

MetLife®

peace of mind. Guaranteed.

MetLife India Insurance Company Limited(Insurance Regulatory and Development Authority Life Insurance Registration No.117) Registered Office: 'Brigade Seshamahal', 5 , Vani Vilas Road, Basavanagudi, Bangalore – 560 004. www.metlife.co.inPhone: +91-80-2643 8638 FAX: +91-80-2652 1970

Welcome Letter

Date [REDACTED]

Dear [REDACTED]

Welcome to the MetLife family! At MetLife, we strive to provide you with world class insurance solutions, strongly supported by prompt and efficient customer service- to help build your financial independence, while guaranteeing complete peace of mind.

Please find enclosed the Policy Document along with other related information, including a copy of your Application Form. Some key details of your policy are:

Policy Number	[REDACTED]	Policy Term	[REDACTED]
Policy Owner	[REDACTED]	Premium Paying Term	[REDACTED]
Plan of Insurance	[REDACTED]	Premium Amount	[REDACTED]
Payment Mode	[REDACTED]	Beneficiaries	[REDACTED]

We request you to read the policy Terms and Conditions carefully, and report any discrepancy or disagreement within 15 days from the date of receipt of this document. Should you have objections to any of the Terms and Conditions mentioned you also have the option to return the policy, subject to applicable terms and conditions.

You can keep a track of your policy through the **Policy Information Portal** on our website, <http://www.metlife.co.in>. Your **Log-In ID** will be your **Customer ID** [REDACTED], and your chosen password will be confirmed after successful registration.

You may also contact us at our 24 Hour helpline: 1-800-425-6969 (from all landline and mobile) or email us at indiaservice@metlife.com. Our customer service executives would be happy to help and assist you.

Thank you again, for placing your confidence in MetLife. We look forward to being your partner in this wondrous journey of life.

Yours Sincerely,
MetLife India Insurance Co. Ltd.



Gaurav Sharma
Director- Customer Service and Operations

CONCEALMENT OF MATERIAL FACTS INCLUDING ANY HEALTH CONDITIONS AND ANY MISREPRESENTATION ENTITLES METLIFE TO REJECT A POLICY CLAIM AND TO EVEN TERMINATE THE POLICY AND FORFEIT THE PREMIUMS RECEIVED.

Customer Service Toll free: 1800-425-6969, OR Call on: +91 -80 -2650 -2244 (8:00 AM to 8:00 PM)

Write to us at indiaservice@metlife.com

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Policy Document

Met Magic RP

The MetLife India Insurance Company Limited ("the Company") has entered into this contract of insurance ("the Policy") on the basis of the Application for Life Insurance and the Declaration, and the first premium received from the policyholder, for effecting a life insurance contract on the life of the person ("the Insured") named in the schedule hereto ("the Schedule").

This Policy is subject to Terms and Conditions stated herein after and the Schedule, attached riders/endorsements, if any, and is governed by the law of India.

The Company agrees to pay the benefits, stated under the Policy upon satisfaction of the happening of the The Company agrees to pay the benefits, stated under the Policy upon satisfaction of the happening of the insured event, while this Policy is in force and effect, to the lawfully entitled person, subject to the terms and conditions as

The effective date and number of this Policy are as set out in the Schedule.

Signed by and on behalf of

MetLife India Insurance Co.Ltd.



Gaurav Sharma
Director- Customer Service and Operations

Stamp Duty Rs 50.00

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The Schedule – Met Magic

Policy Number	[REDACTED]	Date Of Issue	[REDACTED]	Issuing Office	[REDACTED]
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1. Details of the Insured

Name of the Person Insured	[REDACTED]					
Proof of Identification	[REDACTED]				Gender	[REDACTED]
Date of Birth of Insured	[REDACTED]					
Whether age admitted	[REDACTED]	Age last birthday at entry		[REDACTED]		

2. Policy Features

Plan of Insurance	[REDACTED]				
Sum Assured	[REDACTED]				
Effective Date of Policy (Date of Commencement)	[REDACTED]	Date of Maturity		[REDACTED]	
Policy Term	[REDACTED]	Premium Paying Period		[REDACTED]	

3. Premium Summary

Details of Coverage	Duration of Coverage		Amount of Coverage	Installment Premium	Frequency of Payment	
	From	To	Rs.	Rs.		
Base Policy Met Magic	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
RIDERS						
Accidental Death Benefit			-	-	-	
Term Rider			-	-	-	
Waiver of Premium			-	-	-	
Critical Illness			-	-	-	
Extra Premium				-		
Total Installment Premium				Rs. [REDACTED]		
Due date(s) of Premium				[REDACTED]		
Premium Direction	Preserver	Protector	Balancer	Virtue	Multipier	Total
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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Write to us at indiaservice@metlife.com



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The Schedule – Met Magic

Insured Event upon which Benefits Payable	1.Death of the Life Insured prior to Date of Maturity; or 2.Upon Survival of the Insured to Date of Maturity * Please refer the Terms and Conditions for the details of Benefits Applicable on your Policy
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4. Beneficiary Details

Name	Relationship	Share(s) %
● [REDACTED]	● [REDACTED]	● [REDACTED]

5. Appointee Details

Appointee Name	
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First Premium Receipt

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Date [REDACTED]
Policy Number [REDACTED]

Dear [REDACTED]

Thank you for choosing MetLife as your insurance partner.

Policy Number		[REDACTED]	
Life Insured		[REDACTED]	
Plan		[REDACTED]	
Policy Term	[REDACTED]	Premium Paying Term	[REDACTED]
		Sum Assured / Face Amount	Installment Premium
Base Policy		[REDACTED]	[REDACTED]
Accidental Death Benefit Rider		[REDACTED]	[REDACTED]
Critical Illness Rider		[REDACTED]	[REDACTED]
Term Rider		[REDACTED]	[REDACTED]
Waiver Of Premium Rider		[REDACTED]	[REDACTED]
Total Premium		[REDACTED]	
Service Tax/ Add Cess/ Edu Tax		[REDACTED]	
Total Amount Payable		[REDACTED]	
Initial Deposit Paid		[REDACTED]	
Balance in Policy Deposit		[REDACTED]	
Effective Date	[REDACTED]	Premium Frequency	[REDACTED]
Premium Due Dates	[REDACTED]	Next Due Date	[REDACTED]
Financial Advisor Name		[REDACTED]	
Financial Advisor Code		[REDACTED]	

This is a computer generated Receipt and does not require signature.

All Premiums paid are eligible for a deduction under 80C of the Income Tax Act, 1961 subject to conditions as mentioned • Premiums paid toward Critical Illness Rider, Waiver of Premium Rider and Disability Benefit Rider are eligible for a deduction under Section 80 D of the Income Tax Act, 1961, subject to conditions as mentioned • Payment made by cheque(s) is subject to realization • If the amount paid is in excess of the balance due, excess will be held in deposit without interest • Service tax and relevant cess are charged at rates applicable from time to time • You can also request for a detailed account statement by writing to indiaservice@metlife.com or leave a request on our 24 hour helpline: 1-800-425-6969.

In case of any queries related to the information provided in this notice or any other, please feel free to contact us at our 24 Hour helpline:1-800-425-6969 (from all landline and mobile) or email us at www.metlife.co.in . Our customer service executives would be happy to help and assist you.

Useful Information that You Can Use

Points to remember regarding your policy premium payment:

- **Payments can be made through:**

Cheques / Drafts: At any of our offices or a drop box located near you. Please ensure that the cheque/Draft is drawn out in favour of MetLife India Insurance Company Limited .

Note: Please mention your 8 digit policy number accurately

To enable faster processing of your cheque / draft please ensure:

- o The payment slip is completed and attached with the payment.
- o In case you have multiple policies, please clearly mention the policy numbers and the account towards each policy at the back of the cheque else it may not be accounted for correctly.

Note: No post dated or Outstation cheques would be accepted.

Cash: In person, by the policy owner, at any of the MetLife offices. Please do not deposit any cash in the drop box

Credit Card : Renewal premiums can be made through credit cards as well. Please contact the Customer Service Helpdesk,Toll Free,for this.

Standing instructions: You could avail the facility to auto debit your bank account or credit card for your Renewal Premium payment.Please contact the Customer Service Helpdesk,Toll Free,for this.

- **Delay in Payment:**

Grace Period: A grace period of 30 days (**Annual/Semi-annual/Quaterly mode**) and **15 days(Monthly mode)** is allowed, from the Premium Due Date, for payment of premium without interest

Payment received beyond Grace Period: If the premiums are not received within the grace period the policy may lapse or be subject to the non-forfeiture options, if applicable.

Points to remember regarding any request for changes in your policy:

- **Address changes** may be done anytime by giving us a request in writing.
- **Frequency of premium payment** may be changed on Policy Anniversary/Premium Cycle by filling up the change of mode request form and submit this to the nearest Metlife office.
- You may **change/add a beneficiary** to the policy by filling up the beneficiary change request form and submit this to the nearest MetLife office.
- To **assign** your policy to another person/corporate, please fill up our assignment deed in 2 originals and submit along with policy document to the nearest MetLife office.

All forms and assignment deed are downloadable from our website www.metlife.co.in. For any further details you may please get in touch with any of our servicing branch.

Points to remember upon happening of the insured event:

You are requested to furnish the following documents to enable us to evaluate the claims:

- The Original policy document.
- The Claim forms as prescribed by us.
- The discharge voucher as prescribed by us.
- Written Intimation of death by the Beneficiary/ legal heir.
- Official death certificate issued by a competent authority acceptable to the Company.
- Proof of title to the Policy like succession certificate, legal heirship certificate.

The above list is only indicative. We may call for additional documents/information where ever felt necessary.

Please note that the policy shall be subject to and governed by the terms and conditions of the policy document.

Your Customer Services Toll Free Number:

1-800-425-6969

You can send email to us at:

www.metlife.co.in

You can write to us at:

Brigade Seshamahal,5,
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Basavanagudi,
Bangalore – 560 004



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Statement of Account - As On 05/06/2009

Should you need any clarifications, please contact us at any of our designated offices. Please quote your Policy Numbers(s) in all communications. This would facilitate us to serve you better.

*This is a computer generated statement and therefore does not require a signature.
The units allocated to your account are subject to clearance of the cheque(s).*

Please notify us in writing, within 14 days, in case of any discrepancy in your Policy Pack or Account Statement.

For any further details you may please get in touch with any of our servicing branch or call us at our toll free number listed below

IRDA vide its Circular No:053/IRDA/Actl_ULIP_G/February-07, dated 20th February 2007, has permitted Insurance companies to invest in Money Market Instruments upto 40% (increased from 20%) of it Unit Linked Funds. This has been done with the intention to enhance the flexibility in operation of the Unit linked funds. In compliance with this circular MetLife India Insurance Co. Ltd has written to IRDA and received approval to enhance the Money Market exposure in all its unit linked funds upto 40%. This is the maximum permissible exposure and not targeted exposure which would be much lower.

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Service Guidelines

Important Points to Remember:

Premium Payment	<ol style="list-style-type: none">1. To get the next day's NAV pay your premium / dump in premium before 1500 hours at any of our office.2. When you pay dump in amounts, do indicate this in writing. If this is not indicated, the money would be treated as outlined in point number 16 in the terms and conditions of your policy.3. For cheques / paymebts sent through post, drop box, etc the NAV will depend on the date and time of receipt at MetLife's Office.If received before 1500 hours on any day, the NAV would be that of the next valuation date.4. Please pay your premium within the grace period (30 days from due date) to keep your policy in-force and continue enjoying the benefits & privilage under the coverage.
Frequency of premium payment	Can be changed on policy anniversary by giving a request in writing along with the policy document
Switch of Fund Options	Facility of switch between fund options is available after 3 months from the date of issue of your policy. This can be done by submitting the Fund Switch Request Form by 1500 hours to get the same day's NAV
Withdrawal	Facility of withdrawing from the Policy Account is available after 1 year from the date of issue of the policy.This can be done by submitting the Withdrawa Request Form by 1500 hours to get the same day's NAV.
Face Amount	You have the Option to change the Face Amount in Option A & B after the first 3 policy years.
Switch in death benefit option	You have the option to switch between death benefit Option A & B after the completion of 3 policy years.
Address Change	Address changes may be done anytime by giving us a request in writing.
Beneficiary Change	You may change/add a beneficiary to the policy by filling up the beneficiary change request form and submitting this with the policy document.
Assignment	To assign your policy to another person person/institution, please fill up our assignment deed in 2 original and submit along with the policy document.

1. All the above benefits/options are governed by the terms & conditions enclosed with the policy document.
2. Forms are downloadable from our website.
3. Please notify us in writing, within 14 days, in case of any discrepancy in your Policy Pack or Account Statement.

For any further details you may please get in touch with any of our servicing branch or call us at our toll free number listed below.

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Table of Cost of Insurance – Met Magic

Age	Male	Female
18	0.1410000	0.1410000
19	0.1470000	0.1410000
20	0.1524170	0.1410000
21	0.1571670	0.1470000
22	0.1615000	0.1524170
23	0.1652500	0.1571670
24	0.1684170	0.1615000
25	0.1709170	0.1652500
26	0.1729170	0.1684170
27	0.1744170	0.1709170
28	0.1751670	0.1729170
29	0.1755000	0.1744170
30	0.1755830	0.1751670
31	0.1730000	0.1755000
32	0.1784170	0.1755830
33	0.1862500	0.1730000
34	0.1965000	0.1784170
35	0.2091670	0.1862500
36	0.2242500	0.1965000
37	0.2416670	0.2091670
38	0.2615000	0.2242500
39	0.2856670	0.2416670
40	0.3135830	0.2615000
41	0.3110000	0.2856670
42	0.3346670	0.3135830
43	0.3622500	0.3110000
44	0.3961670	0.3346670
45	0.4365000	0.3622500
46	0.4534170	0.3961670
47	0.5036670	0.4365000
48	0.5601670	0.4534170
49	0.6226670	0.5036670
50	0.6914170	0.5601670

Age	Male	Female
60	1.7165000	1.4360000
61	1.8934170	1.5640000
62	2.0947500	1.7165000
63	2.3205000	1.8934170
64	2.5706670	2.0947500
65	2.7711670	2.3205000
66	3.0213330	2.5706670
67	3.4025000	2.7711670
68	3.8246670	3.0213330
69	4.2916670	3.4025000
70	4.8073330	3.8246670
71	5.3759170	4.2916670
72	6.0019170	4.8073330
73	6.6901670	5.3759170
74	7.4457500	6.0019170
75	8.2739170	6.6901670
76	9.1804170	7.4457500
77	10.1708330	8.2739170
78	11.2513330	9.1804170
79	12.4281670	10.1708330
80	13.7076670	11.2513330
81	15.0965830	12.4281670
82	16.6012500	13.7076670
83	18.1340000	15.0965830
84	19.5859170	16.6012500
85	21.0279170	18.1340000
86	22.5491670	19.5859170
87	24.1508330	21.0279170
88	25.8334170	22.5491670
89	27.5971670	24.1508330
90	29.4416670	25.8334170
91	31.3659170	27.5971670
92	33.3681670	29.4416670



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Table of Cost of Insurance – Met Magic

Age	Male	Female	Age	Male	Female
51	0.7664170	0.6226670	93	35.4462500	31.3659170
52	0.8474170	0.6914170	94	37.5970830	33.3681670
53	0.9346670	0.7664170	95	39.8169170	35.4462500
54	1.0281670	0.8474170	96	42.1014170	37.5970830
55	1.1277500	0.9346670	97	44.4453330	39.8169170
56	1.2329170	1.0281670	98	46.8430000	42.1014170
57	1.3324170	1.1277500	99	48.0545000	44.4453330
58	1.4360000	1.2329170			
59	1.5640000	1.3324170			



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Terms & Conditions – Met Magic

Section1- Understanding this Policy

1.1 Owner of the Policy

The Owner of the Policy (as defined hereinafter) is the Person Insured. A Policy owner /the Person Insured would be an Individual who is purchasing the Policy.

1.2 Definitions

- ✓ "Age" is the age at last birthday in completed years.
- ✓ Annualised Premium" refers to the basic Regular Premiums payable in a Policy Year and is as set out in the Schedule.
- ✓ "Application" refers to the Proposal Form as defined under clause 2 (d) of the Insurance Regulatory and Development Authority (Protection of Person Insured's Interest) Regulations 2002.
- ✓ "Basic Sum Assured" or "Sum Assured" is the amount which is a multiple of the amount of Annualised Premium payable and is as set out in the Schedule.
- ✓ "Business Day/Working Day" means a day when the Head Office of the Company is open for business.
- ✓ "Coverage Term" is the number of Policy Years for which the Policy continues, starting from the Effective Date of the Policy and concluding on the Maturity Date and is specified in the Schedule.
- ✓ "Effective Date" or "Issue Date" is the Date, Month, and Year, in which the Policy comes into effect and is mentioned in the Policy Schedule.
- ✓ "Fund Value" is the value of aggregate number of outstanding units on any day in each Unit Linked Fund allocated under this Policy, multiplied by their respective Net Asset Values applicable as on that day.
- ✓ "Person Insured" named in the Schedule is the person on whose death, or happening of any other insured event, the benefits as defined in the Schedule, subject to the terms and conditions of this Policy, will become payable.
- ✓ "Maturity Date" is the date on which the coverage under this Policy concludes and is shown as such in the Policy Schedule.
- ✓ "Monthly Anniversary Date" is one month from the Effective Date of the Policy and every date falling one month thereafter till the Date of Maturity.
- ✓ "Net Asset Value" is the price at which the Company allocates/cancels Units in the Unit Linked Fund at each Valuation Date.
- ✓ "Beneficiary" is the person named as beneficiary by the Person Insured as per the Application Form and shall be the sole person entitled to the benefits (other than for Maturity Benefits; which shall be paid to the Person Insured in the event of the Person Insured surviving as on the Maturity Date, else it shall be paid to the Beneficiary) under this Policy.
- ✓ "Appointee" is the person defined by the Person Insured (and named under the Policy) to be custodian of the interests of the Beneficiary in the Policy while the Beneficiary is still a minor. During the Beneficiary's minority and after the death of the Person Insured, all the proceeds from the Policy and the authority to exercise rights over the Policy will be given to the Appointee. The Appointee however has no right over the Policy and cannot exercise any options under this Policy. The proceeds paid to the Appointee are meant to be used for the benefit of the Beneficiary.
- ✓ "Policy" means and includes this document with all its pages, the Application Form for Insurance (proposal) made by you, the Schedule and any attached endorsements or supplements together with all the addendums.
- ✓ "Policy Anniversary Date" is one year from the Effective Date of the Policy and every date falling one year thereafter, till the Date of Maturity.
- ✓ "Modal Anniversary Date" is the date on which each premium payment falls due as per the frequency chosen.
- ✓ "Policy Year" is measured from the Effective Date of the Policy, and is a period of twelve consecutive calendar months.
- ✓ "Premium Allocation Instruction" is the Person Insured's instruction for allocation of premiums after deducting the relevant Policy Charges in one or more of the Unit Linked Funds.
- ✓ "Regular Premium" is the regular payment to be made by you according to the frequency of payment chosen by you and is as specified in the Schedule.
- ✓ "Schedule" refers to the schedule issued by the Company to evidence the Insurance Cover and forms part of the Policy.
- ✓ "Sum At Risk" is defined as the Basic Sum Assured plus the sum of all future regular premiums due.
- ✓ "Top-Up Premium" is the premium paid by the Person Insured in the form of a single payment separately from and in addition to the required Regular Premium.
- ✓ "Unit" is a portion or a part of the underlying segregated Unit Linked Fund.
- ✓ "Unit Account" is an individual account administered by the Company for a given policy and consisting of Units of individual Unit Linked Funds allocated in respect of Regular Premium and any Top-Up Premium.

"IN THIS POLICY, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

Product UIN: 117LXXXV01

- ✓ "Unit Linked Fund" pools together the premiums paid by Person Insureds and invests in a portfolio of assets to achieve the fund(s) objective
- ✓ "Valuation Date" is the date on which the assets to which the Unit Linked Fund is referenced are valued, and the date on which the Net Asset Values of Units are determined.
- ✓ "We", "us", "our" and "Company" refer to MetLife India Insurance Company Limited.
- ✓ "You", "Your" and "Person Insured" refers to the Owner of the Policy.

1.3 The Contract

This means the Policy and any other document called for by the Company and submitted by you to enable it to process your Application.

1.4 Beneficiary

The beneficiary under the Policy shall be the sole person entitled to the benefits under the Policy other than for Maturity Benefit (which shall be paid to the Person Insured in the event of the Person Insured surviving as on the Maturity Date, else it shall be paid to the Beneficiary). The Person Insured shall name the Beneficiary at inception. A beneficiary other than the beneficiary at inception will be permitted by the Company only when the original beneficiary dies and subject to the Company's then prevailing underwriting guidelines. The Policy does not cover any risk on the life of the Beneficiary.

Section 2 – General Provisions

2.1 Policy Description

Met Magic is the name of the product of the Company. It is a Unit-Linked Plan and is different from a traditional plan.

The benefits payable under the Policy are linked to the Unit-Linked Fund/s and their performance. The Person Insured has the option to allocate the Regular Premium and Top-Up Premiums, if any, among one or more of the Unit-Linked Fund(s) as per the conditions of the Policy.

Only a duly authorized officer of the Company has the power to make alterations in the Policy (refer Section 6.9 for alterations) as per the request of the Person Insured. Neither an agent nor anyone other than a duly authorized officer of the Company has the power to waive any of the rights or requirements of the Policy.

Being a Non-Participating Policy, the Policy does not provide for participation in the distribution of surplus or profits that may be declared by the Company.

2.2 Sum Assured Multiples, Coverage Term & Future Premium Protection Benefit Options

The Person Insured is offered a Sum Assured Multiple of 5 (Five) times the Annualised Premium. The Sum Assured multiple is applied against the Annualised Premium to arrive at the Basic Sum Assured. Maximum Sum Assured of Rupees 500,000 (Five Lakhs only) is offered under this plan.

Coverage Term

The Person Insured has the option to choose any one of the following Coverage Terms viz., 10 yrs, 15 yrs, 20 yrs or 25 yrs as Coverage Term subject to the following conditions:

Each Coverage Term has a respective Annualised Premium payment term which is equal to the Coverage Term.

The Coverage Term and the Annualised Premium payment term cannot be altered once opted at the commencement of the policy.

Future Premium Protection Benefit

If the Person Insured dies before the Maturity Date; (subject to Suicide clause mentioned under section 2.7) and acceptance of the claim by the Company, the Company shall pay, on behalf of the Person Insured, all future Regular Premiums payable under the Policy, between the date of death and the Maturity Date, as and when the Regular Premiums would have been due to be paid by the Person Insured, on an annual basis.

The total amount paid by the Company, in any year, will not exceed the Annualised Premium as stated in the Schedule. The Company shall on every Policy Anniversary Date following the date of notification of death credit units into the Unit Account, equivalent to the Annualised Premium for that Policy Year. If the date of notification of death such that a part of the Annualised Premium is due in that Policy Year, then the Company will pay that part of the Annualised Premium that is due in that Policy Year along with the then due Annualised Premium on the Policy Anniversary Date immediately following the date of notification of death. These units shall be credited in various Funds in the same allocation proportion as was prevailing before the date of notification of.

The Unit Price prevailing on the applicable Policy Anniversary date shall be used for the creation of such units.

2.3 Free Look Provision

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you have any objections to any of the terms and conditions, you have the option to return the Policy stating the reasons for the objections and you shall be refunded an amount equal to non-allocated premiums plus charges levied through cancellation of units plus the Fund Value at the date of cancellation, subject to deduction of expenses towards medical examination, stamp duty and proportionate risk premium for the period of cover.

All Free Look cancellation request should be in writing, duly signed by the Policyholder, and should be accompanied by the original Policy Document. The Free Look cancellation request should be submitted either to your nearest MetLife branch office (details of the same is available at our website www.metlife.co.in.) or to our registered office at

MetLife India Insurance Company Limited
'Brigade Seshamahal'
5, Vani Vilas Road,
Basavanagudi, Bangalore – 560 004.

For this purpose, the Fund Value in the Unit Account will be determined using the Net Asset Value on the corresponding Valuation Date falling on or immediately after the Date of Receipt of Written Request at our designated office. The rules in this regard are as follows:

- If the request is received before 15.00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the request is received after 15.00 hrs on a business/working day, the corresponding valuation date is the next business/working day.

If there is no valuation done on a business/working day, then the above mentioned Valuation Date is the date when the next valuation is done.

All your rights under this Policy shall immediately stand extinguished at such free look cancellation of the Policy

2.4 Policy Loan

No Loans are available under this policy.

2.5 Assignment

You may assign this Policy by written notice as per the provisions of Section 38 of the Insurance Act, 1938, and in such an event, the rights of the Person Insured and/or the Beneficiary shall be subject to such an assignment in favour of the assignee.

2.6 Nomination

Nomination is not permitted under this Policy.

2.7 Suicide Exclusion

In the event the Person Insured commits suicide, whether sane or insane at that time, within the first Policy Year, from the Date of Commencement of insurance cover, or the Effective Date of the Policy, or the date of the last reinstatement whichever is later, the Fund Value in the Unit Account will be refunded to the Beneficiary and the Policy will close.

2.8 Proof of Age

The age of the Person Insured is based on the proof of age submitted and the premiums are calculated on the last birthday prior to the date of Date of Commencement of the risk under the Policy. Should the actual age of the Person Insured differ from the age stated in the Application, we shall, without prejudice to our right to avoid or cancel the Policy or other statutory rights and/ or remedies, be entitled to the following at any time during the policy term:

- If the actual age proves to be higher than what is stated in the Application, the Cost of Insurance Charges shall be altered corresponding to the actual age from the Date of Issue of the Policy and the Person Insured shall pay to the Company the accumulated difference between the corrected Cost of Insurance Charges and the original Cost of Insurance Charges from the date of issue of the Policy up to the date of such payment with interest at such rate as prescribed by the Company from time to time. The difference paid will not be used to buy Units in the Unit Account. If the Person Insured fails to pay such accumulated difference, together with interest, the same shall be recovered by cancellation of Units.
- If the actual age proves to be lower than what is stated in the Application, the Cost of Insurance Charges shall be altered corresponding to the actual age from the Date of Issue of the Policy and the Company, may, at its discretion, refund without interest, the accumulated difference between the Corrected Cost of Insurance Charges and the Original Cost of Insurance Charges.

- If the Person Insured's actual age is such that it would have made him/ her ineligible for the insurance cover stated in the Policy, the Company reserves the right at its sole discretion to take such action as may be deemed appropriate including cancelling the Policy and refunding the Fund Value less the applicable Surrender Charges

2.9 Travel, Residence and Occupation

This Policy does not impose any restrictions on residence or occupation except as otherwise provided by law.

2.10 Disclosure

This Policy has been issued on your representation that you have made full and accurate disclosures of all material facts and circumstances and that you have not misrepresented or suppressed any material facts or circumstances. In the event it comes to our knowledge that you have misrepresented or suppressed any material facts and circumstances we shall reserve the right to take such action, as we deem appropriate including cancellation of the Policy and forfeiture of Fund Value in the Unit Account/Premium(s) received.

2.11 Incontestability

In accordance with the provisions of Section 45 of the Insurance Act, 1938, "No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the Person Insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such a statement was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy owner and that the owner knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Person Insured was incorrectly stated in the proposal."

2.12 The Person Insured's Rights

To exercise your rights, under this Policy, you should follow the procedures stated in this Policy. If you want to request a change in payment mode, payment of Top-Up Premium, change in Beneficiary, change an address or any other action by us, you should do so only on the forms prescribed for each purpose. These forms are available from the Person Insured's Financial Advisor or from the local MetLife office.

2.13 Loss of the Policy Document

If the Policy document is lost or destroyed, at your request and on fulfilment of prescribed conditions, the Company may issue a duplicate policy document duly endorsed to show that it is issued following the loss or destruction of the original document. The Company has the right to charge a processing fee of Rs.250 and the requisite stamp duty, if applicable, for the issue of a duplicate policy document

Upon the issue of a duplicate Policy, the original document will cease to have any legal effect.

2.14 Governing Laws and Jurisdiction

The terms and conditions of the Policy shall be governed by and subject to the laws of Republic of India. All Premiums and Benefits are expressed and payable in Indian Rupees. The parties shall be subject to the jurisdiction of the law courts situated at Bangalore for all matters and disputes arising from relating to or concerning the application and declaration and the Policy.

2.15 Taxation

The Tax benefits on the Policy would be as per the prevailing provisions of the tax laws in India. If required by the relevant legislations prevailing from time to time, the Company will withhold taxes from the benefits payable under the Policy.

The taxes as applicable will be levied on the premiums paid by you, and the same shall be either collected separately by the Company along with the premiums or recovered by cancellation of units from your Unit Account. In the event that in any given year, the number of units in the Unit Account is insufficient to enable the Company to recover the tax amount, the Company reserves its right to recover such outstanding tax amount from the Unit Account in the following years.

2.16 Claims Procedure

Death Claims

If the Person Insured dies while the Policy is in force for the full Sum Assured, we shall pay the Death Benefit only if this benefit has not been cancelled or terminated; we are satisfied that the death of the Person Insured has occurred, all provisions of the Policy (including any endorsements) and local law are met, all premiums fallen due till the date of death have been paid and upon submission of the following documents to us,:

- Written Intimation of death by the Beneficiary/ Appointee/Nominee (as applicable).
- The Original policy document.
- The duly filled Claim forms as prescribed by us.
- Proof of the Age of the Person Insured (if required).
- Attested copy of the photo identity proof of the Beneficiary/ Appointee/Nominee (as applicable).
- Official death certificate issued by a competent authority as acceptable to the Company.
- FIR, Police inquest report and post-mortem report where the death is due to accident or unnatural cause.
- Proof of title to the Policy like succession certificate, legal heirship certificate (applicable in the absence of a Beneficiary/Nomination).
- Discharge voucher as prescribed by us.
- Any additional documents or forms as may be required by us.

The Company reserves the right to investigate any claim and has the right to obtain all documents relating to the circumstances of a claim before deciding the admissibility of the claim.

Maturity Claims

We shall pay the Maturity Benefit on the Maturity Date, provided the Policy is neither lapsed or terminated as on that date, and upon you submitting the following documents to us:

- The Original Policy document
- The duly filled Claim forms as prescribed by us
- The discharge voucher as prescribed by us
- Any additional forms as may be required by us

We shall pay the Maturity Benefit to the Person Insured if he / she is alive as of the Maturity Date or to the Beneficiary.

2.17 Grievance Redressal Mechanism

1. In case you have any query or complaint/grievance, you may approach our office at the following address:
MetLife India Insurance Company Ltd.,
'Brigade Seshamahal', 5 Vani Vilas Road, • Basvangudi • Bangalore – 560 004, India.
Toll Free Help line: 1-800-425-6969 (8am –8pm) • Phone: +91 80 2650 2244 • Fax +91 80 41506969
Email: indiaservice@metlife.com • Web: www.metlife.co.in

Please address your queries or complaints to the Customer Services Department, and your grievances to the Grievance Redressal Officer, who are authorized to review your queries or complaints or grievances and address the same. Please note that only a duly authorized officer of the Company has the authority to resolve your complaints and grievances. The Company shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling you this policy.

2. In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official of Insurance Regulatory and Development Authority for resolution:
Grievance cell (Complaint against Life insurer)
Insurance Regulatory and Development Authority
Parishrama Bhawanam, 5-9-58/B, Basheerbagh, Hyderabad – 500 004.
Phone: +91-40- 6682 0964/6678 9768 (Ext –251)
E-mail: lifecomplaints@irda.gov.in
3. In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman at the address enclosed as Annexure A mentioned after the terms and condition section if your grievance pertains to:
 - Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
 - Delay in settlement of claim
 - Dispute with regard to premium
 - Non-receipt of your insurance document
4. The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.

5. As per provision 13(3) of the Redress of Public Grievances Rules 1998, the complaint to the Ombudsman can be made:
- Only if the grievance has been rejected by the Grievance Redress Machinery of the Insurer
 - Within a period of one year from the date of rejection by the insurer
 - If it is not simultaneously under any litigation.

2.18 Customer Service

The Person Insured can seek clarification or assistance on the Policy from the following:

- The Financial Advisor from whom the Person Insured has bought the Policy
- Company's Customer Service Representative through the toll free number: 1-800-425-6969 during business hours (9am – 6pm).
- Visit us at www.metlife.co.in
- Mail us at indiaservice@metlife.co.in
- The Person Insured can also write to us at
**Customer Service Desk,
MetLife India Insurance Company Limited**
Registered Office,
'Brigade Seshamahal'
5, Vani Vilas Road,
Basavanagudi,
Bangalore – 560 004.

Section 3 – Policy Benefits

The following Benefits are available under the Policy

3.1. 1 Death Benefit

Upon the death of the Person Insured, and subject to acceptance of the claim by the Company; the Company shall pay to the Beneficiary the Sum Assured as set out in the Schedule.

Additionally, the future outstanding Regular Premiums payable over the balance of the Policy term would be credited into the Unit Account, as per the Future Premium Protection Benefit. The Policy will continue to be in-force till the Maturity Date or the date of notification of the death of the Beneficiary, whichever is earlier. However there will be no coverage offered under the Policy after the payment of the Sum Assured.

If the Beneficiary is a minor at the time of a death claim, the benefits will be paid to the Appointee on behalf of the Beneficiary. The Appointee however has no right over the Policy and cannot exercise any options under this Policy, including but not limited to any Unit Account/Fund related right and/or partial withdrawal. The proceeds paid to the Appointee are meant to be used for the benefit of the Beneficiary

3.2 Maturity Benefit

Subject to the Policy being in full force, the Policy shall mature on the Maturity Date and the Fund Value (along with all Top-Up premiums Fund Value) shall be payable to the Person Insured or the Beneficiary (in the event of death of the Person Insured prior to the Maturity Date).

On maturity, the Person Insured or the Beneficiary (after attaining age 18 years as of last birth day and provided the Person Insured is not alive) will be entitled to choose any one of the following options

- (a) Total Withdrawal of the Fund Value
- (b) Withdrawals of the Fund Value at regular intervals chosen by the Person Insured during an extended Maturity Benefit Period not later than five years commencing from the Maturity Date. The Fund Value payable at such intervals will be calculated at the net Asset Value as on the relevant date.
- (c) A combination of part lumpsum withdrawal on maturity date and regular withdrawal as per abovementioned option (b)

The Person Insured will state the proportion of his /her Maturity Benefit that he/she wants to have as structured payouts through this Settlement Option.

The Person Insured will select the following by a written request at least 7 days prior to the maturity date:

- Payout Term: As specified by the regulations/guidelines. Currently, any duration between 1 to 5 years.
- Payout Frequency: Yearly, Half-Yearly, Quarterly and Monthly

- Payout Mode: Cheque, Direct Credit / ECS (must for Quarterly / Monthly mode)
- Payout Option: a) Fixed units per payout; b) Fixed amount per payout
- Under Settlement Option, the following conditions shall be applicable:
 - The minimum proportion for opting for Settlement Option is 25% of the Maturity Benefit.
 - All the payments shall be made in arrears.
 - If at any time during the settlement option period, the Fund Value falls below the regular premium paid in the first policy year then the Fund Value shall be paid to the Person Insured immediately and the policy shall terminate.
 - The Settlement Option will be available only if all the due premiums are paid.
 - Partial withdrawals and Unit switches will not be permitted during the Payout Term.
 - No charges except the Fund Management Charge shall be levied during the Payout Term.
 - The Person Insured cannot opt for the Settlement Option after the Maturity Date.
- On death of the Person Insured during the Payout Term, only Fund Value as at the date of notification of death shall become payable to the beneficiary as a lump sum and the policy shall terminate.

3.3 Guaranteed Loyalty Additions

Subject to the Policy being in force and all due Regular Premiums applicable having been paid and the incidence of claim due to death not having arisen, refund of all allocation charges as Guaranteed Loyalty Additions which is defined as a percentage (%) of First Year Annualised Premium will be credited to the Policy from the 6th policy year till Maturity.

The schedule of credit of Guaranteed Loyalty Additions varies in accordance with the Coverage Term chosen and is shown below.

Guaranteed Loyalty Addition as % of First Year Annualised Premium				
Time of Addition	Policy Term			
	10	15	20	25
6 th year onwards till maturity	12.40%	7.40%	6.00%	4.50%

The rupee value of the Guaranteed Loyalty Additions would be allocated to the chosen Unit-Linked Funds in the same proportion as the then existing Premium Allocation Instruction of the Person Insured, by creating appropriate number of units as per the Net Asset Value of the Unit-Linked funds, as on the due date of credit of the Guaranteed Loyalty Additions.

Top – Up premiums, if any, will not qualify for Guaranteed Loyalty Addition.

3.4 Partial Withdrawal Benefit

"Partial Withdrawal" of cash from the Fund Value is permitted at any time after the completion of the first five Policy Years, provided the Policy is in force. Only the Person Insured shall be permitted to make partial withdrawals. This withdrawal shall be subject to prevalent administrative rules regarding minimum and maximum withdrawal amounts.

The current limit on the minimum Partial Withdrawal is Rs.5,000. The limit on the maximum Partial Withdrawal is restricted to 10% of the Fund Value at the beginning of the Policy year till the last three years of the policy term. During the last three policy years, the limit on the maximum Partial Withdrawal is restricted to 25% of the Fund Value at the beginning of the Policy Year.

The Person Insured may make four Partial Withdrawals in a Policy Year free of charge. Every subsequent Partial Withdrawal in a Policy Year is currently subject to a charge of Rupees 250 per withdrawal. This charge can be revised from time to time but at no point in time will this charge exceed Rupees 750 per withdrawal. This charge will be recovered by the cancellation of units in the same proportion as invested at that point in time.

The Person Insured will have the choice of specifying the fund from which the Partial Withdrawal is intended. In the absence of any such choice, the withdrawal request will be processed in the same proportion as invested in the base fund at that point in time.

For the Partial Withdrawal, the cancellation of Units shall be first done from the Fund Value corresponding to the Top-Up Premiums paid till then, subject to the Top-Up Premium having been invested for atleast three completed years from the date of payment of such Top-Up Premium. However, this condition will not apply if the Top-Up Premium is paid during the last three years of the Coverage Term.

For the purpose of Partial Withdrawal, the Fund Value in the Unit Account will be determined using the Net Asset Value on the corresponding Valuation Date falling on or immediately after the Date of Receipt of written request at our designated office. The rules in this regard are as follows:

- If the request is received before 15.00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the request is received after 15.00 hrs on a business/working day, the corresponding valuation date is the next business/working day.

The valuation is done on a daily basis. However if there is no valuation done on a business/working day due to market closure, then the above mentioned valuation date is the date when the next valuation is done.

3.5 Surrender Benefit

No surrender value is payable during the first three years of the policy. After the first three policy years provided atleast one year's Annualised premium has been paid, the Surrender Value equal to the Fund Value in the Unit Account less the surrender charge is payable. Surrender of the policy is possible only when Person Insured is alive. Policy cannot be surrendered after the death of the Person Insured except:

As per Auto Foreclosure clause as given below

The Surrender Charges are based on a certain percentage of the First Year Annualised Premium as given below:

No. of year premium paid	Surrender Charge as a% of 1 st yr premiums
If less than 1 year's premium is paid	100%
If exactly one year's premium is paid	90%
If more than 1 year but up to 2 year's premium is paid	50%
If more than 2 years but up to 3 year's premium is paid	25%
If more than 3 years but up to 4 year's premium is paid	10%
If more than 4 year's premium is paid	Nil

In exceptional circumstances, the Company may defer the surrender of the Policy for period not exceeding thirty days from the date of application. Examples of such circumstances are:

- When one or more stock exchanges which provide a basis for valuation for a substantial portion of the assets of the fund are closed other than for ordinary holidays.
- When, as a result of political, economic, monetary or any circumstances that or out of the control of the Company, the disposal of the assets of the Unit-Linked Fund(s) are not reasonable or would not reasonably be practicable without being detrimental to the interests of the remaining Person Insureds invested in the Unit-Linked Fund(s).
- During periods of extreme volatility of markets during which surrenders would, in our opinion, be detrimental to the interests of the existing Person Insureds invested in the Unit-Linked Fund(s)
- In case of natural calamities, strikes, war, civil unrest, riots and bandhs;
- In event of any force majeure or disaster that affects our normal functioning;
- so desired by the Insurance Regulatory and Development Authority.

For the purpose of Surrender Benefit, the Fund Value in the Unit Account will be determined using the Net Asset Value on the corresponding Valuation Date falling on or immediately after the Date of Receipt of Written Request at our designated office. The rules in this regard are as follows:

- If the request is received before 15.00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the request is received after 15.00 hrs on a business/working day, the corresponding valuation date is the next business/working day.

The valuation is done on a daily basis. However if there is no valuation done on a business/working day due to market closure, then the above mentioned valuation date is the date when the next valuation is done.

3.6 Auto Foreclosure

At any point of time, if the premiums have been discontinued and if in any case the Surrender Value of units pertaining to regular premium reaches an amount equivalent to one full year's premium due to any reason, then the contract shall be terminated by paying the Surrender Value.

3.7 Death of the Beneficiary

In case of unfortunate death of the Beneficiary, the Person Insured can choose from any one of the options mentioned below.

- To continue the policy on the original terms by substituting another Person as a Beneficiary
- To surrender the Policy and take the surrender benefit.

The Policy (other than upon surrender) will be allowed to continue on the original terms basis without any alteration of term, Sum Assured, Premium etc.

However, if the Person Insured pre-deceases the Beneficiary, during the term of the Policy, and on subsequent death of the Beneficiary, the Policy terminates with the settlement of all the fund value of the units to the Appointee or legal heirs of the Person Insured. Substitution of another Beneficiary will not be allowed by anyone other than the Person Insured.

Section 4 – Policy Premiums

4.1 Monthly/Quarterly/Half yearly/Yearly premium is mentioned in the Policy Schedule as the Regular Premium payable by the Person Insured on the due dates for payment in the mode chosen. Such Regular Premium is payable on the due date for payment and in any case not later than the grace period of 30 days from due date for Quarterly/Half yearly/Yearly modes and 15 days from due date for monthly modes respectively.

4.2 Top- Up Premium

At any time during the Coverage Term, the Person Insured may in addition to the Regular Premiums apply for payment of Top-Up Premium in the specified form, subject to the following conditions:

- The Policy is in full force
- Regular Premiums due till the date of application for payment of Top-Up Premium has been paid in full.

The cumulative Top-Up Premiums paid at any point of time shall not exceed 25% of total Regular Premiums paid till that date .

Top-up premiums will not alter the Sum Assured under any circumstances. Top-Up Premium is subject to a lock-in period of three years from the date of paying such a Top-Up Premium for effecting Partial withdrawals. However, this condition of the minimum lock in period will not apply if the Top-Up Premium is paid during the last three years of the Coverage Term.

4.3 Premium (Re) direction

All premiums (including Top-Up Premiums) paid could be allotted in any proportion between the various funds offered subject to the sum of proportions being equal to one hundred percent. The premium allocated needs to be chosen at the time of the proposal and also can be altered later. However the proportion for any chosen fund should be at least 20%.

The Person Insured would have the option to change the premium allocation proportions once every Policy Year free of charge. Subsequent changes in a Policy Year would be considered as an alteration and would attract a miscellaneous charge as detailed in Section 6.9

4.4 Creation of Units

Regular Premiums after premium allocation charge as in Section 6.1 will be used to buy units in the Unit Linked Funds as per the Person Insured's then Premium Allocation instruction using the Net Asset Value of the respective Unit-Linked fund as on the premium due date or the date on which the premium is received, as applicable, subject to the following conditions.

- If the Regular/Top-Up Premiums are received by Local Cheque/DD (payable at par where the premiums are received) before 15.00 hrs on a business/working day, the corresponding valuation date is the same business/working day.
- If the Regular/Top-Up Premiums are received by Local Cheque/DD (payable at par where the premiums are received) after 15.00 hrs on a business/working day, the corresponding valuation date is the next business/working day.
- If the Regular/Top-Up Premiums are received by any other authorized mode other than Local Cheque/DD as above, the corresponding valuation date is the business/working day on which the premiums are realised.

Regular Premiums paid before the Premium due date shall be used to buy units only on the due date in accordance with provisions mentioned above. The Premiums paid in before the due date shall not be entitled to any interest income.

However the first Regular Premium received by the Company along with the Proposal form will be used to buy units in the Unit-Linked Fund as per the Person Insured's Premium Allocation Instruction using the Net Asset Value of the respective Unit-Linked

"IN THIS POLICY, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

Product UIN: 117LXXXV01

Funds as applicable on the day the proposal is completed and results into the Policy or the date of realisation of Premium, whichever is later.

The valuation is done on a daily basis. However if there is no valuation done on a business/working day due to market closure, then the above mentioned valuation date is the date when the next valuation is done.

The frequency of payment may be changed with our prior written approval effective from the following Policy Anniversary Date.

Premiums are payable through any of the following methods: Cash/Cheques/Demand Drafts/ Pay Orders/Bankers Cheque/Standing instruction on Credit Card.

All amounts payable either to us or by us shall be in Indian Rupees and will be payable at the Head Office, Regional Office or any other office of the Company.

4.5 Cancellation of Units

Units will be cancelled from the Unit-linked Funds on receipt of an application (including claims, surrender, policy closure, switches and partial withdrawal) by the Company. The Fund Value payable on cancellation of Units will be equal to the number of Units outstanding in each of the Unit Linked Funds multiplied by the corresponding applicable Net Asset Values. The Net Asset Value applicable shall be based on the following conditions:

- If such application is received by 15.00 hrs, the same day's closing Net Asset Value shall be applicable
- If such application is received after 15.00 hrs, the next day's closing Net Asset Value shall be applicable

4.6 Discontinuance of Premium

Discontinuance of Premium:

a. Discontinuance of Regular Premium within the first three Policy Years:

If any Regular Premium due within the first three policy years of the inception of Policy, remains unpaid even after the grace period, which is 30 days from the due date of premium for yearly, half-yearly and quarterly mode of premium payments and 15 days from the due date of monthly premium, from the date of last unpaid premium, all the policy benefits will cease to exist and the Policy will lapse with effect from the due date of first unpaid premium ("Lapse Date"). Only the Policy Administration and Fund Management Charge will continue to be deducted.

Reinstatement of the Policy: When the Regular Premium is not paid during the grace period, the Policy shall lapse. You may, however apply for reinstatement of the lapsed Policy subject to the following conditions:-

- Request in writing for reinstatement within two (2) years from the date of the First unpaid premium.
- Provided satisfactory evidence of insurability to us and fulfil all such requirements which may be reasonably prescribed by us.
- Payment in full of an amount equal to all the Regular Premiums due but unpaid till the Effective Date of reinstatement and
- Applicable reinstatement fee

The Effective Date of Reinstatement is the date on which the above requirements are met and approved by the Company. On this date, all outstanding Policy charges shall be deducted from the above payment for the period between the Lapse Date and the Effective Date of Reinstatement.

In case of the death of the Person Insured during the time allowed for reinstatement of a lapsed policy, the Fund Value in the Unit Account will be paid to the Appointee or Beneficiary, as applicable. No other benefits shall be payable under the Policy. Fund Value shall be calculated in accordance with the provisions mentioned in Section 4.5. The Fund Value shall be subject to the performance of the underlying Unit-linked Funds and applicable Fund Management Charges.

If the Policy is not reinstated during the period allowed for reinstatement, the Policy will be terminated and the fund value net of the surrender charge shall be payable at the end of the reinstatement period or at the expiry of the third policy year, whichever is later.

b. Discontinuance of Regular Premium after the first three Policy Years:

If all the due premiums have been paid for at least first three consecutive years and subsequent premiums are not paid, then the policy shall remain in force for full risk cover on the life of the Person Insured for a period of two years from the due date of first unpaid premium, during which period the policy can be reinstated. If the policy is not reinstated within that period, then the policy shall be terminated by paying the Surrender Value to the Person Insured.

During the reinstatement period, the Person Insured shall have following options (apart from the option to reinstate the policy):

- Option to surrender the policy:*

On the exercise of such an option, the Surrender Value, if any and as defined above, shall be payable and the contract shall terminate.

ii. *Option to continue the policy without paying further premium:*

On the exercise of such an option, the policy will continue with full sum assured till the time the Surrender Value of units pertaining to regular premium reaches an amount equivalent to one full year's premium and thereafter the policy shall be terminated with advance notice by paying the Surrender Value to the Person Insured.

On the exercise of this option, no Future Premium Protection Benefit will be payable on the death of the Person Insured as he/she has already decided not to pay further premiums. Further, for computation of mortality charges, the sum at risk is considered as the basic Sum Assured. In other words the Sum Assured pertaining to Future Premium Protection Benefit is considered zero for computation of mortality charges.

Reinstatement of the policy after expiry of grace period will be subject to underwriting requirements.

Section 5 – Unit Linked Funds

5.1 Unit Linked Funds

There are five Unit Linked Funds which have different risk-return profiles and different asset allocation patterns. Each Unit Linked Fund is referenced to separate and identifiable assets of the Company. The investment objectives and investment patterns associated with the different Unit Linked Funds are explained in the following sections:

(A) Preserver

Investment Objective:

To generate income at a level consistent with preservation of capital, through investments in securities issued or guaranteed by the Central or State Governments.

Investment Pattern:

The investments shall be made in a mix of long term Government securities and Treasury Bills. Investments shall be made in both Central Government and/or State Government securities. To meet liquidity needs, a small portion of the investments shall be held in the form of Money Market instruments.

B) Protector

Investment Objective:

To generate income at a level consistent with protection of capital by investing in high investment grade Fixed Income Securities.

Investment Pattern:

This fund will primarily invest in a portfolio of bonds and other fixed income securities issued by the Government, Government Agencies and Corporate Issuers rated AA and above. To meet liquidity needs, a small portion of the investments will be held in the form of Money Market instruments.

(C) Balancer

Investment Objective:

To generate capital appreciation and current income, through a judicious mix of investments in Equities and Fixed Income Securities.

Investment Pattern:

This fund will invest in a portfolio of listed equities and high investment grade fixed income securities, government bonds, infrastructure bonds and Money Market instruments. The fund intends to adopt a relatively balanced approach towards exposure to bonds and equities with the objective of achieving capital appreciation with reduced short-term volatility. The Fund will target to invest 50% in blue chip stocks. (In other words, the target mix between debt and equity securities underlying this fund will be 50:50.) The fund will invest in all equity sectors, thereby diversifying the risk and will be subject to the prudential and exposure norms stipulated by the regulatory framework.

(D) Virtue

Investment Objective:

To generate long term capital appreciation by investing in diversified equities of companies promoting healthy lifestyle and enhancing quality of life.

Investment Pattern:

The diversified pure equity fund is a long term growth fund. The Fund's primary objective is to have high capital appreciation through investment in equity and liquid Money Market instruments in India. The fund will emphasize on well being and a healthy life and invest in diversified equities of companies as decided by the Company from time to time. The investments shall not be made in Banks, Financial Institutions and companies operating in Gambling, Alcohol, Tobacco and Entertainment industries.

(E) Multiplier

Investment Objective

To maximise capital appreciation over the long term by investing in a diversified portfolio of Equities

Investment Pattern

The diversified pure equity fund is a long term growth fund. The Fund's primary objective is to have high capital appreciation through investment in Equity and Money Market instruments. The fund will invest in all equity sectors, thereby diversifying the risk and will not invest more than 10% of the funds in single scrip (subject to IRDA (Investment) Regulations in this regard).

The following table presents the minimum and maximum percentage of funds to be invested in different asset classes for the different Unit Linked Funds.

Min - Max % of funds to be invested in	Unit Linked Funds				
	Preserver	Protector	Balancer	Virtue	Multiplier
Government Securities (including Government guaranteed securities)	80%-100%	25%-90%	10%-60%	0%-0%	0%-0%
Infrastructure / Social Sector Securities	0%-0%	0%-60%	0%-60%	0%-0%	0%-0%
Other "Approved" Investments					
- Listed Equities	0%-0%	0%-0%	35%-65%	60%-100%	80%-100%
- Long Term Bonds	0%-0%	10%-60%	0%-60%	0%-0%	0%-0%
- Short Term Bonds	0%-0%	0%-45%	0%-35%	0%-0%	0%-0%
- Money Market Instruments	0%-40%	0%-40%	0%-40%	0%-40%	0%-40%
Risk Profile	Very Low risk	Low risk and is designed for regular income	High risk and returns with a fair exposure to equities	This fund will have very high risk and returns and will be prone to market fluctuations	This fund will exhibit very high risk and returns and will be prone to market fluctuations

The actual asset allocations patterns under each of the Unit Linked Funds will be governed by the aforesaid caps and floors; the relevant provisions of the Insurance Act, 1938; the IRDA (Investment) Regulations prevailing from time to time; and subject to the investment objective of each of the funds. The Company would rebalance on a periodic basis to ensure that the actual assets are within the above prescribed percentage ranges. The Company will adopt appropriate risk control measures on a continuing basis, for the above purpose.

5.2 Unit Allocations and Nominal Value

The unit allocations would be rounded up to four decimal places. The nominal value of the Units is Rupees 10 each.

5.3 Valuation of the Unit Linked Funds

The assets to which the Unit Linked Funds are referenced, will be valued every day and will be based on whether the Company is purchasing (appropriation price) or selling (expropriation price) the assets on a net basis in order to meet the day to day transactions.

The Appropriation Price of a Unit Linked Fund will be determined by the Company and will be computed as: Market value of investments held by the fund plus the expenses incurred in the purchase of the assets plus the value of any current assets plus any accrued income net of Fund Management Charges less the value of any current liabilities less provisions, if any.

The Expropriation Price of a Unit Linked Fund will be determined by the Company and will be computed as: Market Value of investment held by the fund less the expenses incurred in the sale of the assets plus the value of any current assets plus any accrued income net of Fund Management Charges less the value of any current liabilities less provisions, if any.

"IN THIS POLICY, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER."

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The Company will make all decisions about the selection and valuation of the assets to which a Unit Linked Fund is referenced subject to the Regulatory Guidelines in this regard.

5.4 Calculation of Net Asset Values under a Unit Linked Fund

The Net Asset Value would be calculated as:

(Market value of investments +/- Expenses incurred + Current Assets+ Accrued Income - Current Liabilities and Provisions – Fund Management Charge) / (Number of outstanding units under the relevant Unit Linked Fund)

The Net Asset Value would be rounded up to four decimal places.

5.5 Risks Inherent in the Unit Linked Funds

Due to the nature of the Unit Linked Funds, the Company does not guarantee the price of the Units of any of the Unit Linked Funds offered by it.

The Person Insured (and the Person Insured, if different) is aware that the investment in units is subject, inter alia , to the following risks:

- The investments in the Units are subject to market and other risks and there can be no guarantee that the objectives of any of the Unit Linked Funds will be achieved.
- The Value of the Units of each of the Unit Linked Fund can go up or down depending on the factors and forces affecting the financial markets from time to time including changes in the general level of interest rates.
- The past performance of the Unit Linked Fund(s) of the Company is not necessarily indicative of the future performance of any of these Unit Linked Funds.
- The Unit Linked Funds do not offer a guaranteed or assured return.
- The name of the Product does not in any way indicate the quality of the product, its future prospects or returns.
- The names of the Unit Linked Funds and their objectives do not in any manner indicate the quality of the fund, their future prospects or returns.
- All benefits payable under the policy are subject to the tax laws and other legislations/regulations as they exist from time to time.

5.6 Other Conditions Governing Unit Linked Funds

Limitation of Interest:

The allocation of the Units to the Unit Account shall be notional and shall operate solely for the purpose of determining the value of benefits under the policy.

The assets to which the Unit Linked Funds are referenced, and any income arising from these assets shall remain the property of the Company at all times. Accordingly, the policy does not confer any title to or any beneficial interest in any assets of the Company, or to any income from these assets including, but not limited to, any assets to which any Unit Linked Fund is referenced or income there from.

Closure of an Existing Unit Linked Fund:

Although the above Unit Linked Funds are open ended, the Company may, with prior approval from the Insurance Regulatory and Development Authority close any of the above mentioned Unit Linked Funds. The Person Insured/Person Insured shall be given atleast four weeks prior written notice of the Company's intention to close any of the Unit Linked Fund. In such an event, the Owner needs to inform the Company the Person Insured's preferred Unit Linked Fund to which the Fund Value are to be switched before the Unit Linked Fund closure date. If the Owner doesn't inform before such date, the Company will switch the said Fund Value to the Unit Linked Fund available at that particular point of time with the highest proportion of Funds targeted for investments in Government Securities. Switching between the existing Unit Linked Funds will be subject to such conditions as mentioned in Section 6.7 However no fee would be charged for switching to another Unit Linked Fund in the event of such closure of a Unit Linked Fund.

Introduction of a New Unit Linked Fund:

New Unit Linked Fund(s) may be established by the Company from time to time with prior approval from the Insurance Regulatory and Development Authority and the Person Insured may be notified of the establishment of such new Unit Linked Fund(s). The Company may offer the Person Insured/Person Insured the option to switch to those Unit Linked Funds at such price and subject to such terms and conditions as may be imposed by the Company at that time. Switching between the existing Unit Linked Funds will be subject to such conditions as mentioned in Section 6.7

Switching amongst Unit-Linked Funds:

The Person Insured can apply for Switch of Unit-Linked Fund/s from one Unit-Linked Fund/s to another through a Switch Application Form specified by the Company. The facility of Switch would be subject to the administrative rules of the Company, existing at the time of the Person Insured's Switch application.

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Switch of funds will be effected at a Net Asset Value declared on the date the Person Insured's Switch application is received and accepted by the Company before 15.00 hrs (or at any other time as may be made applicable in accordance with the prevailing administrative guidelines) and on the next day's Net Asset Value declared if the application is received and accepted at the Company after 15.00 hrs (or at any other time as may be made applicable in accordance with the prevailing administrative guidelines). The Person Insured is entitled to make 12 (twelve) Switches per Policy Year free of charge.

Every additional Switch in a Policy Year, over and above the number of free switches allowed would be subject to a charge which is currently at Rupees 250/- per switch; the same shall however not exceed Rupees 750/- per switch. Unutilized switches of any Policy Year cannot be carried forward to the succeeding Policy Years. The minimum amount of a switch transaction would be Rupees 5000.

Section 6 – Policy Charges

The charges are divided into Premium Allocation Charge, Fund Management Charge, Policy Administration Charge, Surrender Charge, Switching Charge, Mortality Charge, Partial Withdrawal Charge and Miscellaneous Charge.

6.1 Premium Allocation Charge

The Premium Allocation charge is levied at the time of receipt of the Premium and is recovered as a fixed percentage of the Regular Premium.

Year	Year 1 & 2	Year 3 onwards
Coverage Term 10 yrs	31%	0%
Coverage Term 15 yrs	37%	0%
Coverage Term 20 & 25 yrs	45%	0%

The Premium Allocation Charge for Top-Up Premium is 2.5%

The premium allocation charge will be deducted from each Regular/Top-Up Premium and the balance Net Premium will be used to buy units in the appropriate fund.

6.2 Policy Administration Charge

The Policy Administration charge is a fixed sum and would be deducted once at inception (first year of the policy) and every month from the Fund thereafter. The Policy Administration Charge for different Annualised Premium range and Policy Term and are as follows:

Policy Related ----->	AP Range (Rs.) / Term	Charges (Rs.)			
		10 Year	15 Year	20 Year	25 Year
First (At inception)	12,000 to 24,999	2,400	1,320	1,320	1,320
	25,000 to 49,999	2,400	1,920	1,920	1,920
	50,000 to 74,999	3,000	2,520	2,520	2,520
	75,000 to 100,000	4,800	3,120	3,120	3,120
First Year onwards (Every month)	12,000 to 24,999	100	90	80	70
	25,000 to 49,999	150	140	130	120
	50,000 to 74,999	300	190	180	170
	75,000 to 100,000	400	240	230	220

The above charges will be deducted at the beginning of each month by cancellation of an appropriate number of units using the relevant Net Asset Value of these units.

The policy administration charge would be deducted from the Unit Linked Funds in proportion to respective Fund Values available in each of the subscribed Unit Linked Funds as on the due date of deduction.

The Company reserves the right to increase this charge with prior clearance from the Insurance Regulatory and Development Authority.

6.3 Mortality Charge

Mortality charges will be deducted at the beginning of each month by cancellation of an appropriate number of units at the relevant Net Asset Value.

The calculation method will be as follows: (Sum At Risk/1000) X Mortality Charges

Sum at Risk is defined as Sum Assured plus Sum of all future outstanding premiums.

The Mortality charges would be deducted from the Unit Linked Funds in proportion to respective Fund Values available in each of the subscribed Unit Linked Funds as on the due date of deduction.

6.5 Fund Management Charge

The following Fund Management Charges (expressed as a % of the Value of Assets underlying the Unit Account) will be levied.

Fund Option	Current	Maximum
Protector	1.25% p.a	2.50% p.a
Preserver	1.25% p.a.	2.50% p.a.
Balancer	1.50% p.a.	2.50% p.a.
Virtue	1.75% p.a	2.50% p.a
Multiplier	1.75% p.a.	2.50% p.a.

These charges are deducted while calculating the Net Asset Value of the Unit Linked Funds at each valuation date.

However the Company reserves the right to increase this charge up to a maximum as specified above with prior clearance from the Insurance Regulatory and Development Authority.

6.6 Surrender Charge:

The Surrender Charge is based on the First Year Annualised Premium and is deducted from the Fund Value. Surrenders are not permitted during the first three years of the Policy irrespective of the Coverage Term. Surrender of the Policy is possible only when the Person Insured is alive. Policy cannot be surrendered after the death of the Person Insured, except, As per Auto Foreclosure Clause Sec 3.6 of this policy document

No. of year premium paid	Surrender Charge as a% of 1 st yr premiums
If less than 1 year's premium is paid	100%
If exactly one year's premium is paid	90%
If more than 1 year but up to 2 year's premium is paid	50%
If more than 2 years but up to 3 year's premium is paid	25%
If more than 3 years but up to 4 year's premium is paid	10%
If more than 4 year's premium is paid	Nil

The Surrender Charge would be deducted from the Fund Value before payment of the same to the Person Insured

6.7 Switching Charge

The first twelve switches between the Unit-Linked Funds in a policy year will be free of any charge. Currently for each further switch between the funds, the Company will charge the Person Insured Rupees 250. The switching charges will be deducted from the amount switched and the balance amount will be used to buy units in the new Unit Linked Fund.

However the Company reserves the right to increase this charge up to a maximum of Rupees 750.

6.8 Partial Withdrawal Charge

The first four withdrawals in a Policy Year will be free of any charge. For each subsequent partial withdrawal, the Company will charge the Person Insured Rupees 250.

However the Company reserves the right to increase this charge up to a maximum of Rupees 750.

The partial withdrawal charge will be deducted from the Fund by cancellation of appropriate units

6.9 Miscellaneous Charge

The Company has the option to charge Rupees 250 for any alteration within the contract. These charges will be deducted by cancellation of appropriate number of units at the relevant Net Asset Value.

However the Company reserves the right to increase this charge up to a maximum of Rupees 750 with prior clearance from the Insurance Regulatory and Development Authority.

The miscellaneous charge would be deducted from Unit Linked Funds in proportion to respective Fund Values available in each of the subscribed Unit Linked Funds as on the due date of deduction. The alterations for this purpose would include: Premium Redirection and Reinstatement of the Policy.

The other permitted alterations are: Change of Premium Payment frequency; Change of Beneficiary, in case of death of the Beneficiary under the policy and Change of Assignment, which are allowed free of charge.

Applicable Taxes as notified by the Government from time to time, will be levied in the manner mentioned in Section 2.15

7.0 Termination of Policy

The Policy will be terminated on the earliest of the following:

- The Date of confirmation by the Company for Surrender of the Policy
- On the Company's payment of the Fund Value on the Maturity Date of the Policy as per Option (a) of Section 3.2
- The Date of happening of the event/s as mentioned in Section 4.6
- On the date of completion of the period chosen for settlement or the death of the Person Insured, whichever is earlier, with respect to Section 3.2 Option (b) or (c).

7.1 Changes to Terms and Conditions:

The Company reserves the right to change these Terms and Conditions, the Rules for the Unit Linked Funds and the benefits conferred by the Policy if there is a change in the law, legislation or taxation affecting the Company or the Unit Linked Funds or the Policy, or if there is a change in circumstances which makes it impossible or impracticable for the Company to follow these Terms and Conditions.

The Company will intimate the Person Insured about any changes to the Terms and Conditions, Rules for the Unit Linked Funds and benefits within four weeks from the date of effecting such changes.

If the Person Insured does not agree with the change and does not intimate the Company within four weeks after the Company has sent notification thereof, it will be treated as an acceptance of change.

If the Person Insured does not agree with the change and intimate the Company within four weeks after the Company has sent notification thereof, the Person Insured will be allowed to surrender the units in the Unit Account and terminate the policy as detailed in Section 7.0



peace of mind. Guaranteed.

MetLife India Insurance Company Limited (Insurance Regulatory and Development Authority Life Insurance Registration No.117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore – 560004. www.metlife.co.in FAX: +91-80-4150 6969

Annexure A - List of Insurance Ombudsmen

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2 nd floor, Ambica House, Nr. C.U.Shah College,5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel.079- 27546150,Fax:079-27546142	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsm Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor,Malviya Nagar, BHOPAL Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 , Tel.0674-2596461(Direct) Secretary No.:0674-2596455, Tele Fax - 0674-2596429 E-mail: iobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2 nd floor, Batra Building, Sector 17-D , CHANDIGARH - 160 017 Tel.: 0172-2706196, Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI - 600 018 Tel. 044-24333678, Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel. 011-23239611,Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5 th floor, Nr. Panbazar Overbridge , S.S. Road, GUWAHATI - 781 001 , Tel. : 0361-2131307 Fax:0361-2732937 E-mail: omb_ghy@sify.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool HYDERABAD - 500 004 Tel. 040-23325325,Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2 ND Floor, CC 27/2603, Pulinat Building ,Opp. Cochin, Shipyard,M.G. Road , ERNAKULAM - 682 015 Tel: 0484-2358734, Fax:0484-2359336 E-mail: iokochi@asianetglobal.com	Kerala , UT of (a) Lakshadweep , (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road , 3 rd floor, KOLKATA - 700 001 Tel.:033-22134869, Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6 th floor, Nawal Kishore Rd. Hazratganj LUCKNOW - 226 001 , Tel.:0522-2201188, Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Jttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), MUMBAI - 400 054 , PBX: 022-26106928, Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra

Note : Address and contact number of Governing Body of Insurance Council:

Secretary General
Governing Body of Insurance Council
Jeevan Seva Annexe, 3rd Floor,
S.V. Road, Santacruz (W)
Mumbai - 400 054
Tel. No. : 022 - 2610 6889, 26106245
Fax No. : 022 - 26106949, 2610 6052

Customer Service Toll free: 1800-425-6969, OR Call on: +91 -80 -2650 -2244 (8:00 am to 8:00 PM)

Write to us at indiaservice@metlife.com

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MetLife®

Application No. [REDACTED]

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MetLife India Insurance Company Limited

(Insurance Regulatory and Development Authority Life Insurance Registration No.117)

Registered Office: 'Brigade Seshamahal', 5 Vani Vilas Road, Basavanagudi, Bangalore-560004 www.metlife.co.in Phone: +91-80-2643 8638. Fax: +91-80-41560060

Please fill	Code	Name	Policy Type	Channel Type
FA Worksite	[REDACTED]	[REDACTED]	<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> WSM <input type="checkbox"/> C-WAD
FA/FPC/CSO	[REDACTED]	[REDACTED]	Type of Cover	
MetLife Branch	[REDACTED]	[REDACTED]	<input type="checkbox"/> [REDACTED]	<input type="checkbox"/> Employer-Employee
Relationship Branch	[REDACTED]	[REDACTED]	<input type="checkbox"/> MWP <input type="checkbox"/> HUF <input type="checkbox"/> General Partnership	<input type="checkbox"/> Key Person <input type="checkbox"/> Key Partnership



Col. [REDACTED] must bear full signature of the Applicant.

IN UNIT-LINKED INSURANCE PRODUCT, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

MetLife India Insurance Company Limited, Bangalore-560004. This policy is issued on the basis of the information provided by the applicant. The policyholder shall be responsible for the investment risk in the investment portfolio. The policyholder shall be responsible for the investment risk in the investment portfolio. The policyholder shall be responsible for the investment risk in the investment portfolio.

1. Identity of Proposed Insured

1.1 Full Name [REDACTED] C

1.2 Mailing Address Residence Office Permanent Address [REDACTED]

1.3 Telephone/Mobile (STD Code) [REDACTED] 1.4. Father's Name: [REDACTED]

1.5 Email - ID: [REDACTED] 1.6. Date of Birth: [REDACTED] 1.7. Gender: M F

1.8 Nationality: Indian Foreign National
If Non - Resident Indian or Foreign National, Please mention the country you reside in the space provided above and complete NRI questionnaire.

1.9 Marital Status: Single Married Widowed 1.10. Educational Qualification: [REDACTED]

1.11 Source of Income: Service/Business/Self-employed/Professional/Student/Homemaker/Others - Please Specify: [REDACTED]

1.12 Occupation Details: [REDACTED]

Name & Address of the Organization / Business	Exact Nature of Duties	Designation	Years of Service / Business	Annual Gross Income
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2. Policy Owner / Beneficiary / Nominee Details (in case of Met Magic, only beneficiary name is to be given)

Please tick (✓) anyone: Policy Nominee Owner Beneficiary

2.1 Full Name [REDACTED]

2.2 Father/Husband Name: [REDACTED] 2.3. Relationship with Proposed Insured: [REDACTED]

2.4 Mailing Address [REDACTED] Permanent Address [REDACTED]

2.5 Email - ID: [REDACTED] 2.6. Telephone/Mobile (STD Code) [REDACTED]

2.7 Date of Birth: [REDACTED] 2.8. Gender: M F

2.9 Nationality: Indian Foreign National
If Non - Resident Indian or Foreign National, Please mention the country you reside in the space provided above and complete NRI questionnaire.

2.10 Occupation: Service/Business/Self-employed/Professional/Student/Homemaker/Others - Please Specify: [REDACTED]

Name & Address of the Organization / Business	Exact Nature of Duties	Designation	Years of Service / Business	Annual Gross Income
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

2.11 Marital Status: Single Married Divorced Widowed

2.12 % of [REDACTED] % (*In case of multiple nominees please attach the 'Multiple Nominee Form' for each nominee)

3. Appointee Details (Applicable only if the Beneficiary/Nominee is a minor)

3.1 Full Name [REDACTED]

3.2 Mailing Address: Residence Office Permanent Address (if different from Mailing Address) [REDACTED]

3.3 Telephone/Mobile (STD Code) [REDACTED]

3.4 Date of Birth: [REDACTED] 3.5 Gender: M F 3.6 Marital Status: Single Married Divorced Widowed

3.7 Nationality: Indian Non - Resident Indian Foreign National
If Non - Resident Indian or Foreign National, Please mention the country you reside in the space provided above and complete NRI questionnaire.

3.8 Relationship of Nominee/Beneficiary [REDACTED] (with [REDACTED])

3.9 Premiums will be paid by: Proposed Insured Proposed Owner Other (If other please provide details in Premium Payer Declaration on Page 4)

Pre-Verification call Findings - These Rectified Additional details have been provided by the customer during pre verification call on dt. [REDACTED]

Mobile / Phone No. [REDACTED]

E-mail id: [REDACTED]

Verification done on dt. 5/15/22 is Complete and Positive of this application form.

Appointee's Signature accepting the appointment



OTC/0209/Ver 1.1

Documentation Required

Proofs to be submitted by Proposed Insured. 1. Age Proof: [] Passbook, [] Birth Certificate, [] Others (Specify) []. 2. Identity Proof: [] Passport, [] Driving License, [] Others (Specify) []. 3. Address Proof: [] Telephone Bill, [] Ration Card, [] Electricity Bill, [] Bank Statement, [] Others (Specify) []. 4. Income Proof: [] ITR, [] Audited P&L a/c, [] CA Certificate, [] Others []. 5. Recent Passport size photograph to be submitted.

4.1. Coverage Term for Met Easy/Met Magic: 10 Yrs [], 15 Yrs [], 20 Yrs [X], 25 Yrs [X]. (*Applicable only for Met Magic) 4.2. Coverage Term for Met Advantage Plus: 10 Yrs [], 15 Yrs [], 20 Yrs [], 25 Yrs []. 4.3. Premium Direction: (Minimum chosen allocation to be 20%. Please ensure total is 100%) 4.4. Premium Payment Frequency: Annual [X], Semi-Annual [], Quarterly [], Monthly []. 4.5. Mode of Future Premium Payments: Cash [], DD [X], Cheque []. 4.6. Initial Deposit Details: []

5. Personal and Medical Details

5(1) Is this your first Application for Life Insurance with MetLife? [X] Yes [] No 5(2) Height: [] cm [] feet [] inches [] pounds. 5(3) Medical Details: Have you ever been diagnosed or advised investigation for the below mentioned conditions: 1) High blood pressure, diabetes, paralysis, cancer, chest pain, angina, heart attack or any other ailments of the heart or circulatory or nervous system, respiratory or reproductive system or digestive disorder or blood disorders or any other disorders of glands. 2) Ulcers or any stomach, liver or intestinal disorder or disorders related kidney/urinary system, anaemia, epilepsy or depression. 3) Have you or your spouse ever been tested of or received any medical advice, counseling or treatment in connection with HIV/AIDS or Hepatitis B. 4) Have you been treated for any ailment which needed continuous treatment for more than 7 days or undergone any surgery or advised surgery. 5) Have you ever withdrawn or been declined/postponed for insurance or offered insurance with restricted benefits or at other than standard rates? 6) Do you have physical deformity or defect of eye, ear, nose, throat or limbs. 7) Maiden Name: [] 8) Are you pregnant? []

Section 45 of the Insurance Act, 1938: "No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that the such statement was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal." Statutory warning as per Section 41 of the Insurance Act, 1938: (1) "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." (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Declaration, Agreement and Authorization

Please tick (✓) in case of: [] Vernacular [] Illiterate [] Premium Payer Different From Applicant. If Selected Please Complete The Additional Declaration Form

DECLARATION: I, Shanmugavadiyave read this/got read /been explained the contents of this Application and have furnished the information contained herein, after fully understanding the contents thereof, and also after understanding the terms and conditions of the plan that I have applied for and have made completely true and accurate disclosure of all facts to the best of my knowledge and belief and have not withheld any information.

AGREEMENT: YOU MUST DISCLOSE IN THIS APPLICATION ALL MATERIAL FACTS WHICH SHALL FORM THE BASIS OF OUR CONTRACT, OTHERWISE THE POLICY ISSUED MAY BE VOID OR VOIDABLE. IF YOU ARE IN DOUBT WHETHER A FACT IS MATERIAL, PLEASE DISCLOSE IT. I ALSO DO HEREBY AGREE THAT,

(1) My statements and this declaration shall be the basis of any policy issued by MetLife India Insurance Co. Ltd., (MetLife). (2) My occupation is not associated with any specific hazards (e.g. Chemical Factory, Mines, Explosives, Corrosives, HTV Drivers, Flying etc.) and I also confirm that I am not engaged in automobile or motor racing, skiing, scuba diving or any such professional sports. (3) In case non-standard age proof (where applicable) is submitted - "I agree to pay the extra premium @2.50 Per thousand sum assured in lieu of the standard age proof". (4) Commencement of risk under this Application will not take effect until the risk is accepted by MetLife after receiving the required premium and the policy is issued. (5) I certify that I have received the Benefit illustration and have read and understood the same. I understand that the terms and conditions including the premium and benefits under the policy are subject to taxes / duties / charges as per the applicable laws. (6) In Unit-Linked Insurance Product, I have been explained and have understood all the applicable charges payable under the product. (7) I hereby declare that money used by me to pay the premium under this proposal has not been derived from any criminal or illegal activity or any unknown sources. (8) In case where premium is paid in cash, the Financial Advisor/Channel Sales Officer is acting as my Agent and MetLife shall not be in any way liable or responsible till such time the said amount is received at any office of MetLife. (9) The information given by me in this application form is true and correct, and fully reflects my current circumstances. I understand that any misrepresentation of fact, whether intentional or unintentional, and subject to the conditions of the Insurance Act 1938, Section 45 can result in this application or resultant issued Policy becoming void at the time that details of such misrepresentation become known to the Company. (10) I also hereby declare that I am not using the money received out of surrender of, or loan, withdrawal out of an existing Policy issued by MetLife India or any other Insurance Company to pay the Proposal Deposit under this Application.

AUTHORISATION

I hereby irrevocably authorise any organization, institution, or individual, that has any record or knowledge of my health and medical condition or any treatment or advise that has been given or may hereafter be provided, or other personal information, to disclose to MetLife, such information. This authorisation shall bind my successors and assigns and remain valid notwithstanding my death or incapacity, insofar as legally possible. A photocopy of this authorisation shall be valid as the original

Declaration for Met Advantage Plus: I, also hereby declare that I never had in the last 5 years nor am i receiving treatments for any ailments related to the following (A) Heart, Digestive System, Brain or Nervous System, Stroke, Respiratory System, Kidney / Urinary system, Reproductive system, Liver Disorders. (B) Diabetes, High/Low BP, Anemia, Epilepsy, Cancer, Disorders of Ear, Nose, Throat, any other Disability. (C) Depression, mental or psychiatric condition, HIV infection or a positive test to HIV, Hepatitis B.

Signature of Proposed Insured: [] Signature of Proposed Owner: [] Name of Proposed Insured: [] Name of Proposed Owner: [] Date: [] Name of Witness: [] Address of Witness: [] Signature of Witness: []

NAME OF THE FINANCIAL ADVISOR: [] 1. Name of the Proposed Insured: [] 2. Are you related to the Proposed Insured/Owner? [] 3. Is this application on your own life? Yes [] No [] 4. Are you satisfied with the identity of the Proposed Insured? [] 5. Does the Proposed Insured have any physical deformity or mental retardation? [] 6. What is the estimated income of the Proposed Insured? [] I recommend acceptance of this application considering all the facts. Certification: I have examined the above information and recorded them. All the answers are true and correct to the best of my knowledge and belief. Date: [] Signature of Premium Payer: []

Met Magic

Unit Linked (Non Medical, Regular Premium) Life Insurance Plan (Non Par)

"IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER.
THE GROSS ANNUAL INVESTMENT RETURN OF 6% AND 10% ARE FOR ILLUSTRATION PURPOSE ONLY.
THIS ILLUSTRATION WILL FORM PART OF THE POLICY DOCUMENT."

Policy Name: Met Magic	Unique Identification Number : 117L046V01
-------------------------------	--

A) Details of the Beneficiary and Person Insured	
Name of the Beneficiary	: Valued Beneficiary
Gender: Male	Date Of Birth: [REDACTED]
Name of the Person Insured	[REDACTED]
Gender: Female	Date Of Birth: [REDACTED]

Application Number	[REDACTED]
Policy Number	[REDACTED]

Age is calculated as per the age last birthday

B) Details of the Plan	
Annual Regular Premium (Rs.)	[REDACTED]
Premium Payment Mode	[REDACTED]
Coverage Term (Years)	[REDACTED]
Premium Payment Term (Years)	[REDACTED]
Age of Person Insured at Maturity (Years)	[REDACTED]
Age of the Beneficiary at Maturity (Years)	[REDACTED]

C) Cover Description	Sum Assured (Rs.)
Death Benefit	[REDACTED]

D) Fund Options	Preserver	Protector	Balancer	Virtue	Multiplier	Total
Percentage Allocated	-	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Some benefits are guaranteed and some benefits are variable with returns based on future performance of MetLife. If your policy offers guaranteed returns then these will be clearly marked "guaranteed" in the illustration table. If your policy offers variable returns then the illustration on this page will show two different rates of assumed future investment returns. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including future investment performance.

Prepared For: [REDACTED]

Prepared By: uTite [REDACTED]

You can also write to us at IndiaService@metlife.com or call us Toll free at 1-800-425-6969 (9am - 6pm)
Our Regd office: MetLife India Insurance Co. Ltd., Brigade Seshamahal, 5 Vani Vilas Road, Basavanagudi, Bangalore - 560004
IRDA Registration Number. 117, Fax +91-80-26521970. Visit us at www.metlife.co.in
Insurance is the subject matter of the solicitation. LD/2008-09/408 (Exp 31/12/2009)

Unit Linked (Non Medical, Regular Premium) Life Insurance Plan (Non Par)

Ledger prepared for : Master Valued Beneficiary & SHANMUGAVADIVU .
Prepared on 29/05/2009

Age at Entry : 49 Years
Coverage Term : 20 Years
Premium Paying Term: 20 Years

Illustrated @ 10% Gross rate of Return

Policy Year End	Age of the beneficiary	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top -up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Money Available for Investment (Rs.)	Charges			Guaranteed Benefits		Non Guaranteed Benefits					
							Policy Administration (Rs.)	Mortality (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	Future Premium Protection Benefit (Rs.)	Loyalty Additions (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
1	20	49	50,000	0	22,500	27,500	4,680	7,253	311	34,744	250,000	950,000	0	0	17,237	0	250,000
2	21	50	50,000	0	22,500	27,500	2,160	7,730	615	33,005	250,000	900,000	0	0	38,149	0	250,000
3	22	51	50,000	0	0	50,000	2,160	8,219	1,287	11,666	250,000	850,000	0	0	84,685	0	250,000
4	23	52	50,000	0	0	50,000	2,160	8,712	2,008	12,880	250,000	800,000	0	0	134,603	129,603	250,000
5	24	53	50,000	0	0	50,000	2,160	9,197	2,782	14,139	250,000	750,000	0	0	188,193	188,193	250,000
6	25	54	50,000	0	0	50,000	2,160	9,661	3,614	15,434	250,000	700,000	3,000	0	248,785	248,785	250,000
7	26	55	50,000	0	0	50,000	2,160	10,094	4,554	16,809	250,000	650,000	3,000	0	313,997	313,997	250,000
8	27	56	50,000	0	0	50,000	2,160	10,487	5,567	18,215	250,000	600,000	3,000	0	384,259	384,259	250,000
9	28	57	50,000	0	0	50,000	2,160	10,828	6,659	19,646	250,000	550,000	3,000	0	460,048	460,048	250,000
10	29	58	50,000	0	0	50,000	2,160	11,098	7,838	21,095	250,000	500,000	3,000	0	541,901	541,901	250,000
11	30	59	50,000	0	0	50,000	2,160	11,192	9,113	22,465	250,000	450,000	3,000	0	630,507	630,507	250,000
12	31	60	50,000	0	0	50,000	2,160	11,201	10,494	23,855	250,000	400,000	3,000	0	726,523	726,523	250,000
13	32	61	50,000	0	0	50,000	2,160	11,261	11,990	25,411	250,000	350,000	3,000	0	830,514	830,514	250,000
14	33	62	50,000	0	0	50,000	2,160	11,329	13,610	27,099	250,000	300,000	3,000	0	943,141	943,141	250,000
15	34	63	50,000	0	0	50,000	2,160	11,361	15,365	28,885	250,000	250,000	3,000	0	1,065,164	1,065,164	250,000
16	35	64	50,000	0	0	50,000	2,160	11,312	17,267	30,739	250,000	200,000	3,000	0	1,197,455	1,197,455	250,000
17	36	65	50,000	0	0	50,000	2,160	11,138	19,330	32,629	250,000	150,000	3,000	0	1,341,003	1,341,003	250,000
18	37	66	50,000	0	0	50,000	2,160	10,797	21,570	34,527	250,000	100,000	3,000	0	1,496,926	1,496,926	250,000
19	38	67	50,000	0	0	50,000	2,160	9,976	24,007	36,143	250,000	50,000	3,000	0	1,666,760	1,666,760	250,000
20	39	68	50,000	0	0	50,000	2,160	9,064	26,661	37,885	250,000	0	3,000	0	1,851,767	1,851,767	250,000
Total			1,000,000	0	45,000	955,000	45,720	201,906	204,643	497,270			45,000	0			

Note: All the values shown in the illustration above are as at the end of the year. Please read Page 4 of this benefit illustration for detailed notes and explanations. For glossary of various terms of charges kindly refer to the Product brochure or Terms and Conditions provided along with policy document.

Prepared by: [Redacted]

Prepared By : uTitestid uTitestid [Redacted]

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Insurance is the subject matter of the solicitation. LD/2008-09/408 (Exp 31/12/2009)

Unit Linked (Non Medical, Regular Premium) Life Insurance Plan (Non Par)

Ledger prepared for : Master Valued Beneficiary & SHANMUGAVADIVU .

Prepared on 29/05/2009

Age at Entry : 49 Years

Coverage Term : 20 Years

Premium Paying Term: 20 Years

Illustrated @ 6% Gross rate of Return

Policy Year End	Age of the beneficiary	Age of Person Insured	Total Annualized Regular Premium (Rs.)	Top -up Premiums (Rs.)	Premium Allocation Charges (Rs.)	Money Available for Investment (Rs.)	Charges				Guaranteed Benefits		Non Guaranteed Benefits				
							Policy Administration (Rs.)	Mortality (Rs.)	Fund Management Charge (Rs.)	Total Charges (Rs.)	Death Benefit (Rs.)	Future Premium Protection Benefit (Rs.)	Loyalty Additions (Rs.)	Partial Withdrawals (Rs.)	Fund Value (Rs.)	Surrender Value (Rs.)	Death Benefit (Rs.)
1	20	49	50,000	0	22,500	27,500	4,680	7,253	304	34,737	250,000	950,000	0	0	16,450	0	250,000
2	21	50	50,000	0	22,500	27,500	2,160	7,730	590	32,980	250,000	900,000	0	0	35,771	0	250,000
3	22	51	50,000	0	0	50,000	2,160	8,219	1,225	11,604	250,000	850,000	0	0	78,946	0	250,000
4	23	52	50,000	0	0	50,000	2,160	8,712	1,880	12,752	250,000	800,000	0	0	123,529	118,529	250,000
5	24	53	50,000	0	0	50,000	2,160	9,197	2,557	13,914	250,000	750,000	0	0	169,591	169,591	250,000
6	25	54	50,000	0	0	50,000	2,160	9,661	3,256	15,077	250,000	700,000	3,000	0	220,220	220,220	250,000
7	26	55	50,000	0	0	50,000	2,160	10,094	4,026	16,281	250,000	650,000	3,000	0	272,648	272,648	250,000
8	27	56	50,000	0	0	50,000	2,160	10,487	4,824	17,471	250,000	600,000	3,000	0	326,998	326,998	250,000
9	28	57	50,000	0	0	50,000	2,160	10,826	5,651	18,637	250,000	550,000	3,000	0	383,409	383,409	250,000
10	29	58	50,000	0	0	50,000	2,160	11,096	6,510	19,766	250,000	500,000	3,000	0	442,043	442,043	250,000
11	30	59	50,000	0	0	50,000	2,160	11,192	7,405	20,757	250,000	450,000	3,000	0	503,178	503,178	250,000
12	31	60	50,000	0	0	50,000	2,160	11,201	8,338	21,699	250,000	400,000	3,000	0	567,013	567,013	250,000
13	32	61	50,000	0	0	50,000	2,160	11,261	9,313	22,734	250,000	350,000	3,000	0	633,615	633,615	250,000
14	33	62	50,000	0	0	50,000	2,160	11,329	10,329	23,818	250,000	300,000	3,000	0	703,099	703,099	250,000
15	34	63	50,000	0	0	50,000	2,160	11,361	11,390	24,911	250,000	250,000	3,000	0	775,631	775,631	250,000
16	35	64	50,000	0	0	50,000	2,160	11,312	12,498	25,970	250,000	200,000	3,000	0	851,426	851,426	250,000
17	36	65	50,000	0	0	50,000	2,160	11,138	13,657	26,956	250,000	150,000	3,000	0	930,758	930,758	250,000
18	37	66	50,000	0	0	50,000	2,160	10,797	14,872	27,829	250,000	100,000	3,000	0	1,013,955	1,013,955	250,000
19	38	67	50,000	0	0	50,000	2,160	9,976	16,149	28,285	250,000	50,000	3,000	0	1,101,679	1,101,679	250,000
20	39	68	50,000	0	0	50,000	2,160	9,064	17,496	28,720	250,000	0	3,000	0	1,194,225	1,194,225	250,000
Total			1,000,000	0	45,000	955,000	45,720	201,906	152,271	444,897			45,000	0			

Note: All the values shown in the illustration above are as at the end of the year. Please read Page 4 of this benefit illustration for detailed notes and explanations. For glossary of various terms of charges kindly refer to the Product brochure or Terms and Conditions provided along with policy document.

Prepared For

Prepared By : uTitea

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Insurance is the subject matter of the solicitation. LD/2008-09/408 (Exp 31/12/2009)

VERSION: 1.0.465

Unit Linked (Non Medical, Regular Premium) Life Insurance Plan (Non Par)

Due to the nature of the Unit Linked Funds, which are different from traditional insurance products, the Company does not guarantee the price of the Units of any of the Unit Linked Funds offered by it.

Notes :

1. The Modal premium shown above indicates the amount payable under that mode and provided for reference only.
2. All projections in this benefit illustration are based on the assumption of Annualized Premium.
3. The charges include all the deductions pertaining to Premium Allocation Charges, Policy Administration Charges, Mortality Charges and Fund Management Charges.
4. For the purpose of partial withdrawals, any Top-Up Premium paid in the policy will have a lock-in-period of 3 years from the date of such Top-Up premium. The acceptance of Top-Up Premium is subject to the restrictions as indicated in the Sales Literature and detailed in the Terms & Conditions of the Plan.
5. Please read this benefit illustration in conjunction with the product brochure to understand all Charges, Terms, Conditions and Exclusions carefully before concluding the sale.
6. This illustration explains the benefits and features of the proposed policy and is not a contract or a representation of any guarantee or warranty.
7. Guaranteed Loyalty Additions are made based on the First Year Annualised Premium as well the chosen Policy Term and is payable from 6th Policy Year up to maturity. The value of Guaranteed Loyalty Additions would be payable only if the policy will be in full force on the due date of Loyalty Addition and provided that no Death claim has been paid prior to the event of such Guaranteed Loyalty Additions. The Fund Values pertaining to Top-up Premiums do not qualify for Guaranteed Loyalty Additions.
8. The values shown in the "Guaranteed Loyalty Additions" column have been included in the calculation of the fund values, and therefore should not be considered over and above the fund value. The Fund Value shown in the ledger is net of surrender charges, wherever surrender charges are applicable.
9. Surrender values shown in the ledger are based on the assumption that, surrender of the policy happens after Loyalty Additions (if any) are added to the fund for that year.
10. Under Future Premium Protection Benefit, in the event of Death, units equivalent to the amount of the entire future Regular Premiums waived are credited in the unit account from the first policy anniversary and invested in various Funds in the same allocation proportion as was prevailing before the date of notification of death.
11. 10% and 6% are the gross rates of annual investment returns. The fund values and other values have been calculated after adjusting for all the applicable charges.
12. The gross annual investment return of 6% & 10% are for illustration purposes only. These are in accordance with the guidelines issued by the Life Insurance Council and in no way signify our expectations of investment returns. For each of the unit linked funds, the actual investment return may be higher or lower than these rates and would be based on their actual performance.
13. Preserver Fund, Protector Fund, Moderator Fund, Balancer Fund, Virtue Fund & Multiplier Fund are the names of the different fund options and do not in any manner indicate the quality of the fund, its future prospects and do not offer a guaranteed or assured returns.
14. The investments in the Unit Linked Funds are subject to investment risks associated with capital markets and the NAVs of the markets may go up or down based on the performance of fund and factors influencing the capital market and the insured is responsible for his/her decision.
15. MetLife Insurance Co Ltd is only the name of the Insurance Company and **Met Magic** is only the name of the Unit-Linked life insurance contract and does not in any way indicate the quality of the contract, its future prospects or returns.
16. Service Tax and Education Cess are levied as per applicable tax laws from time to time and the same is subject to changes in the tax laws in future and the policy proceeds would be affected to that extent. The impact of Service Tax (inclusive of Education Cess) is not incorporated in the fund values shown in the current illustration. Service Tax (inclusive of Education Cess) at the applicable rates shall be charged additionally on all applicable charges. MetLife reserves the right to recover any taxes imposed by any governmental authorities from the Policyholder's fund value.
17. Neither MetLife India Insurance Co. Ltd nor any of its Advisor/ Financial Planning Consultants are authorised to offer any taxation related advice. The tax benefits under various sections shall be available as per the prevailing tax regulations and the same is subject to changes in the tax laws in future. Please consult your tax advisor for more details.

Prepared For: [REDACTED]

Prepared By : uTitestid uTit [REDACTED]

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Met Magic

Unit Linked (Non Medical, Regular Premium) Life Insurance Plan (Non Par)

Policyholder's/ Prospect's Declaration

I  have been taken through the illustration for **Met Magic**. The Financial Advisor has explained to me the premiums payable, applicable charges and benefits  the product. I having received the information with respect to the above have fully understood the above statement before entering into the contract.


I understand that investment in this product is subject to market risks and the actual rate of return may be higher or lower than what has been illustrated, and are ignoring any current and future tax laws that could impact these figures. I also understand that this illustration is an example in nature and as such does not indicate maximum or minimum returns.

Signature of the Policyholder/ Prospect 

Date  Place : 

For MetLife India Insurance Company Limited,

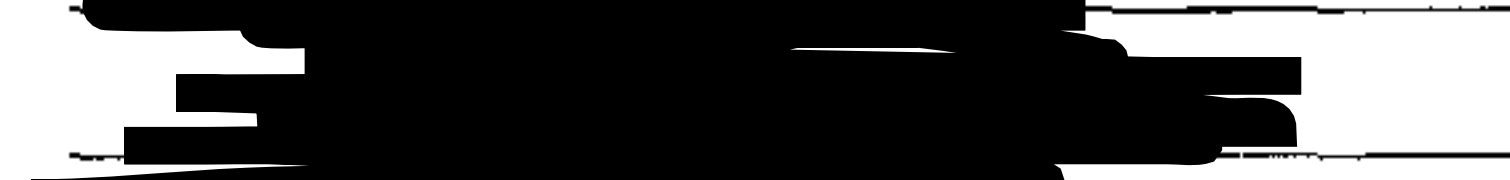
I certify that this illustration has been fully explained to the Policyholder / Prospect, including the non-guaranteed elements. Further, I have also explained to the Policyholder / Prospect that the actual returns/benefits under the product may be different from what has been illustrated.

Signature of the Employee : 

& Date : 

Name of the Employee : 

Employee Number : 

Branch/ Location : 

Agent Contact Number : 

Agent Email Id 

Prepared For : SHANMUGAVADIVU 

Prepared By : uTitestid uTitestid 

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peace of mind. Guaranteed.

MetLife India Insurance Company Limited.
(Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore - 560 004, www.metlife.co.in, Fax: +91-80-4150 6969

Privacy Policy at MetLife India Insurance Company Limited

MetLife India is committed to protecting your privacy. MetLife India does not collect personal information about individuals except when such individuals specifically provide such information on a voluntary basis which information will not be sold or otherwise transferred to unaffiliated third parties unless otherwise stated at the time of collection or with the approval of the user as the case may be.

MetLife India treats your personal information as private and confidential and does not check, edit, or reveal it, to any third parties except where it believes in good faith, such action is necessary to comply with the applicable legal and regulatory processes or where such action is necessary towards processing your application for insurance or administering the insurance policy issued to you or towards investigating any claim arising from such a policy.

Except where specifically agreed or necessary for operational or regulatory reasons, MetLife India will not send you any unsolicited information. MetLife India may use any e-mail addresses of its customers to send occasional e-mails pertaining to information on products and services. You can nevertheless unsubscribe from receipt of such e-mails by following instructions provided therein.

We will communicate with you via e-mail or by other online delivery devices only in the event that you have agreed to/elected to receive such communications. In the event that you believe that you are receiving our communications in error or no longer desire to receive them, you should inform us and we will remove your name from our mailing lists. MetLife India will be judicious in the use of e-mail and paper mail to communicate with users.

In case of any queries related to the information provided in this notice or any other, please feel free to contact us at 1-800-425-6969 (from all landline and mobile) or email us at indiaservice@metlife.com. Our customer service executives would be happy to help and assist you.

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ECS Mandate

Policy holder Name			
Policy Number			
Payment Frequency		Amount in Rupees*	
Please Note: ECS Debit Date will be the Premium Due date		<input type="checkbox"/> Yes, I have attached a blank cancelled cheque	
Bank Account Details			
Name of the Account Holder(s)		Account Number	
Name and Address of the Bank/Branch		Account Type (Please select one)	<input type="checkbox"/> Savings (Code 10) <input type="checkbox"/> Current (Code 11) <input type="checkbox"/> Cash Credit (Code 13)
9 Digit MICR Code		Ledger No/ Ledger Folio No.	
Alert Mode			
SMS Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobile Number	
E-mail Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address	

* Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter offers, revised premiums, additional insurance/ riders.

Declaration by the Policy Holder

I hereby authorize MetLife India Insurance Company Limited and/or its authorized service providers, to debit my bank account under ECS debit clearing, through the National Clearing Cell of the Reserve Bank of India for collection of the insurance premiums. I hereby declare that the particulars given above are correct and complete in all respects. I authorize MetLife India Insurance Company Limited. (the "Company") to collect the amounts as may be due on account of payment for life insurance premium(s) payable on and/or pursuant to the life insurance proposal(s)/ policy(ies), and Rider(s) (if any), as issued by the Company, by Direct Debit to my Bank Account as per details provided above. I understand and agree that premium amount to be debited from my account may vary due to taxes, counter offers, revised premiums, additional insurance/ riders. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance directly to the Company. I will also inform the company of any changes in my Bank Account.

Terms and Conditions

The Proposer/ Policy Holder confirms, understands and agrees that:

- It will be the Proposer/ Policy holder's responsibility to ensure that MetLife India insurance Company Limited (the "Company") receives credit for the payments due towards premium(s) when payable and/or on or before the respective due dates. The Company shall not be responsible for making follow-up in relation to receipt or non-receipt of premium(s).
- The Proposer/ Policy Holder shall at all times maintain sufficient credit balance in the Bank Account specified in the Mandate so that the Mandate is honored and credit for the premiums payments due is received in the first instance by the Company within the time specified therefore.
- Without prejudice to any rights of the Company, the Policy Holder will indemnify and hold the Company harmless against any and all liability, costs and expenses that may be incurred by the Company arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Holder.
- The ECS facility of making life insurance premium payments by way of Direct Debit is offered by the Company in accordance with the guidelines issued by Reserve Bank of India ("RBI") and shall also be subject to any modifications to such guidelines, and other rules, orders, directions, instructions etc., as may be issued by RBI from time to time.
- The ECS facility of making life insurance premium payments by way of Direct Debit may be withdrawn/ modified by the Company at any time, and should this facility be withdrawn by the Company at any time, subsequent premium payments due will be made in any other manner acceptable to or stipulated by the Company.
- In case of Unit Linked Life Insurance Policies net premiums, after deduction of applicable charges, will be used to buy units in the Linked Funds using the net asset value as on the due date. In case debit date falls on a Saturday/Sunday or Public Holiday, the reference net asset value will be as on next working day.
- You have a right to opt by written notice to the Company of not less than 60 days, for any other mode of premium payment as may be the Company from time to time, and shall have right to revoke this Mandate by giving not less than 60 days' notice in writing simultaneously to the Company and to the Bank.
- The Company shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate or non-availability of sufficient funds in my account or for other reason beyond the company's control.
- There will be no retrials for ECS transactions which get declined due to "Insufficient Funds" or other reasons. In the event of such a decline, the Proposer / Policyholder would have to make the payment for the policy due through an alternate mode.

Signature of the Policy Holder: _____
Name: _____

Date: _____
Place: _____

Certificate of the Bank Named in the Mandate

It is certified that the particulars of the Mandate above are correct, and the Signature of the Bank Account Holder, Policy Holder is true, as per our records and that a copy of this form duly completed has been submitted to us.

Bank's Stamp:

Signature of the Authorized official of the Bank

Place:

Date:

Authorization of the Bank Account Holder (to be signed by the Account Holder)

This is to state that I have registered for the RBI's Electronic Clearing Service and that my premium payment shall be made from the below mentioned account with your bank. I hereby authorize the representative carrying this ECS mandate form to get it verified executed.

Account Holder/s Signature
(As in Bank Records)

Account Number: _____



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MetLife India Insurance Company Limited.

(Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore - 560 004, www.metlife.co.in, Fax: +91-80-4150 6969

Standing Instruction for Direct Debit Authorization – Credit Card

I hereby authorize MetLife India Insurance Company Ltd. To debit their premium due and other charges as it may become applicable from time to time to my Credit Card account by automatic debit. The entire amount of my premiums relating to my policy and/or related expenses on account of these instructions shall be valid and binding for the validity period and subsequent renewal period of the card account, unless and until rescinded by me in writing to the bank and MetLife India Insurance Company Ltd.

Form with fields: Policy holder Name, Policy Number, Payment frequency, Amount in Rupees *, Credit Card Account Details, Credit Card Number, Name of Card holder, Email id of Credit Card holder, Mobile No. of Card holder, Name of the issuing Bank, Card Issuing Authority (tick any one), Expiry Date (MM/YY).

Note: Please enclose a clear copy of the front side of the credit card for us to process the request

I understand that:

- 1. Premium and other expenses relating to my policy are to be charged to my nominated option as and when accrued.
2. The record of changes in respect of the above services received or availed by me and submitted by you to my credit card/ savings account will neither bear my signature nor the imprint of my card.
3. I agree to inform Metlife India Insurance Company Limited, if my nominated option is cancelled, substituted or not renewed (in case of credit card)
4. I confirm having read and understood the terms and conditions mentioned in this form and agree to abide by them at all points of time
5. I, therefore agree to unconditionally honour and pay without demure and contestation all the said charges including interim change when I thereof. This understanding is part of the terms and conditions listed below.

Signature of the Card Holder: _____ Date: _____

Terms and Conditions:

- 1. In case of transaction being declined, policy holder is liable to pay the premium and/or expenses by cash or cheque failing which the policy will lapse. The Company shall not be responsible for making any follow up in relation to receipt of premium(s).
2. The policy holder has to furnish fresh SI form in case of transaction being declined.
3. Credit card should be in the name of the policy holder.
4. Authorization will remain in effect till intimate otherwise by the policy owner.
5. In case of a change in the credit card number, either on account of a renewal or the original card being lost, the policy holder shall provide the Company, with the new Credit Card details. In the event warranted, the policy holder shall issue a fresh SI form.
6. If for any reason whatsoever, there is delay in the Company obtaining credit for such amounts, or if the company does not obtain the credit, the Company will not be responsible for the same.
7. For transactions processed prior to the cancellation date the card holder has to liaise with MetLife India Insurance Company directly for refunds, if any.
8. SI can only be given for a policy in force.
9. The Policy holder will receive advising him/her about the acceptance of the standing instruction and the date of effect of mandate.
10. I authorize MetLife India Insurance Company Limited. (the "Company") to collect the amounts as may be due on account of payment for life insurance premium(s) payable on and/or pursuant to the life insurance proposal(s)/ policy(ies), and Rider(s) (if am), as issued by the Company, by Direct Debit to my Bank Account as per details provided above. I understand and agree that premium amount to be debited from my account may vary due to taxes, counter offers, revised premiums, additional insurance/ riders. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance directly to the Company. I will also inform the company of any changes in my Bank Account.
11. There will be no retrials for debits for Credit Card declines. In the event of such a decline, the Proposer / Policyholder would have to make the payment for the policy due through an alternate mode.

Customer Service Toll free: 1800-425-6969, OR Call on: +91 -80 -2650 -2244 (8:00 AM to 8:00 PM) Write to us at indiaservice@metlife.com



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Claim Intimation Form

To,

MetLife India Insurance Co. Ltd.,

Notification of Claim under **Policy No.** _____ **Nature of Claim** _____

Member ID/ Certificate No. _____ **GPH** _____ (For Group Policies)

Details	To be filled up by the Claimant/Informant
Name of the Insured Person	
Name of the Informant/Claimant	
Address of the Informant/Claimant	
Phone Number of the Informant/Claimant	
Particulars of Illness/Disability (Compulsory for Critical Illness/Disability)	
Date of Event	
Type of Illness/Disability	
Name, Address & Telephone Numbers of the Doctors/Hospitals treated the Life Assured for illness/disability	
For Death Claims:	
Relationship of the Claimant with Insured Person	
Date of Death	
Place of Death	
Time of Death	
Cause of Death	
Address of the Police Station where FIR was lodged (If Applicable)	
Name & Address of Hospital where post-mortem was performed (If Applicable)	
Particulars of other Life Insurance Policies on the life of insured issued by other companies	

Signature of Claimant: _____

Date _____ **Place** _____

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Write to us at indiaservice@metlife.com



TO BE FILLED BY METLIFE BRANCH / REGIONAL OFFICE
(PLEASE FILL IN BLOCK CAPITALS)

Name of the Branch / Regional Office where the Intimation has been received	
Date of receipt of Claim Intimation	
Name of the person receiving the Claim Intimation along with phone no and email id	
Name, phone no and email id of concerned ASM	
Name of concerned AM with phone no and email id	
Name of concerned SM with Phone no and email id	
Name of concerned FA with Phone no and email id	
Date of dispatch to HO	
CHECK POINTS (Please answer in YES / NO)	
Have you put a Date and Time of Receipt Stamp on Page 1 of the Claim Intimation Form?	
Have you e-mailed scanned copy of the intimation form, death certificate (if recd) to the HO?	

Please do not leave any column blank. Please write N.A, if not applicable

Signature of person receiving the intimation (as mentioned in row # 3 above)

_____ Date _____

Documents to be submitted by the Claimant/ Informant along with Claim Intimation Form:

	Item	Attestation /Signature	Action
1	Policy Document Issued by MetLife at the time of taking the policy	Not Applicable	Original Policy Document to be submitted.
2	Claim Intimation form	MetLife Ops official	Documents have to be completely filled as per the format by the Claimant / Informer . To be sealed and signed on both the sheets with date and time of receiving the documents by MetLife Ops official.
3	Claimant Statement	Gazetted Officer / Notary Public / Magistrate / Person of Local Standings (with their Official Seal)	Documents have to be completely filled as per the format by Claimant .
4	Attending Physician statement	Concerned Physician with Official Seal	Documents have to be completely filled as per the format by Physician only (with his /her seal and signature) .To be sealed and signed by MetLife Ops official.
5	Family Doctors Statement	Concerned Doctor with Seal and Sign	Documents have to be completely filled as per the format by Family Doctor only (with his /her seal and signature) .To be sealed and signed by MetLife Ops official.
6	Copy of the Death Certificate	Issuing Authority / Notary Public	Only Death certificate issued by the Registrar of Births and Deaths shall be accepted. (In case where the death occurs / is registered in a non Municipal area in the State of Jammu and Kashmir, the Death Certificate issued by the Chowkidar of the concerned Police Station with the official seal may be accepted).
7	Copy of Photo ID and address proof of the nominee	Notary Public/ MetLife Ops Official	Copy has to be attested by MetLife Ops official / Notary Public with seal and signature (Statement to the effect that the original Photo ID and address proof are seen and verified are required)
8	Copy of Post Mortem Report and FIR (if applicable)	Notary Public / Issuing Authority	Copy of Post Mortem Report if not attested by Issuing authority has to be notarized
9	Paper Cuttings (if available)	Not Applicable	Local newspaper wherever the particular death is published

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MetLife India Insurance Company Limited(Insurance Regulatory and Development Authority Life Insurance Registration No.117) Registered Office: 'Brigade Seshamahal',5, Vani Vilas Road, Basavanagudi, Bangalore – 560 004. www.metlife.co.inPhone: +91-80-2643 8638 FAX: +91-80-2652 1970

Receipt for Policy Delivered

Policy No.	██████████
Name of the Policy Owner	████████████████████
Place	██████████
FA Name & Code	████████████████████

I acknowledge that the Policy described above was delivered to me on : _____

Witnessed by _____
(Financial Advisor)

Signature of Policy Owner _____

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