Pnb MetLife
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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.

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18.	Occupation Details:							
	Name & Address of the Orga	nization/Business	3	Exact Nature of Duties / Busine	ss Designation	Year of Se	rvice / Business	Annual Gross Income (in Rs.)
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	C- PAN No.		D- Driving	g License	Drivi	ng License Expir	y Date DD 1	MMYYXX
	E- NREGA Job Card			F- Others (any	document notified by the centra	al government)		
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C.	Product Details							
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	Investment Strategy:	Self-Manag	ed Strategy	Systematic Tra	nsfer Strategy	Automat	tic Asset Rebala	ncing Strategy
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l ⊢	Pension Premier Multi-	Con Fund	-		1			
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	te: For the Segregated Fund Identifica t clear, values from Signed Electronic l			duct brochure/ leaflet or the Electronic Bo	enefit Illustration. You may also logon to	our website pnbmetl	ife.com for the same. I	f the Above-mentioned proportions are
3.	Annuity Plans							
An	nuity Plans -Primary annuitant	(if different from	n proposer)/ Seco	ondary Annuitant details				
_			Annuitant				/Joint Annuitant	
	Father's Name (Mr./Dr.):				Full Name (Mrs./Mrs./Ms./Dr Father's Name (Mr./Dr.):	:/Master/Other):_		
:	Date of Birth:		Place of Birtl	h:	Father's Name (Mr./Dr.): Date of Birth:		Place of Birth:	
	Ate Proof:		ity Proof:		Age Proof:	Ident	Proof:	
	PAN No. Form No.			<u> </u>	PAN No. Form No.		0 7 10 5	
	Gender: En	nail:			Gender: Er Telephone number: ()	nail:	Mobile:	
	Telephone number: ()				Mailing Address:			
					Permanent address (if not san			
	Permanent address (if not sam	e as above):		_				
	Nationality: Indian N				Nationality: Indian N	on-Resident Indi (Country Name)	an Foreign N	ational
				ian or Foreign National, please) complete (NRI) questionnaire)	Account Number:			
	• •			Professional Student	IFSC Code:		J.	Secondary Annairani
		Others (S	Spedify)		9-digit MICR Code: Bank Proof (to be Mandatoril]	Paste here (do not pin or staple)
	Occupation details:				Pre-Printed Cancelled Ch		.ccount Statement	*A recent passport
	Name & Address of the Organization/ Business Exact Nat Dutie	ure of Design	nation Sea	Years of Annual Gross Income (in Rs.)	Yes, I have attached a blan	_		(not more than 6 months old)
								Months Old)
		-						

D. Annuity Plan details		
1. Please choose out of the following:		
Product Name :		
1.0 Please choose the Source of Funds – (for Immediate Annuity option Only):		
i) Standalone Annuity - Lumpsum iii) Tied Annuity - PNB MetLife (with Open Market Option)		
ii) Standalone Annuity - cheque from other insurer iv) Tied Annuity - PNB MetLife (without Open Market Option)		
1.1 If (ii), (iii) or (iv) is chosen, please provide existing policy number: [(Only appear if responses are Yes to 1.0 - (ii), (iii), (iv)]		
1.2 If (iii) or (iv) is chosen, please choose the extent of commutation:% (Commuting upto 1/3 rd of your vesting amount as cash lump sum is permitted) [(Only appear if red)]	sponses are Yes to 1.0) - (ii i),(iv)]
1.3 If (i) is chosen, please provide Purchase Price** (Rs.):or Annuity Amount (Rs.):[NA if responses are Yes to 1.0 - (iii) & (iii)	v)]	
a) Premiums will be paid by: Primary Annuitant Secondary/Joint Annuitant Others* (Specify) *Please fill the	rd party declaration	form
If other, please provide the following details. Name Relationship to Proposed Holder Annual Income of the	Premium Payer	
b) PAN No. of Third Party: Form 60 of Third Party:		
c) Purchase Price Payment Details: Credit Card Cash* Cheque" Demand Draft" d) Amount: Bank name:		
e) Cheque/DD no: Date Date BankAccount Number:		
*In case where premium is paid in cash, the IA/FPC/Broker/SP is acting as an agent of customer and PNB MetLife shall not be in any way liable or responsible till received at any office of PNB MetLife.		
*Cheque/DD made payble to "PNB MetLife India Insurance Company Limited. Proposal/Policy no". Details will be used for all payouts by PNB MetLife. A realization. **Exclusive of all taxes.	ll Payments are sub	ect to
2. Which Annuity Option would you like to choose?		
2.1 Please select your Annuity option (A	s per your chosen p	oduct)
2.2 To be filled up only in case of Deferred Annuity Product		
a) Premium Paying Term Single Pay 5 Pay 7 Pay 10 Pay b) Premium Payment Mode Monthly Quarterly	Half Yearly	Yearly
c) Deferment Period : d) Annuity Payout Date :		
3. What is the frequency of annuity payment? Annual Semi Annual Quarterly Monthly		
3. What is the frequency of annuity payment? Annual Semi Annual Quarterly Monthly E. Annuity Payment details		
	LAST	
E. Annuity Payment details	LAST	
E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.):	I A X Y	
E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): b) Account Number: c) IFSC Code:		
E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit	To A S T	
E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch:		
E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch:		
E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch:	To A S T	
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E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch: g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement	(The Appointee m	ust not be
a) Name of the Policyholder/Account Holder (Mr/Mrs/Ms/Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch: Yes, I have attached a blank cancelled cheque F. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor. Nominee details	(The Appointee m	ust not be
E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: f) Name and Address of the Bank/Branch: g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement Yes, I have attached a blank cancelled cheque F. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor, the Proposed Insured)	(The Appointee m	ust not be
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a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): b) Account Number: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch: g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement Yes, I have attached a blank cancelled cheque F. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor the Proposed Insured Nominee details Name (Mr./Mrs./Ms./Dr./Master/Other) Date of Birth D D M Y Y Y Y S Gender Male Female Transgender 4. Marital Status Single Married	Divorced Try Name)	ST
a) Name of the Policyholder/Account Holder (Mr/Mrs/Ms/Dr): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch: g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement Yes, I have attached a blank cancelled cheque F. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor. the Proposed Insured) Nominee details Name (Mr/Mrs/Ms/Dr/Master/Other) Jate of Birth Mandality: Indian Non-ResidentIndian Personof IndianOrigin Foreign National (Count (If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National Relationshin with the Proposed Insured	Divorced questionnaire)	S T Widowed
E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr/Mrs/Ms/Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: f) Name and Address of the Bank/Branch: g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement Yes, I have attached a blank cancelled cheque F. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor the Proposed Insured) Nominee details Name (Mr/Mrs/Ms/Dr/Master/Other) J. Date of Birth D. Maidionality: J. Date of Birth Non-ResidentIndian PersonofIndianOrigin Foreign National (I'Non-ResidentIndian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National Relationship with the Proposed Insured M. Nominee Share** % **In case of more than one nomin nomination in multiple nominee	Divorced questionnaire)	S T Widowed
a) Name of the Policyholder/Account Holder (Mr/Mrs/Ms/Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch: g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement Yes, I have attached a blank cancelled cheque F. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor the Proposed Insured Nominee details Name (Mr/Mrs/Ms/Dr/Master/Other) J. Date of Birth Non-Resident Indian Non-Resident Indian Personof IndianOrigin Foreign National (I'Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIOF/Foreign National Relationship with the Proposed Insured Mobile Number Mobile Number Email	Divorced questionnaire)	S T Widowed
E. Annuity Payment details a) Name of the Policyholder/Account Holder (Mr/Mrs/Ms/Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: f) Name and Address of the Bank/Branch: g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement Yes, I have attached a blank cancelled cheque F. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor the Proposed Insured) Nominee details Name (Mr/Mrs/Ms/Dr/Master/Other) J. Date of Birth D. M. M. D. M. Maried Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National (If Non-Resident Indian or People of Indian Origin or Foreign National please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National (Indian Checken Indian or People of Indian Origin or Foreign National nomination in multiple nominee	Divorced questionnaire)	S T Widowed
a) Name of the Policyholder/Account Holder (Mr/Mrs/Ms/Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch: g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement Yes, I have attached a blank cancelled cheque F. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor the Proposed Insured Nominee details Name (Mr/Mrs/Ms/Dr/Master/Other) J. Date of Birth Non-Resident Indian Non-Resident Indian Personof IndianOrigin Foreign National (I'Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIOF/Foreign National Relationship with the Proposed Insured Mobile Number Mobile Number Email	Divorced questionnaire)	S T Widowed
a) Name of the Policyholder/Account Holder (Mr/Mrs/Ms/Dr.): b) Account Number: c) IFSC Code: d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit f) Name and Address of the Bank/Branch: g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement Yes, I have attached a blank cancelled cheque F. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor the Proposed Insured Nominee details Name (Mr/Mrs/Ms/Dr/Master/Other) J. Date of Birth Non-Resident Indian Non-Resident Indian Personof IndianOrigin Foreign National (I'Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIOF/Foreign National Relationship with the Proposed Insured Mobile Number Mobile Number Email	Divorced questionnaire)	S T Widowed

1	Same as Present Address
	LANDMARK CITY/TOWN/VILLAGE
_	DISTRICT PIN/POSTCODE STATE/UTCODE
12	Account type Saving Current NRE NRO MICR Code: IFSC Code:
13	
	opointee Details - To be filled only if the Nominee is a minor. (The Appointee must not be the Proposed Insured)
1.	Name (Mr/Mrs./Ms/Dr./Master/Other)
2.	Date of Birth D D M M Y Y Y Y 3. Gender Male Female 4. Marital Status Single Married Divorced Widowed
5.	Nationality: Indian Non-Resident Indian Personof Indian Origin Foreign National (Country Name) (If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National questionnaire)
6.	PAN No.
7.	
9.	
E	Signature Accepting the Appointment 13. Relationship with Nominee
G.	E-Repository Details
1.	If you already have an e-Insurance Account (e-IA) number, kindly provide
2.	If you don't have an e-Insurance Account (e-IA), please choose any one of the following
	CAMSRep - CAMS Insurance Repository & Services NDML - NSDL Data Management Services limited
	CIRL - Central Insurance Repository Limited
_	Tax Status Questionnaire (To be filed by Proposed Holder)
Ι	
1	Tax Status Questionnaire (To be filed by Proposed Holder) Oo you have an / a:
1 1 2	Tax Status Questionnaire (To be filed by Proposed Holder) Oo you have an / a: . 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
1 1 2 3 4	Tax Status Questionnaire (To be filed by Proposed Holder) O you have an / a: . 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 . US place of birth: Yes No . US telephone number: Yes No . US residence or correspondence address (including a US PO Box): Yes No
1 1 2 3 4 5	Tax Status Questionnaire (To be filed by Proposed Holder) O you have an / a: . 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 . US place of birth: Yes No . US telephone number: Yes No . US residence or correspondence address (including a US PO Box): Yes No . Standing instructions to transfer funds to a US account: Yes No
1 1 2 3 4 5 In 1 2 2	Tax Status Questionnaire (To be filed by Proposed Holder) Or you have an / a: 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 . US place of birth: Yes No . US telephone number: Yes No . US residence or correspondence address (including a US PO Box): Yes No . Standing instructions to transfer funds to a US account: Yes No n the event of the any of the questions being answered as Yes, please furnish the following: . 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 . 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.
1 1 2 2 3 4 4 5 5 1 1 1 2 2 1 1 A	Tax Status Questionnaire (To be filed by Proposed Holder) Or you have an / a: 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 US place of birth: Yes No US residence or correspondence address (including a US PO Box): Yes No Standing instructions to transfer funds to a US account: Yes No nother event of the any of the questions being answered as Yes, please furnish the following: 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 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. N 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.
1 1 1 2 2 3 3 4 4 5 5 H: 1 2 2 1 A A **	Tax Status Questionnaire (To be filed by Proposed Holder) Oo you have an / a: . 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 . US place of birth: Yes No . US telephone number: Yes No . US residence or correspondence address (including a US PO Box): Yes No . Standing instructions to transfer funds to a US account: Yes No n the event of the any of the questions being answered as Yes, please furnish the following: . 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 . 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. N CASE OF AN APPLICANT NOT CURRENTLY HAVING US INDICIA**, THE APPLICANT AGREES TO INFORM THE COMPANY WITHIN THIRTY (30) DAYS OF THE
1 1 2 2 3 3 4 4 5 5 1 1 2 2 1 1 A 4 * * * * * * * * * * * * * * * * * *	Tax Status Questionnaire (To be filed by Proposed Holder) Oo you have an / a: 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 US place of birth: Yes No US telephone number: Yes No US residence or correspondence address (including a US PO Box): Yes No Standing instructions to transfer funds to a US account: Yes No In the event of the any of the questions being answered as Yes, please furnish the following: 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 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. N 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 inthold 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: United States citizenship or resident status (applicable to an entity by virtue of being created, incorporated or governed by United States Laws);
1 1 2 2 3 4 4 5 5 1 1 2 2 1 1 A 4 1 2 2 3 3 4 4	Tax Status Questionnaire (To be filed by Proposed Holder)
1 1 2 2 3 4 4 5 5 1 1 2 2 1 A A ** 1 2 2 3 3 4 4 5 5	Tax Status Questionnaire (To be filed by Proposed Holder) Do you have an / a: 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
1 1 2 2 3 4 4 5 5 1 1 2 2 3 3 4 4 5 5 1 1 1 a a	Tax Status Questionnaire (To be filed by Proposed Holder)

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 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 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 Thur	nb Impression of the Proposed Owner	Name of the Proposed Owner:
Name of Witness:		Address of witness:
Date:	Place:	
Applicable where the	he Proposer is illiterate or is suffering from a	a disability due to which writing is restricted or where the Proposer has signed in vernacular language.
understood by him/h		oposal form and all other documents incidental to availing the insurance from PNB MetLife to the Applicant, in the language n/her and the replies have been recorded as per the information provided by the Applicant and the replies have been read out to,
x		
Signature of Declara	nnt Declarant's Name & Addre	288:
The contents of the f	form and documents have been fully explained	to me and that I have fully understood the significance of the proposed contract.
Signature of Applica	unt	
	nt is illiterate, a person of standing, unconne	cted with the Company, but whose identity can easily be established, should give the following declaration after attesting
	nat I have explained the contents of this F recorded as per the information provided by ffixed his/her left thumb impression in my prese	Proposal in language to the Applicant. The same have been fully understood by him/her and by the Applicant and the answers have been read out to and fully understood by and confirmed by the Applicant. ence.
Declarant's Name &	& Address:	
x		x
Signature of Declara		
		nce 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 Name of the IA/SP/Authorised Person	of the Broker/DM/ISP IA/SP/Broker/DM/ISP Mobile No
1. Name of the Proposed Insured	2. Are you related to the Proposed Insured / Proposed Holder? 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.)	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? Holder? (b) Are you satisfied with the Identity of the Proposed Insured?	c) Does the Proposed Insured have any physical (d) What is the estimated income of deformity/defect or mental retardation? the Proposed Insured/ Proposed
Years Months Yes No	Yes No
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
12. Is this Proposal a replacement for an existing policy of the Applicant*? If Yes, please complete the	ne Replacement Questionnaire.
Has the Applicant* been informed about the following? (a) Charges Yes No (b) Surrender charges 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 (f) If the total premium exceeds 30% of the annual income of the applicant "are you satisfied tha	Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit - Linked Policies only).
14. Do you recommend acceptance of this Proposal considering all the factors, including moral haza	rd? Yes No
15. Was any negative customer behavior observed relating to Customer insisting on anonymity, relucta information? If yes, please provide details	ance to provide identifying information, or providing minimal, seemingly fictitious yes No
Certification: I have carefully ascertained the above information and recorded them. Date DDD All the answers are true and correct to the best of my knowledge and belief.	M M Y Y Y Y Y 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 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 signat 	<u> </u>

ACKNOWLEDGEMENT



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PNB MetLife India Insurance Company Limited

Registered O朝 ce:: 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@pnbmetlite. 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/ Specific	ed Person Name And Code:										
Amount (In figures):	mount (In Words):											
Premium Payment Option: Cheque Bank	Draft Others											
Cheque/Draft No. :	Bank Name:		Cheque/Draft Date :									

To be filled by the Sales Manageme	ent			
The agency management must, where	ever necessary, verify and certify the foll d to write personal life insurance on the	late Yes No 2. Ha	the total premium exceeds 30% of the annua	
5. Is the product recommended suitable capacity? If No, please give the real		fir is/her age, needs, risk appetite, ind	nancial capacity of the Applicant*? come, long them financial goals and long ter	m premium paying Yes No
6. Has the Applicant* been informed	about the following?	6. Has the Appli	cant* been informed about the following?	
(a) Charges (b) Surrender charges		ch	emium and benefits under the policy are sub arges as per the applicable laws. the investment risk in the investment porfolion	in the Unit-Linked Yes No
7. Do you recommend acceptance of	this Proposal considering all the factors	including moral hazard? (To	surance Product is borne by the Proposed Ho be filled for Unit - Linked Insurance Produ	older (ct only) Yes No
	satisfied that the product is suitable to the		· -	, m
Name	Designation	Signature	Date	Place
			DDMMYYYY	
¥				
ATTESTATION FOR OFFICE (
Document Received	Certified Copies		***************************************	
KYC VERI	FICATION CARRIED OUT BY		INSTITUTION DETA	AILS
Date: Emp Name: Emp Code: Emp Designation: Emp Branch:		Name: Code:		

IMPORTANT:

- 1. All receipts/ Negotiable instruments are subject to realization.
- 2. Acceptance of Risk is subject to policy terms & conditions.

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

Beware of spurious phone calls and fictitious/fraudulent offers

IRDA of India clarifies to public that

1. 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: Write to us at PNB MetLife India Insurance Co. Ltd., Office Unit No. 101, 1st Floor, Techniplex-1, Techniplex complex veer Savarkar Flypver, Off S V Road Goregaon (West) Customer Service Toll Free Number 1-800-425-6969 E-mail us at indiaservice@pnbmetlife.co.in