Policy Seatility: **Participation Number** Clarks Policials Teach **Application Number** Clarks Policials Policials Teach **Application Number** Clarks Policials Polici	Policy Details: *P			re Change Request		Milkar life aage badhaein		
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### Account Dictatis: Prices after your Bank details for all projects arising out of filip polity to be made through NET    **Polity Indicate area is per 8 bank records:	*All fields are mandatory							
Policyholder name e per Bank records  Sank Account Type:  Sank Sank Sank Sank Sank Sank Sank Sank				· · · · · · · · · · · · · · · · · · ·				
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Name those submit a councided develops (Bank) grows short copy) floated Sotteneous bearing per printed account number, posity-sholder name and PSC code. Analy carry original documents for verification in control received in the printed structure of the posity-sholder of the posity-shol	Bank Account Type	e: Savings 🗖	Curre	ent 🗆 NRE 🗖	NRO □			
to case the request is being submitted through Third Parts, places whethir a day signed authorization kiter from Polity indicate and 10 general parts are provided at the time of Proposal Copin of the polity-foliors and streament reflecting partnership and the polity-foliors of partnership and provided and the time of Proposal Copin of the polity-foliors of partnership and partnership and the polity-foliors of proposal copin of of proposal		ncelled cheque/ Bank po	ass book copy / Bank Sta		ımber, policyholder na	ıme and IFSC code. k	(indly carry original docu	ments for verificatior
Lagin QB (Darginal ID proof) some as provided at the time of Proposal Login of the policyholder. Copy of some ID proof which is self-attested by the policyholder needs to be carried and submitted." If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked    Address/Contact details updation: Please tick as applicable: (V):   Mailing Address   Permanent Address   Both   Appointee	at branch.							
Address/Contact details to be updated for: Please tick as applicable: (V): Mailing Address   Permanent Address   Both   Address/Contact details to be updated for: Please tick as applicable: (V): Policyholder   Policy Insured   Beneficiary   Appointed    Office No.:   Mobile No.:   Alternate No.:   Email ID:   Alternate No.:   Residence No:   Email ID:   Alternate No.:   Residence No:   Do you with to GO GREEN and register Email id on which you will receive all policy related communications. All communication in physical form shall be stopped. Yes   No   Nour JiP User ID / Password for self-envire would be generated basts the information produced above. FATCA / CIS Questionarie to be submitted algorithm of the environment of the pass of the products. Address of the pass of the products of the pass of the pass of the products of the self-environment of the pass of the pas	Login <u>OR</u> Original ID proo	f same as provided at t	the time of Proposal Logi	n of the policyholder <u><b>OR</b></u> ID proof like	Passport/ Aadhaar Co	rd*/ Driving License	e in original of the policy	
Address/Contact details to be updated for: Please tick as applicable: (v): Policyholder  Policy Insured  Beneficiary  Appointee  Appointee    Office No:			Sec	ction A: Change in Persona	al Details			
Office No.:    Mobile No.:   Alternate No.:   Alternate No.:   Residence No:   One of the No.:   Alternate No.:   Residence No:   One of the No.:   Alternate Email ID: Residence No:   One of the No.:   Alternate Email ID: Residence No:   One of the No.:   Now PIP User ID / Password for self-service would be generated basis the information provided above.   FATCA / CRS Questionnaire to be submitted separately if new address is other than India. Valid self-attested passport copy with entry and exit details to be submitted along with the request Nate: Please submit a Self-Attested standard address proof acceptable to PMUI for the new mailing address. (For Solution Products, changes will be applicable for all policies). Acceptable Address Proof ser- Asidnara Card's Passport, Driving (Lerens, Voters Identity Card, NREGA Job Card and Letter issued by the National Population Register containing details of 'name and address' with photograph.	☐ Address/Contact det	tails updation: Please	tick as applicable: (v):	Mailing Address ☐ Perma	nent Address D B	oth 🗖		
Email ID:	Address/Contact detail	ls to be updated for: P	Please tick as applicable	(v): Policyholder ☐ Policy Insu	red  Benefic	ary □ Ap	pointee 🗖	
Email ID:								
Email ID:								
Do you wish to GO GREEN and register Email id on which you will receive all policy related communications. All communication in physical form shall be stopped. Yes  No  P Your PIP User ID / Password for self-service would be generated basis the information provided above.  FATCA / CRG Questionnaire to be submitted separately if new address is other than India. Valid self-attested passport copy with entry and exit details to be submitted along with the reques Note: Please submit a Self-Attested standard address proof occeptable to PMLI for the new mailing address. (For Solution Products, changes will be applicable for all policies).  Acceptable Address Proofs are — Andhar Card*, Passport, Driving License, Voters Identity Card, NREGA Job Card and Letter issued by the National Population Register containing details of 'name and address' with photograph.  **If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked  Name change request: Please tick as applicable: (V): Policy Holder / Person Insured								
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and address' with photograph.  *If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked  Name change request: Please tick as applicable: (V): Policy Holder / Person Insured   Appointee / Beneficiary / Father    Name to be changed from:  Name to be changed to:  **Note: For change in summer post marriage, please submit a copy of your marriage certificate. For any other request involving significant changes in the name, please submit a Gazette indification or Newspaper Advertisement along with the request. In case of minor name correction please submit Self-Attested standard ignoris acceptable to PMLI.  Acceptable Identity Proofs are – Aadhaar Card*, Passport, Driving License, Voters Identity Card, NREGA Job Card, Letter issued by the National Population Register containing details of 'name and address' with photograph and PAN Card  *If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked  Change in Date of Birth: Please tick as Policy Holder   Policy Insured   Appointee   Beneficiary   New DOB:   D   M   M   V   V   V    *If Aadhaar card is submit as Self-Attested standard age proof acceptable to PMLI for the new DOB. Any Date of Birth Correction shall be subject to underwriting guidelines and the age eligibility criteria, if any, of the concerned insurance product. Change in DOB may result in increase/decrease of premium or Sum Assured.  *If Adelhar card is submit as Card*, Passport, Driving License, Voters Identity and Passport in Increase Increase of premium or Sum Assured.  *If Adelhar card is submit as Card*, Passport, Driving License, Voters Identity and Passport in Increase Increase of premium or Sum Assured.  *If Adelhar card is submitted first 8 digits of Aadhaar No. to be masked  *If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked  *If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked  *If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked  *If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked  *		f-Attested standard ad				-		ning details of 'name
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Name to be changed from:  Name to be changed to:  Name to be changed to:  Name to be changed in surname post marriage, please submit a copy of your marriage certificate. For any other request involving significant changes in the name, please submit a Gazette notification or Newspaper Advertisement along with the request. In case of minor name correction please submit Self-Attested standard id proof acceptable to PMLI.  Acceptable identity Proofs are – Aadhaar Card*, Passport, Driving License, Voters Identity Card, NREGA Job Card, Letter issued by the National Population Register containing details of 'name and address' with photograph and PAN Card  *If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked    Change in Date of Birth: Please tick as   Policy Holder   Policy Insured   Appointee   Beneficiary   New DOB:   D	Acceptable Address Proor and address' with photog	graph.	, , , ,	, ,				
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*If Aadhaar card is submitted first 8 digits of Aadhaar No. to be masked  Change in Date of Birth: Please tick as applicable: (v):  Note: Please submit a Self-Attested standard age proof acceptable to PMU for the new DOB. Any Date of Birth Correction shall be subject to underwriting guidelines and the age eligibility criteria, if any, of the concerned insurance product. Change in DOB may result in increase/decrease of premium or Sum Assured.  Beneficiary Change Request: I,  declare that I am proposing this change of beneficiaries fully understanding the legal implications.  From To Relationship Date of Birth (DDMMYY) % share Gender Marital Status Nationality  Note: Beneficiary change request can be processed only if the PI & PO are the same and if insurable interest exists. Multiple beneficiary forms should be filled for more than three beneficiaries of Absolute Assignment Beneficiary/Appointee change request cannot be processed. If beneficiary or nominee is minor, please fill appointee details below.  Appointee Change Request: I,  declare that I am proposing this change of appointee fully understanding the legal implications.  Relationship Date of Birth (DDMMYY) % share	Acceptable Address Proor and address' with photog *If Aadhaar card is subm  Name change request: P  Name to be changed from Name to be changed to:  Note: For change in surn.	graph.  nitted first 8 digits of  Please tick as applicat  n:  name post marriage,	Aadhaar No. to be mas	Person Insured Appointee / Benefit Person Insured P	eficiary / Father   other request involv	ing significant char	nges in the name, plea	
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Gender: Marital Status: Nationality:	Acceptable Address Proor and address' with photog *If Aadhaar card is subm Name change request: P Name to be changed from Name to be changed from Name to be changed in surmotification or Newspaper Acceptable Identity Proofs address' with photograph *If Aadhaar card is submit	graph.  Please tick as application:  In ame post marriage, if a Advertisement along is are — Aadhaar Card*, and PAN Card itted first 8 digits of Aadted standard age processed in DOB may research and processed in the processed i	Aadhaar No. to be massole: (v): Policy Holder /  please submit a copy of with the request. In case, Passport, Driving Licens dhaar No. to be masked  Policy Holder   roof acceptable to PMLI for sult in increase/decrease of the policy Holder   Relationship	Person Insured	other request involvemit Self-Attested state and, Letter issued by the self-Attested state and Letter issued state and Letter	ing significant char indard id proof accep he National Popular  New DOB:  underwriting guidel ge of beneficiaries fr  Gender  ciary forms should be use fill appointee de	nges in the name, plea ptable to PMLI. tion Register containing  D D M M ines and the age eligibility ully understanding the Marital Status  De filled for more than totalls below.	details of 'name and  y

## Important Information: All the supporting proof/s & document/s submitted along with the request and should be self-attested by the Policyholder/Assignee (as applicable)s For acceptable Age /ID and Address proof, please contact any of our Company's touch points. The original ID Proof of the Policy Owner to be mandatorily presented at the time of request submission to avoid non-acceptance of request Photograph of Policyholder is required to be submitted mandatory in case the request is submitted for change of name, change in date of birth, change in signature In case of Auto Vesting, the request to be signed by new Policy Owner. Signed valid ID proof (like Driving License, Passport, PAN Card etc.) of the new Policy Owner should be taken for updation in records. Beneficiary request form should accompany with this request Kindly fill the application form with a black ball point pen in Block letters. Irrelevant column/s to be strike off as not applicable(N/A) Form 60 needs to be in PNB MetLife format if submitted in lieu of PAN Card $\hfill\square$ Change in Signature/ $\hfill\square$ Multiple Signature: I/We, , the Policyholder/ Person Insured hereby declare that the below mentioned . I/ We further state that henceforth, specimen boxes contain my/ our signatures as affixed on \_ day of \_, 20\_ the signature as appended below should be considered for all future requests received for this/ these policies and agree to defend and hold harmless PNB MetLife India Insurance Co. Ltd., on account of any claim, liability, charge, demand, action or proceedings initiated against PNB MetLife by anyone, including any statutory, governmental or regulatory body, on account of PNB MetLife processing any future requests received for this/ these policies bearing the signatures contained herein below: Signature (Old) as per PNB MetLife records Signature (New) To be filled in case of Bank Attestation: (I hereby confirm that the above signature has been verified by me and is matching as per our bank) Name of Bank Employee: \_ Name of the Bank: Branch Name: Bank Employee Code: \_ Bank Account No: Bank Employe Signature and Bank Seal Note: A Copy of any of the following documents will be accepted as a photo identity proof and is required to register the new signature. Proofs submitted for Signature Change to carry preprinted signatures. Policyholder Walk-in is mandatory for Signature change. Original Policy Document is to be presented by the Policyholder if old signature does not match with PNB MetLife records Passport Any Govt. issued ID and signature proof $\hfill \Box$ Driving License Pan Card **Section B: Change in Policy Features** ☐ Premium Frequency Change: Please tick as applicable: (√): Quarterly $\square$ Semi-Annual Semi-Annual Monthly □ Quarterly Monthly Annual To: Annual Note: Any Change in Mode can be done 15 days prior to the Policy Anniversary Year. Premium Payment Mode change from lower to high frequency mode is effective from next policy anniversary. Direct Debit 🗖 ACH □ Auto Debit (for Axis Bank Customer Only) ☐ Premium Payment Type Change: Note: If the chosen Premium Payment Type is Direct Debit / ACH / Auto Debit, the required Standing Instruction mandate needs to be attached. On effecting the change in mode, the amount deducted would be changed as per the changed premium wherever applicable. ☐ Change in Sum Assured/ Change in Premium: Increase Decrease Note: Any Change in Sum Assured/Premium can be done 15days prior to the Policy Anniversary date. For increase in Sum Assured, additional documents may be called for. Please refer product Terms and Conditions for applicability. Deletion $\Box$ ☐ Addition/Deletion of Riders: Addition Revised Sum Assured of the Rider (Only in case of Addition): Accidental Death Benefit Rider ☐ Critical Illness Rider ☐ Death Benefit Rider ☐ Waiver of Premium Rider ■ <u>Note:</u> Please refer product Terms and Conditions for applicability. Opt In 🗆 Opt Out 🗖 ☐ Cover Continuance during Premium Discontinuation: Note: Cover Continuance can be opted only if the Policy is in premium Discontinuation status. During Cover continuance period, all charges as mentioned in the Terms and conditions would be deducted. Policy may be foreclosed as per the foreclosure conditions mentioned in the T&C. ☐ Change in Non-Forfeiture Option: Automatic Premium Loan (APL) Reduced Paid up Note: Please refer product Terms and Conditions for applicability. □ <u>Death Benefit Option Change:</u> I wish to change the death benefit option of my mentioned product: Met Smart Met Ultimate □ Change from Change to Option Type Tick the option Option Type Tick the option Option A Option A Option B Option B 🗖 Paid up & Revival Request (applicable for New ULIP policies issued post 2013 where customer has paid premium for 5 years) Option upon paying 5 years in New ULIP policy: ☐ Opt for 2 years Revival period ☐ Opt for reduced paid up Note: (Request to be submitted 10 days prior to the discontinuance fund movement date)

☐ Benefit option (Product Name: Accrual of Income: ☐ Opt in ☐ Opt out Opt in Opt out Payment of Income: Cash Bonus Payout Frequency Change: Monthly Quarterly 🗖 Semi-Annual Annual From: To: Monthly 🗖 Quarterly Annual Semi-Annual □

Declaration by the Policyholder: The Declaration, Agreement and Authorization, as annexed to this letter shall be deemed as the necessary declarations and authorization required by PNB MetLife India Insurance Company Limited ("PNB MetLife") for the purpose of processing the request as given above and that the same shall not be contested by me in the future. I hereby confirm having read and understood al the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the policy and that I shall be solely responsible for all the consequences arising out of this request including on account of any incorrect or incomplete details contained herein. I understand that PNB MetLife will be communicating through telephone calls, SMS, or emails for providing details of transactions, payment reminders, etc. and that these shall not be construed as unsolicited commercial calls/ e-mails and my request can be rejected in case of non-contact ability.

	Signature/Thumb Impression of Policy Holder	Signature of	Joint Life (Second Life)							
Signature/ Thumb Impression of Person Insured(If different from Policyholder)			Signature/Thumb Impression of Assignee  (Required in case of Absolute/Conditional assignment of Policy)							
	Date: DD-MM-YYYY Place:	<u>Note:</u> For conditionally as	signed policy, Request should be signed both by the	Assignee & Assignor						
ve cc fil cc	<u>Vernacular Declaration:</u> To be filled incase policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language: **Strike out whichever is not applicable. The contents of the document have been read over to the illiterate/vernacular literate applicant who is personally known to me and **he has filled up the contents and affixed his signature/I have filled up the contents as per the applicant's instruction as his scribe and the applicant has affixed his **left hand thumb impression/ signature in vernacular after completely understanding the contents hereof in my presence.									
	ame of Declarant/witness: or Branch Use Only: To be filled by Branch Services – Manda			Courier <b>□</b>						
	prm Received By: Employee Name:		Employee Signature:							
	equest Received date at Branch: DD-MM-YYYY	Request received Time at B		Branch Stamp						
	3<									
		Acknowledgement Slip								
R	eceived a request for		on Date: DD-	MM-YYYY at HH:MM						
	eceived By: Employee Code			Branch Stamp						