CKYC No. | | | | | | | | | | | | | |

pnb MetLife
LIFE INSURANCE

Proposal No. _____

Solution No. _____

Proposal Form

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

Policy Type ☐ Rural ☐ Urban
Channel Type ☐ Agency ☐ Broker ☐ BABP ☐ DM ☐ IMF

Type of Cover: ☐ Individual ☐ Employer-Employee
☐ MWP ☐ HUP ☐ General Partnership
☐ Key Person ☐ Key Partnership ☐ Solutions
Employee Discount: ☐ PNB MLI Employee
☐ PNB Employee ☐ J&K Bank Employee
Account Type: ☐ Normal ☐ Simplified
☐ Small (For low risk customers)

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 at all the places as stated. In certain places as stated in certain places as stated 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 therefrom, 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 security for 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.

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

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

CHILD 1
Paste here (do not pin or staple)
* A recent passport size photograph (not more than 6 months old)

CHILD 2
Paste here (do not pin or staple)
* A recent passport size photograph (not more than 6 months old)

CHILD 3
Paste here (do not pin or staple)
* A recent passport size photograph (not more than 6 months old)

Section A: Proposed Insured Person Details (All FIELDS are mandatory)

Particulars	Primary Life Assured	Spouse	Child 1	Child 2	Child 3
Salutation - (Mr./Mrs./Ms./Dr./Master/Other)	_____	_____	_____	_____	_____
Name (Same as ID proof):	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____
Mother's Name - (Ms./Dr./Other):	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____
Father's Name - (Ms./Dr./Other):	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____
Spouse Name:	First: _____ Middle: _____ Last: _____	First: _____ Middle: _____ Last: _____	Not Applicable	Not Applicable	Not Applicable
Date of Birth:	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Place of Birth (include country name):	_____	_____	_____	_____	_____
Gender:	☐ M- Male ☐ F-Female ☐ T-Transgender	☐ M- Male ☐ F-Female ☐ T-Transgender	☐ M- Male ☐ F-Female ☐ T-Transgender	☐ M- Male ☐ F-Female ☐ T-Transgender	☐ M- Male ☐ F-Female ☐ T-Transgender
Citizenship:	☐ IN-Indian ☐ Others-ISO 3166 Country Code ☐☐	☐ IN-Indian ☐ Others-ISO 3166 Country Code ☐☐	☐ IN-Indian ☐ Others-ISO 3166 Country Code ☐☐	☐ IN-Indian ☐ Others-ISO 3166 Country Code ☐☐	☐ IN-Indian ☐ Others-ISO 3166 Country Code ☐☐
Are you Tax Resident of any other Country other than India:	☐ Yes ☐ No If Yes, please fill up FATCA/CRS questionnaire and fill details in address	☐ Yes ☐ No If Yes, please fill up FATCA/CRS questionnaire and fill details in address	Not Applicable	Not Applicable	Not Applicable
Residential Status: (If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided below and complete NRI/PIO/Foreign National questionnaire)	☐ Resident Individual ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National	☐ Resident Individual ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National	☐ Resident Individual ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National	☐ Resident Individual ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National	☐ Resident Individual ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National
Country of Residence:	_____	_____	_____	_____	_____
Marital Status:	☐ Married ☐ Unmarried ☐ Others (Specify) _____	☐ Married ☐ Unmarried ☐ Others (Specify) _____	Not Applicable	Not Applicable	Not Applicable
Telephone Office:	Country Code ☐☐☐☐☐ Area/STD Code ☐☐☐☐☐ Telephone ☐☐☐☐☐☐☐☐	Country Code ☐☐☐☐☐ Area/STD Code ☐☐☐☐☐ Telephone ☐☐☐☐☐☐☐☐	Not Applicable	Not Applicable	Not Applicable
Mobile :	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	Not Applicable	Not Applicable	Not Applicable
Email:	_____	_____	Not Applicable	Not Applicable	Not Applicable
Telephone Residence:	Country Code ☐☐☐☐☐ Area/STD Code ☐☐☐☐☐ Telephone ☐☐☐☐☐☐☐☐	Country Code ☐☐☐☐☐ Area/STD Code ☐☐☐☐☐ Telephone ☐☐☐☐☐☐☐☐	Not Applicable	Not Applicable	Not Applicable
Fax:	Country Code ☐☐☐☐☐ Area/STD Code ☐☐☐☐☐ Telephone ☐☐☐☐☐☐☐☐	Country Code ☐☐☐☐☐ Area/STD Code ☐☐☐☐☐ Telephone ☐☐☐☐☐☐☐☐	Not Applicable	Not Applicable	Not Applicable

Alternate Contact No.:	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
Alternate Email:	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
Form 97:	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
PAN No:	☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐	Not Applicable	Not Applicable	Not Applicable
Aadhaar Number:	☒☒☒☒☒☒☒☒☐☐☐☐	☒☒☒☒☒☒☒☒☐☐☐☐	☒☒☒☒☒☒☒☒☐☐☐☐	☒☒☒☒☒☒☒☒☐☐☐☐	☒☒☒☒☒☒☒☒☐☐☐☐
Virtual ID:	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	Not Applicable	Not Applicable	Not Applicable
Educational Qualification:	☐ Post Graduate & Above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Below 10th Pass ☐ Illiterate ☐ Other (Specify) ____________ ____________________ ____________________	☐ Post Graduate & Above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Below 10th Pass ☐ Illiterate ☐ Other (Specify) ____________ ____________________ ____________________	☐ Post Graduate & Above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Below 10th Pass ☐ Illiterate ☐ Other (Specify) ____________ ____________________ ____________________	☐ Post Graduate & Above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Below 10th Pass ☐ Illiterate ☐ Other (Specify) ____________ ____________________ ____________________	☐ Post Graduate & Above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Below 10th Pass ☐ Illiterate ☐ Other (Specify) ____________ ____________________ ____________________
Occupation:	☐ S- Service (☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Others) ☐ O – Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B- Business ☐ X- Not Categorised	☐ S- Service (☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Others) ☐ O – Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B- Business ☐ X- Not Categorised	☐ S- Service (☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Others) ☐ O – Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B- Business ☐ X- Not Categorised	☐ S- Service (☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Others) ☐ O – Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B- Business ☐ X- Not Categorised	☐ S- Service (☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Others) ☐ O – Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B- Business ☐ X- Not Categorised
Name & Address of the Organization/ Business:	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
Nature of Business:	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
Exact Nature of Duties:	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
Designation:	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
Years of Service/Business:	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
Annual Gross Income (in Rs.):	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
Additional KYC: (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.)	____________________	____________________	____________________	____________________	____________________
Income Proof:	____________________	____________________	Not Applicable	Not Applicable	Not Applicable
Age Proof:	____________________	____________________	____________________	____________________	____________________
Identify Proof: **(Certified copy of anyone of the following Proof of Identity [PoI] needs to be submitted)**	☐ A- Passport No. ☐☐☐☐☐☐☐☐ Passport Expiry Date D D M M Y Y Y Y ☐ B- Voter ID Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ C- PAN No. ☐ D- Driving License ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Driving License Expiry Date D D M M Y Y Y Y ☐ E- UID (Aadhaar) ☐ F-NREGA Job Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Z- Others (any document notified by the central government) ☐☐☐☐☐☐☐☐☐☐ ☐ S- Simplified Measures Account - Document type code ☐☐	☐ A- Passport No. ☐☐☐☐☐☐☐☐ Passport Expiry Date D D M M Y Y Y Y ☐ B- Voter ID Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ C- PAN No. ☐ D- Driving License ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Driving License Expiry Date D D M M Y Y Y Y ☐ E- UID (Aadhaar) ☐ F-NREGA Job Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Z- Others (any document notified by the central government) ☐☐☐☐☐☐☐☐☐☐ ☐ S- Simplified Measures Account - Document type code ☐☐	☐ A- Passport No. ☐☐☐☐☐☐☐☐ Passport Expiry Date D D M M Y Y Y Y ☐ B- Voter ID Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ C- PAN No. ☐ D- Driving License ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Driving License Expiry Date D D M M Y Y Y Y ☐ E- UID (Aadhaar) ☐ F-NREGA Job Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Z- Others (any document notified by the central government) ☐☐☐☐☐☐☐☐☐☐ ☐ S- Simplified Measures Account - Document type code ☐☐	☐ A- Passport No. ☐☐☐☐☐☐☐☐ Passport Expiry Date D D M M Y Y Y Y ☐ B- Voter ID Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ C- PAN No. ☐ D- Driving License ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Driving License Expiry Date D D M M Y Y Y Y ☐ E- UID (Aadhaar) ☐ F-NREGA Job Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Z- Others (any document notified by the central government) ☐☐☐☐☐☐☐☐☐☐ ☐ S- Simplified Measures Account - Document type code ☐☐	☐ A- Passport No. ☐☐☐☐☐☐☐☐ Passport Expiry Date D D M M Y Y Y Y ☐ B- Voter ID Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ C- PAN No. ☐ D- Driving License ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Driving License Expiry Date D D M M Y Y Y Y ☐ E- UID (Aadhaar) ☐ F-NREGA Job Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Z- Others (any document notified by the central government) ☐☐☐☐☐☐☐☐☐☐ ☐ S- Simplified Measures Account - Document type code ☐☐

Address of Primary Life Assured

(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 ____

LANDMARK

CITY/TOWN/VILLAGE GRAM PANCHAYAT

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 GRAM PANCHAYAT

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 GRAM PANCHAYAT

DISTRICT PIN/POSTCODE STATE/UTCODE

Details of all your Insurance policies (existing or applied for simultaneously) that include any riders such as Accidental Death Benefit (ADB), Accidental Total and Permanent Disability (ATPD), or Critical Illness (CI). This includes riders attached to policies or taken as stand-alone covers with PNB MetLife or with any other Life, Health, or General insurance company. (Applicable only to the Primary Life Assured.)

Name of the Insurance Company (Life/Health /General)	Policy/Proposal Number	Rider Name [Accidental Death Benefit cover (ADB)/Total and Permanent Disability cover arising due to Accident (ATPD)/ Critical Illness Cover]	Rider Sum Assured (in INR)	Policy Status (Inforce, Lapsed, Pending, Withdrawn)

Have you ever had an application for life, health, critical illness, accidental death, or total and permanent disability insurance declined, postponed, or accepted with modified rates (such as a premium loading or specific exclusions) at New business or at revival stage, or have you ever filed a claim under any such insurance policy?

	Type of Insurance (e.g., Life, Health, Critical Illness, Accidental Death Benefit, Total and Permanent Disability Benefit)	Name of Insurance Company (Life/Health /General)	Application Number/Policy Number	Sum Assured	Policy/Application Status [Declined / Postponed / Accepted with modified rates (premium loading) / Accepted with modified rates (specific exclusions)/ Filed a Claim]	Decision Date (Month/Year)	Reason (e.g., Medical condition, Occupational risk, Nature of Claim)
Primary Life Assured							
Spouse							
Child 1							
Child 2							
Child 3							

Family History of the Primary Life Assured

Family History **Living** **Deceased**

Relation to Proposed Insured Person	Age	Details of present health and full particulars of any major illness (Heart disease, diabetes, stroke, hypertension, raised cholesterol, kidney failure, cancer, multiple sclerosis, Alzheimer, Parkinson or any hereditary disease/familial disorder)	Age	Cause of Death
Father				
Mother				
Brother				
Sister				
Spouse				
Child 1				
Child 2				
Child 3				

Family History of the Spouse of Primary Life Assured

Family History **Living** **Deceased**

Relation to Proposed Insured Person	Age	Details of present health and full particulars of any major illness (Heart disease, diabetes, stroke, hypertension, raised cholesterol, kidney failure, cancer, multiple sclerosis, Alzheimer, Parkinson or any hereditary disease/familial disorder)	Age	Cause of Death
Father				
Mother				
Brother				
Sister				
Spouse				
Child 1				
Child 2				
Child 3				

Medical Details

Have you ever had symptoms of been treated for been advised to receive treatment or have undergone any investigations for any of the following. (The below conditions are provided as examples only. and would request you to disclose all disorders, disease, 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.)

	Primary Life Assured	Spouse	Child 1	Child 2	Child 3
1. Height	_____in cms or _____in Ft. _____ Inches	_____in cms or _____in Ft. _____ Inches	_____in cms or _____in Ft. _____ Inches	_____in cms or _____in Ft. _____ Inches	_____in cms or _____in Ft. _____ Inches
2. Weight	_____ in Kgs OR _____ in Pounds	_____ in Kgs OR _____ in Pounds	_____ in Kgs OR _____ in Pounds	_____ in Kgs OR _____ in Pounds	_____ in Kgs OR _____ in Pounds
3. High Blood Pressure, Chest Pain, Angina, Heart Attack or any other ailment pertaining to the Heart or Circulatory System?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4. Seizures, Stroke, Paralysis, Epilepsy, Parkinson's, Multiple Sclerosis or any other Disorder of the Brain or Nervous System?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
5. Tuberculosis, Asthma, Bronchitis, Avian Flu, Shortness of Breath, or any other Respiratory Disorder?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
6. Cancer, Tumour, Cyst, Leukemia, Growth, Lump, or other Malignancy?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
7. Any Kidney, Liver, Bladder Disorder or Prostate Disease, Genito-Urinary Disorders, Blood/ Protein in Urine?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
8. Ulcers or any Stomach or Intestinal Disorder?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
9. Diabetes, High Blood Sugar, Sugar in Urine, Thyroid, or any Gland related Disorders?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
10. Any Disorder related to Ear, Nose and Throat?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
11. Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
12. Do you have Anaemia, Leukaemia, or any other blood related disorders?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
11. Depression, Stress, Anxiety, Attempt to Suicide or any other Psychological or Emotional Disorder or Nervous Breakdown or Mental Illness or symptoms of the same?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
13. Have you or your spouse ever been tested of or received any medical advice, counselling, or treatment in connection with HIV/A IDS or Hepatitis B/C or any Sexually Transmitted Diseases?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
14. During 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? Have you Undergone ECG, x-rays, blood test, or other tests? Have been admitted/advised to be admitted to any hospital or any other medical facility?	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
15. Do you have any physical deformity/defect or any congenital condition?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
16. Has there been drastic weight loss or weight gain (>=5 Kgs) in the past year?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
17. Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
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? If yes, please provide details of the illness and the treatment /medication taken or being taken	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
For Female Insured Person only					
1. Are you Pregnant?	Yes ☐ No ☐	Yes ☐ No ☐	Not Applicable	Not Applicable	Not Applicable
If yes, please mention current months of pregnancy.	☐ Less than or equal to 6 months ☐ More than 6 months	☐ Less than or equal to 6 months ☐ More than 6 months	Not Applicable	Not Applicable	Not Applicable
If any complications relating to pregnancy, please give details.	_____	_____	Not Applicable	Not Applicable	Not Applicable
2. Have you delivered, undergone caesarean section, had any abortion or miscarriage?	Yes ☐ No ☐	Yes ☐ No ☐	Not Applicable	Not Applicable	Not Applicable
If yes, please mention the period elapsed since the last occasion.	☐ In last 3 months ☐ 3 to 6 months ☐ More than 6 months	☐ In last 3 months ☐ 3 to 6 months ☐ More than 6 months	Not Applicable	Not Applicable	Not Applicable
3. Have you suffered/ are suffering from any disorder of the breast or reproductive organs?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If yes, please provide details	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

Lifestyle and Personal Details

1. Have you smoked or consumed alcohol/ 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, flavoured Pan masala etc.)

	Primary Life Assured	Spouse	Child 1	Child 2	Child 3
Tobacco (☐ Pipe/ ☐ Cigar/ ☐ Cigarettes/ ☐ Beedi/ ☐ Gutkha)	If Yes, _____ i. No of Sticks / Packets per day _____ ii. Duration (Months) _____ iii. If stopped consuming, state date when you stopped _____	If Yes, _____ i. No of Sticks / Packets per day _____ ii. Duration (Months) _____ iii. If stopped consuming, state date when you stopped _____	Not Applicable	Not Applicable	Not Applicable
Alcohol (☐ Beer/ ☐ Wine/ ☐ Liquor)	If Yes, _____ i. Pint/ml per week _____ ii. Duration (Months) _____ iii. If stopped consuming, state date when you stopped _____	If Yes, _____ i. Pint/ml per week _____ ii. Duration (Months) _____ iii. If stopped consuming, state date when you stopped _____	Not Applicable	Not Applicable	Not Applicable
Narcotics / Drugs (☐ Marijuana/ ☐ Cocaine/ ☐ Addictive Drugs)	If Yes, _____ i. Quantity _____ ii. Duration (Months) _____ iii. If stopped consuming, state date when you stopped _____	If Yes, _____ i. Quantity _____ ii. Duration (Months) _____ iii. If stopped consuming, state date when you stopped _____	Not Applicable	Not Applicable	Not Applicable
2. Is your occupation associated with any specific hazards (E.g., Mines, Explosives, Corrosive Chemicals and HT drivers, etc), If Yes, please complete the respective Occupation Questionnaire?	Yes ☐ No ☐	Yes ☐ No ☐	Not Applicable	Not Applicable	Not Applicable
3. Are you employed in Armed, Paramilitary or Police Force, if Yes, please complete 'Armed Services Questionnaire'?	Yes ☐ No ☐	Yes ☐ No ☐	Not Applicable	Not Applicable	Not Applicable
4. Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
5. Have you flown in the last two years or do you expect to fly in future either as a Student Pilot, Pilot, and 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)	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
6. Do you engage in Automobile or Motor-cycle Racing, Skin or Scuba Diving, Skydiving, Mountaineering, or trekking above 4000mts or Professional Sports etc.? If yes, please complete respective Avocation Questionnaire.	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
7. 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 ☐	Not Applicable	Not Applicable	Not Applicable	Not Applicable
8. Is the Proposed Holder/Nominee/Premium Payer, a Trust, charity, NGO, or organisation receiving donations?	Yes ☐ No ☐	Not Applicable	Not Applicable	Not Applicable	Not Applicable

If Yes, please provide details_____

*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, referee members of senior management of individuals who have been entrusted with a prominent 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.

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

1. Name (Mr./Mrs./Ms./Dr./Master/Other): (Same as ID Proof) — FIRST MIDDLE LAST
2. Maiden Name (Ms./Dr./Other): — FIRST MIDDLE LAST
3. Father's Name (Mr./Dr./Other): — FIRST MIDDLE LAST
4. Mother's Name (Ms./Mrs./Dr./Other): — FIRST MIDDLE LAST
5. Spouse Name (Mr./Mrs./Dr./Other): — FIRST MIDDLE LAST
6. Date of Birth: D D M M Y Y Y Y
7. Place of Birth: (Include Country Name)
8. Gender: ☐ M-Male ☐ F-Female ☐ T-Transgender
9. Marital Status: ☐ Married ☐ Unmarried ☐ Other (Specify) _____
10. Relationship with the Proposed Insured Person: _____
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
(If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided below and complete NRI/PIO/Foreign National questionnaire)
14. Country of Residence _____
15. (i) ☐ Current /Permanent / Overseas Address: (Certified copy of anyone of the following Proof of Address [PoA] needs to be submitted)

PROPOSED HOLDER

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

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 GRAM PANCHAYAT
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 GRAM PANCHAYAT
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 GRAM PANCHAYAT
DISTRICT PIN/POSTCODE STATE/UTCODE

	Country Code	Area/STD Code	Telephone				
16. Telephone Office:				Mobile		Email ______	
Telephone Residence:	Country Code	Area/STD Code	Telephone	Fax	Country Code	Area/STD Code	Telephone

Alternate Contact No: ______ Alternate Email ______

17. ☐ Form 97 ☐ PAN No: 18. a Aadhaar Number: XXXXXXXX

18. b Virtual ID:

19. Educational Qualification: ☐ Post Graduate & Above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Below 10th Pass ☐ Illiterate ☐ Other (Specify) ______

20. Occupation ☐ S- Service (☐ Private Sector ☐ Public Sector ☐ Government Sector ☐ Others)
☐ O- Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B- Business ☐ X- Not Categorised

21. Occupation Details: 22. Additional KYC#: ______ 23. Income Proof: ______ 24 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.)

25. Identity Proof: (Certified copy of anyone of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport No. Passport Expiry Date D D M M Y Y Y Y ☐ B- Voter ID Card

☐ C- PAN No. ☐ D- Driving License Driving License Expiry Date D D M M Y Y Y Y

☐ 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.

Section C - Nominee Details

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

2. Date of Birth: D D M M Y Y Y Y 3. Gender ☐ Male ☐ Female ☐ Trans-gender 4. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

5. Residential Status: ☐ Resident Individual ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National
(If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided below and complete NRI/PIO/Foreign National questionnaire)

6. Country of Residence ______

7. Relationship with the Proposed Insured Person ______ 8. % Nominee Share** ☐☐☐ % **In case of more than one nominee, please fill respective share of nomination in multiple nominee form

9. Mobile Number 10. Email ______

11. Present Address

LANDMARK
CITY/TOWN/VILLAGE GRAM PANCHAYAT
DISTRICT PIN/POSTCODE STATE/UTCODE

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

LANDMARK
CITY/TOWN/VILLAGE GRAM PANCHAYAT
DISTRICT PIN/POSTCODE STATE/UTCODE

13. Account No. MICR Code: IFSC Code:

14. Bank Name & Branch Address ______

Appointee Details - To be filled only if the Nominee is a minor. (The Appointee must not be the Proposed Insured Person)

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

2. Date of Birth: D D M M Y Y Y Y 3. Gender ☐ Male ☐ Female 4. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

5. Residential Status: ☐ Resident Individual ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National

6. (If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided below and complete NRI/PIO/Foreign National questionnaire)
Country of Residence ______

7. PAN No.

9. Mobile Number 8. Email ______

10. Account type ☐ Saving ☐ Current ☐ NRE ☐ NRO

11. Account No. MICR Code: IFSC Code:

12. Bank Name & Branch Address ______

13. Signature Accepting the Appointment ______

14. Relationship with Nominee ______

Section D - Product Details

1.

Product Name	Policy Term (years)	Premium Payment Term (years)	Frequency of Premium Payment	Modal Premium (Rs.)
			Single/ Monthly/ Quarterly/ Annual/ Semi-Annual	

Sum Assured for Accidental Death Benefit (ADB) and Accidental Total and Permanent Disability (ATPD) Benefit

	Primary Life Assured	Spouse	Child 1	Child 2	Child 3
ADB Benefit		Not Applicable	Not Applicable	Not Applicable	Not Applicable
ATPD Benefit					

** Preferences for Renewal Premium Payment Mode: ☐ Cash^ ☐ Cheque*/DD* ☐ Online Payment^^ ☐ Direct Debit/ACH* ☐ PSP ☐ PNB-Auto Debit ☐ J&K Bank Auto Debit ☐ KBL Auto Debit ☐ 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	Insured Person	Sum Assured~ (Rs.)	Annualized Premium (Rs.)	Modal Premium (Rs.)
PNB MetLife Linked Hospicash Benefit Rider		_____ per day		
PNB MetLife Linked Surgicash Benefit Rider				
PNB MetLife Linked Critical Illness Rider				

~Sum Assured for PNB MetLife Linked Hospicash Benefit Rider and PNB MetLife Linked Surgicash Benefit Rider shall be a shared sum assured among all Insured Person.

** 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.

A. Please mention the following details for PNB MetLife Linked Hospicash Benefit Rider:

Premium Payment Term (years)	Policy Term (years)	Daily Hospicash Benefit (Rs.)	Number of Hospitalization Days

Note: Daily Hospicash Benefit and Number of Hospitalization days shall be shared among all the Insured Person.

B. Please mention the following details for PNB MetLife Linked Surgicash Benefit Rider:

Premium Payment Term (years)	Policy Term (years)	Surgicash Sum Assured (Rs.)

C. Please mention the following details for PNB MetLife Linked Critical Illness Rider:

Insured Person	Plan Option chosen	Premium Payment Term (years)	Policy Term (years)	Critical Illness Sum Assured (Rs.)

2. (a) UNIT - LINKED

i. Sum Assured Multiple Chosen: ☐☐☐	ii. Please select portfolio strategy:	☐ Self-Managed	☐ Systematic Transfer	☐ Life-stage

iii. Please choose the allocation proportion:

Fund	Allocation	Fund	Allocation
Balanced Opportunities		India Opportunities	
Bond Opportunities		Mid Cap	
Dividend Leaders Index		Sustainable Equity	
Flexi Cap			
Total			

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 Stop Loss option (as% of Nav): ☐ 10% ☐ 15% ☐ 20% ☐ 25% ☐ 30%

Section E - 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 ☐ BASBA (Bima Application Supported by Blocked Amount) **

Instrument No. ☐☐☐☐☐☐ Instrument Date: _____ Amount (Rs.) _____ Name of the Bank & Branch : _____

2. Premiums will be paid by ☐ Proposed Insured Person ☐ Proposed Holder ☐ Others* (Specify)_____ * Please fill third party declaration form

If other, please provide the following details. Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Relationship to Proposed Holder ☐☐☐☐☐☐☐☐☐ Annual Income of the Premium Payor ☐☐☐☐☐☐☐☐☐☐

3. ☐ Form 97 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. **Refer Agreement, point 12

Section F - 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

☐ CAMS Rep - CAMS Insurance Repository & Services ☐ NDML - NSDL Data Management Services limited

☐ KARVY ☐ CIRL - Central Insurance Repository Limited

Section G - Tax Status Questionnaire (To be filled 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

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 Person /Proposed Holder has the ability to control the allocation of premium, after deduction 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 Person/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 1/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. 1/W e 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 redress al of my /our grievances, if any, in 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: 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 Person /Proposed Holder or (ii) If any proposal for insurance on the life of the Proposed Insured Person /Proposed Holder made to any other insurance company or any 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 herein 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 there 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 unlawful 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. 12. As per the IRDAI's directions, I hereby provide my express consent and authorize PNB MetLife India Insurance Company Limited to block an amount as specified in the proposal (including applicable taxes), for the purpose of premium payment towards insurance. I agree and understand that this mandate shall be valid for a period of (i) 14 days from the date of premium block mandate or (ii) date of acceptance of this proposal, whichever is earlier and that the blocked amount will be utilized towards premium payment upon proposal acceptance. I further authorize PNB MetLife India Insurance Company Limited to share information with the relevant entities for the purpose of blocking/releasing the premium amount. 13. I hereby acknowledge and consent that, in the event of any difference in my personal information including but not limited to my name, gender, father's name, date of birth, residential address, and PAN details as declared by me voluntarily in the proposal form, PNB MetLife shall have the authority to correct or rectify such information based on the KYC documents voluntarily submitted by me to PNB MetLife. Furthermore, I understand and agree that the revised information shall be duly updated in PNB MetLife's internal records and shall be accurately reflected in the policy document issued to me by PNB MetLife. 14. In the event of any interpretational dispute arising out of the responses recorded in English and those in the vernacular language, the responses in the vernacular language shall prevail and be considered as final for all purposes and shall be binding upon the parties. Furthermore, in case of any interpretational dispute arising out of the terms and conditions of the application form, the English version shall take precedence over the version in the regional language. 15. I/We understand that by using 360Health, Third Party Service Provider(s) associated with PNB MetLife will support me/us in my/our health management & wellness services. 16. I/We acknowledge and provide my/our free, specific, revocable, informed and unambiguous consent for PNB MetLife to collect and process my/our personal data such as identification details, contact information and health related information solely for enabling medical consultations and health and wellness services facilitated through Third Party Service Provider(s) from education/awareness purposes. PNB MetLife retains personal data only for such duration as is necessary to enable access to the 360Health platform or as required under applicable insurance, legal or regulatory obligations. Third Party Service Provider(s) determines and applies its own data retention practices in respect of health and wellness data, as detailed in its Privacy Policy. My/Our personal data along with beneficiaries (Minor/Major) will be stored, processed and shared strictly for this purpose in accordance with the respective Privacy Policies available at https://www.pnbmetlife.com/quicklinks/privacy-policy.html and https://getvisitapp.com/privacy-policy/ which describe in detail the categories of data processed, retention practices, security safeguards, and your rights under the Digital Personal Data Protection Act, 2023 and other applicable laws and regulatory provisions. 17. I/We retain the right to access, correct or erase my/our personal data and to withdraw my/our consent at any time in accordance with the Digital Personal Data Protection Act, 2023. Such requests may be submitted through the grievance redressal mechanism outlined in PNB MetLife's Privacy Policy or by contacting the Privacy Office / Privacy Compliance Group at askprivacy@pnbmetlife.com and/or at hello@getvisitapp.com. 18. I/We further acknowledge that: a) PNB MetLife only facilitates access to its Third Party Service Provider(s) platform through its website, digital platforms or khUshi App and does not supervise, control, endorse, assure or assume responsibility for any medical consultation, health or wellness services, opinions, advice, recommendations, reports, outcomes or other professional inputs provided by Third Party Service Provider(s) or its medical, nutrition, fitness or wellness experts from education/awareness purposes only. b) All such consultations, services and opinions are rendered independently by Third Party Service Provider(s)in accordance with its terms of service available at https://getvisitapp.com/privacy-policy/ and without any oversight or intervention from PNB MetLife. c) PNB MetLife shall not be responsible or liable for any processing of health or wellness data undertaken by Third Party Service Provider(s) beyond facilitating platform access, nor for any breach or incident attributable to Visit Health Private Limited's systems, processes, or personnel. d) PNB MetLife does not represent, guarantee or take responsibility for the accuracy, effectiveness, suitability or appropriateness of any medical, dietary, fitness, supplement related or wellness regime, recommendation or advice provided through Visit Health Private Limited, and any concerns, complaints or disputes relating to these services shall be addressed exclusively to said Third Party Service Provider(s), with PNB MetLife having no role whatsoever in this regard.

_____

Signature / Left Thumb Impression of the Proposed Holder

_____

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

Name of the Proposed Holder: _____

Name of Proposed Insured Person _____

Name of Witness _____

_____

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

Address of witness _____

Date _____

Place _____

DECLARATION IN CASE OF VERNACULAR/DISABILITY (Cannot be signed by salesperson or nominee)

Declaration by the person filling in the Proposal. (Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language)

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 Person

DECLARATION IN CASE THE APPLICANT IS ILLITERATE (Cannot 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 Person

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 REPORT

Declaration:

Code: _____

Name of IA/SP/BQP/AV/ISP/FLS: _____

Mobile No: _____

This is to certify and affirm that I have personally met the proposer / insured _____ (Name of the proposer /insured) who wish to apply for insurance coverage through product _____ (Name of the product). (Name of the proposer /insured) _____ has duly filled up the proposal form in my presence and have paid the premium of Rs. _____ through cheque/DD/Credit Card/Debit Card/Cash/electronic fund transfer. I have personally seen all the supporting documents submitted by the proposer and have compared / verified it with the originals and hereby certify all of it to be genuine. I have personally explained all the terms and conditions, features, benefits, charges, term and premium of the policy to the proposer /insured. I have conducted the primary underwriting and I am convinced and satisfied with the identity, address, health, habits and legitimacy of the source of income and/or wealth of the proposer/insured as declared in the proposal form. I am satisfied that the proposer/insured is not a convict, and I have explained the definition and requirements of a Politically Exposed Person (PEP) to the customer and obtained their confirmation regarding their PEP status. Therefore, I recommend for the issuance of the policy as applied for (In case of disagreement to this declaration, the proposal should not be logged in by SP/Agent/Employee/ intermediaries.)

Additional comments (If: _____

I affirm and confirm that the above information are true and correct to the best of my knowledge and belief and if this is found to be false or incorrect, the Company may take appropriate action against me including the claw back of commission/incentives and the also cancel /declare the policy as null and void.

Date: _____

Signature: _____