

KYC No.:



Milkar life aage badhavin

Proposal No.

Generic Proposal Form - Pension & Annuity Plans

Please read all the questions carefully and complete the details required truthfully in relation to facts, within your knowledge as on the date of the submission of this application. 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. 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. Proposal Form needs to be filled in BLACK Ink only.

Please fill	Code	Name
IA/FPC/CSO /DM/ARM/ISP	<input type="text"/>	<input type="text"/>
Specified Person	<input type="text"/>	<input type="text"/>
PNB MetLife Branch	<input type="text"/>	<input type="text"/>
Relationship Branch Name of CA/Broker /Referral Company /MIA	<input type="text"/>	<input type="text"/>

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 (For low risk customers)
 Small

PROPOSED INSURED

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

IN UNIT-LINKED INSURANCE POLICIES (ULIPs), THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER.

A. Details of Proposer (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: DD MM YYYY 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 Voter Identity Card NREGA Job Card Simplified Measures Account – Document Type Code
 Others Please provide the number for the proof submitted

 LAND MARK CITY / TOWN / VILLAGE
 DISTRICT PIN / POST CODE STATE / UT CODE

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

 LAND MARK CITY / TOWN / VILLAGE
 DISTRICT PIN / POST CODE 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

 LAND MARK CITY / TOWN / VILLAGE
 DISTRICT PIN / POST CODE STATE / UT CODE

14. 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:

15. Form 60 PAN No:

16. Educational Qualification: Post Graduate and Above Graduate Diploma 12th Pass 10th Pass Below 10th Pass Illiterate Others

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

RGANNUV07

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

18. Occupation Details:

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

19. Additional KYC#: _____ **20.** Income Proof: _____ **21.** 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.

22. Identity Proof: (Certified copy of anyone of the following Proof of identity [Pol] needs to be submitted)

A- Passport No. _____ Passport Expiry Date

D	D	M	M	Y	Y	Y	Y
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 B- Voter ID Card _____

C- PAN No. _____ D- Driving License _____ Driving License Expiry Date

D	D	M	M	Y	Y	Y	Y
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E- NREGA Job Card _____ F- Others (any document notified by the central government) _____

C. Product Details

1. Pension Plan Name

Policy Term	Premium Paying Term	Premium Paying Frequency	Sum Assured	Modal Premium	Annualized Premium

Rider name	Policy Term	Premium Paying Term	Premium Paying Frequency	Annualized Premium	Sum Assured

2. For Unit Linked Pension Plans

Please select Investment Strategy:

Investment Strategy: Self-Managed Strategy Systematic Transfer Strategy Automatic Asset Rebalancing Strategy

Please choose the fund allocation proportion

Fund Name	Allocation	Fund Name	Allocation
Pension Midcap Fund		Pension Bond Fund	
Pension Premier Multi-Cap Fund			

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

3. Annuity Plans

Annuity Plans -Primary annuitant (if different from proposer)/ Secondary Annuitant details

Primary Annuitant	Secondary/Joint Annuitant																																				
Full Name (Mr./Mrs./MS.Dr.Master/Other): _____ Father's Name (Mr./Dr.): _____ Date of Birth: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Place of Birth: _____ Ate Proof: _____ Identity Proof: _____ Residence Proof: _____ <input type="checkbox"/> PAN No. <input type="checkbox"/> Form No. <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Gender: _____ Email: _____ Telephone number: () <u>STD Code</u> _____ Mobile: _____ Mailing Address: _____ Permanent address (if not same as above): _____ Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National _____ _____ (Country Name) (If Non-Resident Indian or Foreign National, please mention the country you reside in the space provided above and complete (NRI) questionnaire) Occupation: <input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Self Employed <input type="checkbox"/> Professional <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Others (Specify) _____ Occupation details:	D	D	M	M	Y	Y	Y	Y											Full Name (Mrs./Mrs./Ms./Dr./Master/Other): _____ Father's Name (Mr./Dr.): _____ Date of Birth: <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Place of Birth: _____ Age Proof: _____ Identity Proof: _____ Residence Proof: _____ <input type="checkbox"/> PAN No. <input type="checkbox"/> Form No. <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Gender: _____ Email: _____ Telephone number: () <u>STD Code</u> _____ Mobile: _____ Mailing Address: _____ Permanent address (if not same as above): _____ Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Foreign National _____ _____ (Country Name) Account Number: _____ IFSC Code: _____ 9-digit MICR Code: _____ Bank Proof (to be Mandatorily Submitted): <input type="checkbox"/> Pre-Printed Cancelled Cheque <input type="checkbox"/> Bank Account Statement <input type="checkbox"/> Yes, I have attached a blank cancelled cheque	D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y																														
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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 application for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an application 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-representation of material information or any untrue statement contained in the information provided hereinabove 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 application 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.

AUTHORISATION: I/We hereby Irrevocably authorize any Organization, Institution, or Individual, that has any record or knowledge of any information significant for the issuance of the policy or may hereafter be provided or other personal information, to disclose to PNB MetLife, such information. This authorization shall bind my/our successors and assigns and remain valid not withstanding my/our death or incapacity, in so far as legally possible. I/We hereby consent, and authorize, PNB MetLife to use and disclose any personal information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to any individual/organization/entity associated or affiliated with or engaged by PNB MetLife, within or outside India, including reinsurers, claim investigative agencies, and industry associations/federations, for the purpose of processing this Proposal and/or providing subsequent services arising out of the insurance contract, including claims settlement.

x _____
Signature / Left Thumb Impression of the Proposed Owner Name of the Proposed Owner: _____

Name of Witness: _____ Address of witness: _____

Date: _____ Place: _____

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 by and confirmed by the Applicant.

x _____
Signature of Declarant **Declarant's Name & Address:** _____

The contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

§ Signature of Applicant _____

In case the Applicant is illiterate, a person of standing, unconnected with the Company, 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 answers 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: _____

x _____ x _____
Signature of Declarant Left Thumb Impression of Applicant

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.

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

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Name of the IA/SP/Authorised Person of the Broker/DM/ISP

IA/SP/Broker/DM/ISP Mobile No

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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 Proposal on your own life? Yes No
4. Name of Plan opted by PI/PH _____
5. Face Amount/Sum Assured (in Rs.)

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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? _____
 Years Months
- (b) Are you satisfied with the Identity of the Proposed Insured? Yes No
- (c) Does the Proposed Insured have any physical deformity/defect or mental retardation? Yes No
- (d) What is the estimated income of the Proposed Insured/ Proposed Holder?

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10. What is the Proposed Insured's state of health at the time of completion of this Proposal?

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

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12. Is this Proposal a replacement for an existing policy of the Applicant*? If Yes, please complete the Replacement Questionnaire.
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 Proposal 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?
If yes, please provide details _____ yes No

Certification: I have carefully ascertained the above information and recorded them. Date

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All the answers are true and correct to the best of my knowledge and belief.

Signature of the IA/SP/DM/ISP/ authorised person of the broker

- Incase of Corporate Agent (CA) or Micro Insurance Agent (MI), Specified Person (SP) to sign/stamp & provide his / her details.
- Incase of Broker, authorised person to sing & provide their details.
- 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 in being solicited)

ACKNOWLEDGEMENT



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 at 1st Floor, Techniplex - 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 :	
Corporate Agent Name :	Insurance Agent/Broker/ Specified Person Name And Code :	
Amount (In figures) :	Amount (In Words) :	
Premium Payment Option: <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/> Others		
Cheque/Draft No. :	Bank Name :	Cheque/Draft Date :

To be filled by the Sales Management

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

1. Was the Financial Advisor licenced to write personal life insurance on the date the Proposal was signed? Yes No

2. Have you personally reviewed this Proposal? 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

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. _____

6. Has the Applicant* been informed about the following?

(a) Charges Yes No

(b) Surrender charges Yes No

(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. Yes No

(d) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit - Linked Insurance Product only) Yes No

7. Do you recommend acceptance of this Proposal 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

ATTESTATION FOR OFFICE ONLY

Document Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date:

Emp Name:

Emp Code:

Emp Designation:

Emp Branch:

Name:

Code:

IMPORTANT:

- All receipts/ Negotiable instruments are subject to realization.
- Acceptance of Risk is subject to policy terms & conditions.
- 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.
- Premium paid before policy due date will be allocated on policy due date.
- Premium paid within 180 days of due date will be allocated on next business day of premium paid date.
- 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.
- 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.
- 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

- IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

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

