Name of Proposed Insured _____

Name of Witness _____

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

Address of witness _____

Date _____

Place _____

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

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

I hereby declare that I have fully explained the contents of the Proposal form and all other documents incidental to availing the insurance from PNB 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 _____

The content of the form and documents have been fully explained to me and that I have fully understood the same.

_____ Date _____ Place _____ Signature of Declarant _____ Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured _____

DECLARATION IN CASE THE APPLICANT IS ILLITERATE (Can not be signed by sales person or nominee)

In case the Applicant is illiterate, a person of standing, unconnected with PNB 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 Proposal 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.

Declarant's Name _____ Address _____

_____ Date _____ Place _____ Signature of Declarant _____ Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured _____

Section 45 of the Insurance Act, 1938 :

- 1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- 2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b. The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c. Any other act fitted to deceive; and
 - d. Any such act or omission as the law specifically declares to be fraudulent.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

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

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.

AGENT'S REPORT

IA/SP/BROKER/DM/ISP (Insurance Sales Person) Code _____ Name of the IA/SP/Authorised Person of the Broker/DM/ISP _____ IA/SP/Broker/DM/ISP Mobile No _____

- 1. Name of the Proposed Insured _____
- 2. Are you related to the Proposed Insured / Proposed Holder? Yes No
If yes, nature of relationship _____
- 3. Is this Application on your own life? Yes No
- 4. Name of Plan opted by PI/PH _____
- 5. Face Amount/Sum Assured (in Rs.) _____
- 6. Riders opted by PI/PH _____
- 7. Have you explained fully the terms and conditions of the plan to the Applicant? Yes No
- 8. Does the Applicant currently reside in Rural area? Yes No
- 9. (a) Since when do you know the Proposed Insured / Proposed Holder? _____ (b) Are you satisfied with the Identity of the Proposed Insured? Yes No
_____ Years _____ Months
- (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 / Proposed Holder? _____
- 10. What is the Proposed Insured's state of health at the time of completion of this Application? _____
- 11. Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES:
Height in cms or ft. Inches _____ Weight in kgs or Pounds _____
- 12. Is this Application a replacement for an existing policy of the Applicant? If Yes, please complete the Replacement Questionnaire. Yes No
- 13. Has the Applicant been informed about the following?
 - (a) Charges 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) Is the product recommended suitable for the applicant keeping in mind his/her need, Income, risk appetite and long term financial goal? Yes No
 - (e) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit - Linked Policies only). Yes No
 - (f) If the total premium exceeds 30% of the annual income of the applicant "are you satisfied that the product is sold within the financial capacity of the Applicant" Yes No
- 14. Do you recommend acceptance of this Application considering all the factors, including moral hazard? Yes No
- 15. Was any negative customer behavior observed relating to Customer insisting on anonymity, reluctance to provide identifying information, or providing minimal, seemingly fictitious information? Yes No
If yes, please provide details _____

Certification: I have carefully ascertained the above information and recorded them. All the answers are true and correct to the best of my knowledge and belief. Date Signature of the IA/SP/DM/ISP/ authorised person of the broker _____

- 1. Incase of Corporate Agent (CA) or Micro Insurance Agent (MI), Specified Person (SP) to sign/stamp & provide his/ her details.
 - 2. Incase of Broker/IMF (Insurance Marketing Firm), authorised person to sign & provide their details.
 - 3. Respective agent as specified above to authenticate all documents like KYC, BI etc. with their signature & Original Seen Verified.
- Seal/Stamp of CA/Broker/IMF/Micro Insurance Agent (from where business is being solicited)

To be filled by the Sales Management

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

1. Was the Financial Advisor licensed to write personal life insurance on the date the Application was signed? Yes No
2. Have you personally reviewed this Application? Yes No
3. Whether you are satisfied with the identity of the Proposed Insured? Yes No
4. If the total premium exceeds 30% of the annual income of the Applicant, are you satisfied that the product is sold within the financial capacity of the Applicant? Yes No NA
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Surrender charges <input type="checkbox"/> Yes <input type="checkbox"/> No	(d) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit-Linked Insurance Product only). <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you recommend acceptance of this Application considering all the factors, including moral hazard? Yes No

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

Name	Designation	Signature	Date	Place
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date:

Emp. Name:

Emp. Code:

Emp. Designation:

Emp. Branch:

INSTITUTION DETAILS

Name:

Code:

Standing Instruction Mandate- PNB-Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit

Tick the applicable payment option to pay your Initial premium and renewal insurance premium: PNB Auto Debit-SI Including Initial Premium

J&K Bank Auto Debit-Including Initial Premium KBL-Auto Debit

Mandate Reference Number (To be incorporated by after updating their system) _____

DC No. (To be incorporated by Jammu and Kashmir Bank, after updating their system) _____

Mandatory Fields for all options

Proposed Holder Name															
Policy/Application Number						PAN (Permanent Account No.)									
Mobile Number						Email									
Payment Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Annual	Amount in "INR" as mentioned in Application form										
Standing Instruction Start Date : ____ / ____ / ____ (DD/MM/YY)					Standing Instruction End Date : ____ / ____ / ____ (DD/MM/YY)										
(Note - Start and end date for PNB Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit for first premium will be date of creation of mandate in bank records)															

Please fill the following information if the chosen Standing Instruction option is PNB-Auto Debit or J&K Bank-Auto Debit or KBL-Auto Debit

<input type="checkbox"/> Yes, I have attached a copy of cancelled bank cheque for PNB – Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit															
Bank Account Number:						BANK SOL ID * (Only for PNB Account)									
Name of the Account Holder as per bank records: (Mr./Mrs./Ms./Dr./M/s.)						Account Type (Please select one)	<input type="checkbox"/> Savings	<input type="checkbox"/> Total Freedom	<input type="checkbox"/> Overdraft						
						<input type="checkbox"/> Salary	<input type="checkbox"/> Cash Credit	<input type="checkbox"/> Loan Account	<input type="checkbox"/> Others						
Name and Address of the Bank/Branch _____															
9 Digit MICR Code						Date on which Debit to be initiated (Please select one)	<input type="checkbox"/> 1 st	<input type="checkbox"/> 7 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 25 th					

Declaration by the Policy Owner
I hereby declare that the particulars given above are correct and complete in all respects. I authorize PNB MetLife India Insurance Company Limited. (the "Company") and/or its authorized service provider/Bank 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. I understand and agree that premium amount to be debited from my account may vary due to change in tax structure, counteroffers, revised premiums, additional insurance/ riders. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance premium directly to the Company. I will also inform the Company for any changes in my Bank Account.

** Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter offer, revised premiums, additional insurance/ riders.
Please Note: Standing Instruction Debit Date will be the Premium Due date or the next banking day, if the due date is a banking holiday.

Terms and Conditions

- The Proposer/ Policy Owner confirms, understands and agrees that:
- Without prejudice to any rights of the Company/ its authorised service provider/ the Bank the Policy Owner will indemnify and hold the Company / its authorised service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorised service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.
 - In case the customer intends to cancel the Direct Debit mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of Direct Debit mandate and the same shall be processed by PNB MetLife at no extra charges.
 - The Company / its authorised service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
 - The Company is authorized to enable the Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit facility for the premium payments and in the instance of Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit dishonor, to re-debit the Policy Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
 - In order to validate Auto Debit Mandate, PNB MetLife is authorized to debit customers' account with Re. 1 which would be refunded back into customer's account.
 - In case debit date is not selected, debit date would be based on policy effective date. In case the debit date is a holiday, debit would be initiated for next working day.

Please tick (✓) in case of: Vernacular Illiterate If Selected Please Complete The Additional Declaration Form

DECLARATION : The contents of this mandate has been read over and explained to me in vernacular. I have understood the contents completely and have furnished the information and instruction contained herein out of my freewill and volition, after fully understanding the contents thereof, I hereby certify the contents hereof as true and correct.

Signature OR Left Thumb Impression of the customer _____ Date: _____

Name: _____ Place: _____

Name and Counter Signature of the person who have explained the contents to the customer in vernacular.....

Authorization of Policy Owner

This is to state that I have registered for the Direct Debit / PNB-Auto Debit/ J&K Bank Auto Debit and that my premium payment shall be made from the above mentioned Account with your bank. I hereby authorize the representative carrying this Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit mandate form to get it verified and /or executed.

Account Holder's Signature (As in Bank Record): _____ Account Number : _____

Certificate of the Bank Named in the Mandate (to be filled in case of Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit)

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

If the chosen option is PNB-Auto Debit, please also fill the below mentioned details.
GBPA Code of signature verifying authority : _____

ACH Form (Automated Clearing House)

Please fill the following mandatory fields – (1) Date (2) Bank a/c number (3) Bank name (4) IFSC/MICR Code (5) Amount (6) Policy No./application No in "Reference 1 column" (7) Account holder signature (8) Account holder name (9) Date on which Debit to be initiated

Date on which Debit to be initiated (Please select one) 1st 7th 15th 25th



UMRN **T O B E F I L L E D B Y B A N K**

Date

Utility Code **H D F C 0 0 7 9 9 0 0 0 0 9 6 5 7** CREATE MODIFY CANCEL

Sponsor Bank Code **HDFC000060** I/We hereby authorize **PNB MetLife India Insurance Company Limited.**

to debit (tick✓) SB/CA/CC/SB-NRE / SB-NRO /Other Bank a/c number

with Bank Name of customers bank IFSC/MICR

an amount of Rupees ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Mthly Qtly H- Yrly Yrly As & when presented

Reference 1 Reference 2

- I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.
- This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the User entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/ amend this mandate by appropriately communication the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

From

To

Signature of Primary Account Holder

Signature of account holder

Signature of account holder

Phone No.

1. Name as in Bank Records

2. Name as in Bank Records

3. Name as in Bank Records

Note - Please do not mention anything in Reference 2 and Period (From/ To) fields.

Terms and Conditions

The Proposer/ Proposed Owner confirms, understands and agrees that:

- Without prejudice to any rights of the Company/ its authorized service provider/ the Bank the Proposed Owner will indemnify and hold the Company / its authorized service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorized service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.
- In case the customer intends to cancel the ACH mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ACH mandate and the same shall be processed by PNB MetLife at no extra charges.
- The Company / its authorized service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
- The Company is authorized to enable the ACH facility for the premium payments and in the instance of ACH dishonor, to re-debit the Proposed Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- The company does not levy any additional charges towards cancellation of the ACH mode/recover such additional charges from the benefits payable under the policy. Maximum amount not to exceed 200% of model premium amount. Higher amount is to be written to accommodate any increase in premium due to changes in service tax, scheduled increase as per product specification and changes in frequency payment.
- In case debit date is not selected, debit date would be based on policy effective date. In case the debit date is a holiday, debit would be initiated for next working day.

Declaration by Policy Owner

I/We hereby apply for PNB MetLife India Insurance Company Limited. Auto Debit facility after having read and accepted all the Terms and Conditions mentioned herein. I/We hereby declare that the particulars given in this form are correct and complete. I/We also authorise the above mentioned bank to debit my account for any charges applicable for to this service.

- Yes, I/We have enclosed Cancelled Cheque with Preprinted Account Holder Name & Bank Account Number
- Yes, I/We have enclosed Bank Account Statement / Pass Book Copy along with Cancelled Cheque (only if, A/C Details are not Preprinted on the Cancelled Cheque)

Signature of Policy Owner

Policy Owner Name

Do's and Don'ts for filling an ACH Mandate

Do's

- Always use the latest version of ACH mandate
- Use only original form of the mandate
- Signature should match with bank a/c signature
- Name should match with bank a/c name
- Account number should be correct
- Provide a cancelled cheque along with form
- Company stamp is mandatory in proprietor account

Don'ts

- Don't use any old mandate
- Don't use Photocopy of the mandate
- Signature should not differ with bank a/c
- Name should not differ with bank a/c name
- Avoid mistakes while writing your a/c number
- Avoid cutting or overwriting on the form
- Avoid sending forms without company stamp

ACKNOWLEDGEMENT



Application No.

Solution No.

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883 Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

“A/c Payee” Cheque/Draft should be drawn in favour of PNB MetLife India Insurance Company Limited only.

PI/PO Name :	Insurance Agent/ Broker/ Specified Person Name and Code :
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Corporate Agent Name: _____

Amount (In figures) : _____ Amount (In words) : _____

Premium Payment Option: Cheque Bank Draft

Cheque/Draft No. :	Bank Name :	Cheque/Draft Date :
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IMPORTANT:

1. All receipts/ Negotiable instruments are subject to realization.
2. Acceptance of Risk is subject to policy terms & conditions.
3. For Unit Linked Policies, the NAV would be allocated as per the date and time of, premium payment information being received by PNB MetLife from customer directly or through vendors. If the information is received before 3:00 PM on a business day, the same day's NAV is applicable and for other's NAV for the next business day shall be applicable.
4. Premium paid before policy due date will be allocated on policy due date.
5. Premium paid within 180 days of due date will be allocated on next business day of premium paid date.
6. Premium paid in lapsed policy after 180 days of due date, will be allocated on completion of all re-instatement requirements and reviewed by PMLI.
7. All Premium payment in cash has to be made directly at our nearest branch. Our agents are not authorized to collect the premium in cash.
8. This can be used only for collecting the initial premium and cannot be used for renewal premium collection.

Beware of spurious phone calls and fictitious/fraudulent offers

IRDA of India clarifies to public that

1. IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
2. IRDA of India does not announce any bonus. Public receiving such phone calls to lodge a police complaint along with details of phone call and number.

Signature of Agent/ Broker/ Specified Person: _____ Seal/ stamp of the Broker/ Corporate Agent: _____ Date: _____

**Customer Service
Toll Free Number
1-800-425-6969**

**E-mail us at
indiaservice@pnbmetlife.co.in**

**Write to us at
PNB MetLife India Insurance Co. Ltd., Office
Unit No. 101, 1st Floor, Techniplex-1,
Techniplex complex veer Savarkar Flyover,
Off S V Road Goregaon (West)**

