

Customer Details and Policy Feature Change Request Form



Policy Details: *Policy Number:

*Date:

**Application Number (Mera Mediclaim Plan):

*Name of the Policyholder:

*Gender: Male Female Transgender

*Mobile Number: Email ID: #PAN No / Form 60:

*#Aadhaar No:

**All fields are mandatory*

#PAN / Aadhaar no. provided above shall be updated in policy records. Please submit a self-attested PAN Card copy for Updation of PAN No.

**#Only last 4 digits of Aadhaar No. to be mentioned.*

***Application number to be updated for Mera Mediclaim Plan*

Bank Account Details: Please share your Bank details for all payouts arising out of this policy to be made through NEFT

* Policyholder name as per Bank records:

* Bank Name: Branch Name:

* Bank Account No:

* Bank Account Type: Savings Current NRE NRO

* IFSC Code: MICR Code:

Note: Please submit a cancelled cheque/ Bank pass book copy / Bank Statement bearing pre-printed account number, policyholder name and IFSC code. Kindly carry original documents for verification at branch.

In case the request is being submitted through Third-Party, please submit a duly signed authorization letter from Policyholder and ID proof of the person submitting the request, cancelled cheque of the policyholder along with a Copy of Bank Statement reflecting premium paid to PNB MetLife **OR** Copy of Bank Statement having account number same as provided at the time of Proposal Login **OR** Original ID proof same as provided at the time of Proposal Login of the policyholder **OR** ID proof like Passport/ Aadhaar Card*/ Driving License in original of the policyholder. Copy of same 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

Section A: Change in Personal Details

Address/Contact details updation: 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 Appointee

Office No.: Mobile No.: Alternate No.:

Email ID: Alternate Email ID: Residence No:

- * 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
- * Your 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

Note: Please submit a Self-Attested standard address proof acceptable to PMLI for the new mailing address. (For Solution Products, changes will be applicable for all policies).

Acceptable Address Proofs are – Aadhaar 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 Appointee / Beneficiary / Father

Name to be changed from:

Name to be changed to:

Note: For change 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 applicable: (v): Policy Holder Policy Insured Appointee Beneficiary New DOB:

Note: Please submit a 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.

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. In case 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.

From	To	Relationship	Date of Birth (DDMMYY)	% share

Gender: Marital Status: Nationality:

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

Change in Signature/ **Multiple Signature:** I/We, _____, the Policyholder/ Person Insured hereby declare that the below mentioned specimen boxes contain my/ our signatures as affixed on _____ day of _____, 20_____. I/ We further state that henceforth, 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 the Bank: _____ Branch Name: _____ Name of Bank Employee: _____
Bank Account No: _____ Bank Employee Code: _____

Bank Employee
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 pre-printed 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

Driving License Passport Pan Card Any Govt. issued ID and signature proof

Section B: Change in Policy Features

Premium Frequency Change: Please tick as applicable: (v):

From: Monthly Quarterly Semi-Annual Annual **To:** Monthly Quarterly Semi-Annual 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.

Premium Payment Type Change: Direct Debit ACH Auto Debit (for Axis Bank Customer Only)

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 from Rs. _____ to Rs. _____

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.

Addition/Deletion of Riders: Addition Deletion 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 **Note:** Please refer product Terms and Conditions for applicability.

Cover Continuance during Premium Discontinuation: Opt In Opt Out

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.

Death Benefit Option Change: 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

Payment of Income: Opt in Opt out

Cash Bonus Payout Frequency Change:

From: Monthly Quarterly Semi-Annual Annual **To:** Monthly Quarterly Semi-Annual 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 all 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 _____ Signature/Thumb Impression of Assignee _____
(If different from Policyholder) (Required in case of Absolute/Conditional assignment of Policy)

Date: DD-MM-YYYY Place: _____ **Note: For conditionally assigned policy, Request should be signed both by the Assignee & Assignor**

Vernacular Declaration: 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.

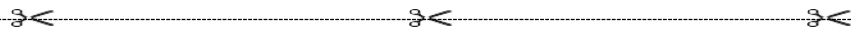
Name of Declarant/witness: _____ Date: DD-MM-YYYY Place: _____ Signature: _____

For Branch Use Only: To be filled by Branch Services – Mandatory Request received from: Customer Customer Representative Bank Courier

Form Received By: Employee Name: _____ Employee ID: _____ Employee Signature: _____

Request Received date at Branch: DD-MM-YYYY Request received Time at Branch: HH:MM

Branch Stamp



Acknowledgement Slip

Received a request for _____ against Policy/Solution No: _____ on Date: DD-MM-YYYY at HH:MM

Received By: Employee Code _____ Employee Name _____ Date and Time Stamp / Seal of Branch

Branch Stamp