

MetLife India Insurance Company Private Limited  
Brigade Seshamahal  
5 Vani Vilas Road, Basavanagudi  
Bangalore 560 004, INDIA  
Tel : (80) 643 8638 Fax: (80) 652 1970  
email : vmysore@metlife.com

**MetLife** India  
I N S U R A N C E

**Venkatesh S. Mysore, CLU**  
Managing Director

dd/mm/yyyy

Mr

Welcome to the MetLife India Family!

Thank you for buying your Life Insurance policy with one of the most innovative companies in the industry. There is a feeling of security that comes from knowing that the company you trust is looking after the financial well being of you and your family. That's what MetLife India is all about.

MetLife India proudly inherits its parent company's reputation of helping build financial independence for its customers. At MetLife India, we aspire to uphold the tradition of providing world-class service to our customers and meeting our obligations.

Enclosed you will find your policy and related documents, that I request you to review. For your handy reference, Please note :

Your Policy Number is **12004/00029566**  
Policy Insured's Customer ID is **NISA250719471A**

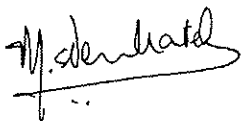
You have a period of 15 days from the date of receipt of the policy document to review the terms and conditions of this policy. If you have any objections to any of the terms and conditions, you have the option to return the policy as explained in the enclosed policy document.

If you have any questions or comments about this information, your policy, or any of our products and services, please call us at (80) 643 8638, 9.00 a.m. to 6.00 p.m., IST. In addition, you may write to us at MetLife India Insurance Company Private Limited, Brigade Seshamahal, 5 Vani Vilas Road, Basavanagudi, Bangalore 560 004, India.

At any point of time, if there is a change in your address or the address of the beneficiary, we would request you to inform us of the change immediately so that we continue to serve you promptly by sending all communications at your new address.

Again, thank you for placing your confidence in MetLife India. We look forward to meeting your needs and providing you with the kind of personalized service you expect and deserve for many years to come.

Sincerely



POLICY DOCUMENT

**MET Saral - Non Par Endowment**

The MetLife India Insurance Company Private 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 Policy Holder, for effecting a life insurance contract on the life of the person ("the Insured") named in the schedule hereto ("the Schedule").

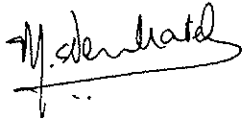
This Policy is subject to terms and conditions stated herein and the Schedule, attached riders/endorsements, if any.

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 stated hereinabove.

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

Signed by and On behalf of

MetLife<sup>™</sup> India Insurance Company Private Limited



**MetLife<sup>®</sup> India Insurance Company Private Limited**

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

**Registered Office: 'Brigade Seshamahal', No.5, Vani Vilas Road, Basavanagudi, Bangalore – 560 004**

**Phone: 080-643 8638. Fax: 080- 652 1970**

# THE SCHEDULE

## 1. Details of the Policy Insured:

Name of the Life Insured	Mr	Sex	
Date of birth of Insured		Age last birthday at entry	
Address			
Source of Identification			

## 2. Policy features:

Date of Issue		Issuing Office	Bangalore
Policy Number	12004000XXXXX	Face Amount of Insurance	Rs. 100,000
Policy Term		Premium Paying Period	XX Years
Effective Date of Policy (Date of Commencement)		Date of Maturity	
Plan of Insurance:	<b>MET Saral</b>	Participating/ Non Participating	Non-Participating
Insured Event upon which Benefits Payable	1 . Death of the Life Insured prior to Date of Maturity; or 2. Upon Survival to Date of Maturity.		

## 3. Beneficiary details:

Name(s) of the Beneficiary	Relationship	Share(s)
1) -	-	-
2) -	-	-

## 4. Premium Summary:

Plan Details	Installment Premium (Rs)
Premium	.00
Mode of Payment	Annual
Due date(s) of Premium	
Date of Last installment Premium due	

## Terms & Conditions- Met Saral

1.	<b>Understanding this Policy</b>	<p>"You" and "your" refer to the "Insured".</p> <p>"We", "us", "our" and "Company" refer to MetLife India Insurance Company Private Limited.</p> <p>"Application" refers to the Proposal Form as defined under the Insurance Regulatory and Development Authority (Protection of Policyholders' Interest) Regulations 2001.</p> <p>"Insured" named in the Schedule is the person on whose death / survival, 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.</p> <p>"Beneficiary" refers to the person(s) nominated by the Insured to receive the insurance proceeds in accordance with the provisions of Section 39 of the Insurance Act, 1938.</p> <p>"Policy Renewal Date" is one year from the Effective Date of the Policy and every date falling one year thereafter till the Date of Maturity.</p>
2.	<b>Benefits Payable</b>	<p>On the happening of the Insured event, the following benefits will be payable:</p> <p><u>Death Benefit</u> 100% of Face amount is the benefit payable on death during Policy term.</p> <p><u>Maturity Benefit</u> 100% of Face amount is the benefit payable on survival to the Date of Maturity of the policy.</p>
3.	<b>Premium Payment</b>	<p>The benefits of this Policy depend on the payment of premiums when due. Premiums are payable while the Insured is alive and are payable on or before their due dates as shown in the schedule.</p>
	<b>Grace Period</b>	<p>If premiums are not paid on its due date a Grace period of 30 (thirty) days will be allowed for payment of premium without interest. During the Grace period the Policy shall continue to be in force for all the Insured events. If the premium is not paid within the grace period, the Policy shall lapse and will not be subject to non-forfeiture <i>option, if applicable</i></p>
4.	<b>Reinstatement</b>	<p>Once the Policy lapses it will not be subject to reinstatement <i>option.</i></p>
5.	<b>Policy Loans</b>	<p>No Policy Loan is available under the policy.</p>
6.	<b>Guaranteed Surrender Value</b>	<p>Your Policy has a Guaranteed Surrender Value while the insured is alive, and the policy has been in force for at least three years and provided all premiums have been paid for three full years. The Guaranteed Surrender Values are provided in the attached table. The Guaranteed Surrender Value payable will be subject to any statutory or any other restrictions to the contrary. You can surrender to us for its full Guaranteed Surrender Value. Or, if you stop paying premiums, Guaranteed Surrender Value may be used for a reduced amount to full term (Reduced Paid-up Insurance).</p>
7.	<b>Non Forfeiture options upon Non Payment of Premiums</b>	<p>If all premiums have been paid for at least three full years and any subsequent premium is not duly paid, the Insured shall have the following options:</p> <p>(i) Reduced Paid Up Insurance</p> <p>If the premiums for at least three full years have been paid, then the minimum non-forfeiture benefit will be a reduced paid-up policy ("Reduced Paid-up Insurance"), the amount of which will be:</p> $\frac{\text{Total number of premiums paid}}{\text{Total number of premiums payable}} \times \text{Basic Face Amount of Insurance}$ <p>(ii) Instead of continuing with the Policy the same may be surrendered for its Guaranteed Surrender Value.</p>
8.	<b>The Contract</b>	<p>This Policy document and the application attached are all part of this contract.</p>
9.	<b>Beneficiary</b>	<p>The Beneficiary/ Beneficiaries is/ are the person or persons the Insured may nominate, to whom the insurance proceeds are payable upon death of the Insured.</p> <p>While the Insured is alive, the Insured may change any Beneficiary.</p> <p>If more than one Beneficiary is alive when the Insured dies, the benefits will become payable in equal shares unless you have chosen otherwise. Where the beneficiary is a minor, the Insured may appoint any person to receive the benefits payable during the minority of the beneficiary.</p>
10.	<b>Assignment</b>	<p>The Insured 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 insured and/or the beneficiary(ies) shall be subject to such an assignment in favour of the assignee.</p>
11.	<b>Claims Procedure</b>	<p><u>Maturity Claims</u> We shall settle the survival benefits and maturity claim on the due Dates, provided the Insured is alive on those dates, has paid all the installment premiums including interest, if any, till the respective dates and submits the following requirements to us: -</p> <ul style="list-style-type: none"> <li>✓ The Original policy document.</li> <li>✓ The Claim forms as prescribed by us</li> <li>✓ The discharge voucher as prescribed by us.</li> </ul> <p>We shall settle the proceeds to the Insured or the assignee, as the case may be.</p> <p><u>Death Claims</u> Upon death of the Insured before the date of maturity, we shall settle the death claim, on submission of the following requirements, provided all premiums fallen due till the date of death have been paid:</p> <ul style="list-style-type: none"> <li>✓ Written Intimation of death by the Beneficiary/ legal heir.</li> <li>✓ Official death certificate issued a competent authority acceptable to the company.</li> <li>✓ Police inquest report, post-mortem report where the death is due to an unnatural cause.</li> <li>✓ Proof of title to the Policy like succession certificate, legal heirship certificate.</li> </ul> <p>Discharge voucher as prescribed by us.</p>

12.	<b>Grievance Redressal Mechanism</b>	<p>(a) Designated Authority in the Company In the event you are aggrieved by any of the decisions taken by us in the area of settlement of claims or related disputes you may approach our grievance redressal authority as indicated below:</p> <p>The Officer-in-charge (Customer Services) MetLife India Insurance Company Private Limited Registered Office : 'Brigade Seshamahal', No. 5, Vani Vilas Road, Basavanagudi, Bangalore – 560 004.</p> <p>The authority is empowered to promptly review and address your grievances and take appropriate action.</p> <p>(b) Insurance Ombudsman The Central Government has framed rules known as "Redressal of Public Grievances Rules 1998, and created an authority called "Insurance Ombudsman" to resolve all complaints relating to settlement of claims on the part of insurance companies. Complaints to the "Ombudsman" can lie only when we have rejected the complaint or no reply was received within one month of the complaint or the reply was not satisfactory. A complaint can be made to the ombudsman within one year after we have rejected the representation..</p>
13.	<b>Disclosure</b>	This Policy has been issued on your representations 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 at our sole discretion to take such action, as we deem appropriate including cancellation of the Policy and forfeiture of premium(s) received.
14.	<b>Incontestability</b>	In accordance with the provisions of Section 45 of the Insurance Act, 1938, except for fraud, misrepresentation of any kind or non-disclosure or suppression of material facts, this policy will be incontestable by the Company after it has been in force during the lifetime of the Life Insured, for two years from the date of policy.
15.	<b>Governing Laws and Jurisdiction</b>	The terms and conditions of the Policy shall be governed by and subject to the laws of Republic of India. 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.
16.	<b>Your Rights</b>	To exercise your rights, you should follow the procedures stated in this Policy. If you want to request a payment, change a Beneficiary, change an address or request any other action by us, you should do so on the forms prepared for each purpose. You can get these forms from your Financial Advisor or your local MetLife India office.
17.	<b>Computation of Values</b>	We have filed a detailed statement of the method of computation of Guaranteed Surrender Values with the Insurance Regulatory and Development Authority (IRDA). The values under this policy are equal to or greater than those required by IRDA.
18.	<b>Free look provision</b>	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 entitled to a refund of the premium paid subject to only a deduction of a proportionate premium for the time on risk that we have borne plus the expenses incurred on medical examination and the stamp charges.
19.	<b>Address for Communication</b>	All communications in respect of this Policy shall be addressed to the Company at the following address:  MetLife India Insurance Company Private Limited Registered Office : 'Brigade Seshamahal', 5, Vani Vilas Road, Basavanagudi, Bangalore – 560 004.

**MetLife**<sup>TM</sup> India  
I N S U R A N C E

**First Premium Receipt**

RECEIPT NO: FPR/2004/00000000

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**POLICY DETAILS:**

<b>Policy Number</b>	12004000XXXXX	
<b>Life Insured</b>	Mr	
<b>Plan</b>	MET	
<b>Term</b>	XX Years	
<b>Premium Paying Term</b>	XX Years	
	<b>Face Amount</b>	<b>Installment Premium</b>
<b>Base Policy</b>	Rs. 100,000	Rs. 0.00
<b>Total Premium</b>	Rs. 0.00	
<b>Initial Deposit</b>	Rs. 0.00	
<b>Balance in Deposit</b>	Nil	
<b>Effective Date</b>	DDth MM YYYY	
<b>Premium Mode</b>	Annual	
<b>Premium Due Dates</b>	DD <sup>th</sup> MM of Every Year	
<b>Due Date of Next Premium</b>	DDth MM YYYY	
<b>Financial Advisor Name</b>		
<b>Financial Advisor Code</b>		

The Initial Deposit of Rs. 0.00 has been adjusted towards the First Premium/s of Rs. 0.00 under the said Policy, as stated above.

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

Place: Bangalore  
Date: dd/mm/yyyy

**MetLife<sup>®</sup> India Insurance Company Private Limited**  
( Insurance Regulatory and Development Authority Life Insurance Registration No. 117 )  
**Registered Office: 'Brigade Seshamahal', No.5, Vani Vilas Road, Basavanagudi, Bangalore – 560 004**  
**Phone: 080-643 8638. Fax: 080- 652 1970 www.metlifeindia.com**

**Receipt For Policy Delivered**

Policy No.	Name of Policy Insured	Place	FA Name & Code
12004000XXXXX			

I acknowledge that the policy described above was delivered to me on .....  
 (Date)

Witnessed by .....  
 Financial Advisor

.....  
 Signature of Policy Insured



\* The death benefit as shown here reflects the death benefit associated with the base policy

Table of Guaranteed Surrender Values	
Policy Insured	Policy Number 12004000XXXXX
Age at Entry of Life Insured XX	Plan

