

PNB MetLife India Insurance Company Limited

Registered office: Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117.

CI No. U66010KA2001PLC028883 Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us 1st Floor, Techniplex -1,

Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

Application for MetLife Immediate Annuity Plan

Please read all the questions carefully and complete the details required truthfully in relation to facts, within your knowledge as on the date of the submission of this application. The information provided by you will form the basis for issuance of the policy. Please ensure that you affix your signature in all the places as stated. In certain places more than one signature is required. This is in your own interest. All documents submitted along with this the Application form should be attested by the Proposed Insured and Proposed Holder. The Application form

	and liabilities arising thereunder,		orced in accordance with the laws of India. Corrections or o			
Please fill	Code	Name	Policy Type: Rural Urban			
IA/FPC/CSO/DM/ARM/ ISP			Channel Type: Agency Broker BABP DM IMF	Proposer/ Annuitant/ Primary Annuitant		
Specified Person			Paste here (do not pin or staple)			
PNB MetLife Branch			MWP HUF General Partnership Key Person Key Partnership Solution Employee Discount: PNB MLI Employee PNB Employee J&K Bank Employee *A recent pass size photogra (not more tha months old			
Relationship Branch Name of CA/Broker/ Referral Company/ M I A						
1. Please choose out of the	following:					
i) Standalone Annuity - Lui	mpsum	ii) Standalone Annuity - cheq	ue from other insurer			
iii) Tied Annuity – PNB M	etLife (with Open Market Option)	iv) Tied Annuity – PNB MetLi	ife (without Open Market Option)			
	sen, please provide existing policy					
			of your vesting amount as cash lump sum is permitted)			
	orovide Purchase Price**(Rs.): y: Proposed Insured Pro	or Annuity Amount(Rs.): posed Holder Others* (Specify)		alaration forms		
If other, please provide the	Tollowing details. Name	Relationship	to Proposed Holder Relationship to Propos	ed Holder		
b) Purchase Price Payment	Details: Credit Card Ca	ish* Cheque# Demand Draft # 6	c) Amount: Bank name:			
d) Cheque/DD no: Date D D M M V V V V Bank Account Number:						
realization. ** Exclusive of	fall taxes					
2. Which Annuity Option w	vould you like to choose?					
a) Life Annuity b) Life Annuity with Return of Purchase Price* c) Life Annuity with Return of Balance* d) 5-years certain and Life Annuity thereafter e) 10-years certain and Life Annuity thereafter f) 15-years certain and Life Annuity thereafter* g) 20-years certain and Life Annuity thereafter* h) Increasing Life Annuity i) Increasing Life Annuity with Return of Purchase Price* j) Joint Life Last Survivor Annuity* k) Joint Life Last Survivor Annuity with Return of Purchase Price* l) Joint Life Last Survivor Annuity reducing to 50% for Spouse* m) Joint Life Last Survivor Annuity reducing to 50% for spouse with return of Purchase Price* n) (Specify) *Please fill nominee details. *Applicable only if spouse is alive.						
3. What is the frequency of annuity payment? Annual Semi Annual Quarterly Monthly						
4. Do you want your policy in de-materialised (Demat) format? Yes No (If yes, please fill the demat application form separately)						
5. Details of proposer/annuitant/primary annuitant (if joint life is chosen)						
Full Name (Mr./Mrs./Ms./Dr./Master/Other):						
Father's Name: (Mr./Dr.):	F I R S T	MI	D D L E L A	ST		
Date: D D M M Y	Y Y Place of Birth:	Ag	e Proof: Gender: _			
Identity Proof:		Residence Proof:	PAN:			
Email: Telephone number: (STD Code) Mobile:						
Current Residential Address: C/o D/o S/o W/o H/o Name:						
P I N S	T A T E	C O U N T R Y	L A N D	I T Y M A R K		
Permanent address (if not s	ame as above): C/o D/o	S/o W/o H/o Name:				
				I T Y		
P I N S	T A T E	C O U N T R Y	L A N D	M A R K		
Nationality: Indian		Foreign National	(Country Name)			
(If Non-Resident Indian or Foreign National, please mention the country you reside in the space provided above and complete NRI questionnaire) Occupation: Service Business Self Employed Professional Student Retired Homemaker Others (Specify)						
_						

Occupation Details:								
Name & Address of the Organ	ization/Bus	iness Exact N	ature of Duties	Designation	1	Years of Service/B	Susiness Annua	al Gross Income (in Rs.)
Income Proof (If 1.2 is answered):			_			·	
6. Is the Proposed Holder/Nomir	nee/Premiur	n Payer a Trust, charity,	NGO or organisation	receiving donations?	Yes 1	No		
7. Are you a "Politically Exposed Person"*? Yes No *Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country, which may include Heads of State or of government, senior politicians (Members of Political parties contested in elections of Local bodies/Legislature/Parliament or Nominated), senior government (All Secretary levels), judicial or military officials (Ranks Equivalent to Major and above), senior executives of state owned corporations, important political party officials. Individuals who are or have been entrusted with a prominent function by an international organization, refers to members of senior management or individuals who have been entrusted with equivalent functions, i.e. directors, deputy directors and members of the board or equivalent functions. Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals who are closely connected to a PEP, either socially or professionally.								
8. Primary annuitant(if different	from propo	ser)/Secondary annuitar	nt details	· · · · · · · · · · · · · · · · · · ·				
	Prim	ary Annuitant				Secondary Ann	nuitant	
Full Name (Mr./Mrs./Ms./Dr./N	/aster/Othe	r)·		Full Name (M	·/Mrs/Ms/	Dr./Master/Other):		
Father's Name (Mr./Dr.):		.)						
		T ni ani i						
Date of Birth: D D M M		Place of Birth:		Date of Birth:		M Y Y Y P	ace of Birth:	
Age Proof:						Identity Pr		
Residence Proof:		PAN:		Residence Pro	of:	PAN		
Gender: Ema						Email:		
Telephone number: (STD Code						Code)		
		Nobite.		Mailing Addre				
Mailing Address:				Mailing Addre	SS			
Permanent address (if not same as above):				Permanent add	Permanent address (if not same as above):			
		Indian Foreign Na		_	Nationality: Indian Non-Resident Indian Foreign National			
mention the country you reside		If Non-Resident Indian e provided above and co				(Country Name)		
	•	•		·				
		Self Employed		udent				
Retired Homemaker	Othe	rs (Specify)		-				
Occupation details:								
Name & Address of								
the Organization/ Exact Natur	e of	Designation Year Service/I						
Business		Service/i	Susmess income (iii K	(S.)				
9. Annuity Payment Details								
a) Name of the Policyholder/Acco	ount Holder	(Mr./Mrs./Ms./Dr.):	I R S T		MI	D D L E	L A	ST
b) Account Number:			c) IFS	C Code:		d) 9-digit MICR	Code:	
e) Account Type: Savings	;	Current Casl	n Credit f) Name and	l Address of the Bank/E	ranch:			
7 24 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3								
Yes, I have attached a blank	cancelled o	cheque						
10. Nomination details (Nomine	e under Sec	e 39 of Insurance Act, 1	938, as amended from	time to time)				
	Age Nationality		D. L 11 12	41.	If Nominee is a Minor		A J J	
Full Name		Relationship with Annuitant		Appointee's name and	Address (if different)	%		
			Annunant	Date of Birth		ship with the beneficiary	(ii different)	
					_			
Appointee's Signature accepting the appointment :								
Tax Status Questionnaire:								
1. Please list all countries that	you are citi	zen of:						
2. Please list all countries that	you are a ta	ax payer in:						
DECLARATION, AGREEME	NT & AUT	HORISATION						
DECLARATION: I/We have read this Application or got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I/we have also understood the terms:- I/We have read this Application or got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I/we have also								

understood the terms and conditions of the plan and that I/we have applied for and that the policy is subject to the Board approved underwriting policy of PNB MetLife India Insurance Company Limited ('PNB MetLife") and that the cover will come into force and effect only after full receipt of the premium chargeable and upon issuance of the policy.

AGREEMENT: 1. I/we do hereby agree that: 1.My/Our answers and/or statements provided herein and this declaration shall form the basis of policy issued by PNB MetLife. 2. Any untrue statement contained in the application shall render the policy contract as null and void and the premium/premiums paid by me shall be refunded to me within 90 days of such repudiation. 3. The payment made along with the application is a deposit with PNB MetLife to be adjusted towards premium till the issuance of the policy. In the event that the Application is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Application by me/us. 4. I/we agree that the terms and conditions including the premium and benefits under the policy are subject to tax/duties/charges as per the applicable law. 5. I/We hereby declare that the money used by me/us to pay the premium under this Application has not been derived from any criminal or illegal activity or any unknown sources. 6. I/We hereby acknowledge that the information provided under this Application will be used for the purpose the policy and for providing policy related services, in the event of the issuance of the policy by PNB MetLife. 7. I/We understand that any premium if paid by cash has to be paid only in PNB MetLife branches, Suvidha outlets and other authorized cash collection agencies against an official Receipt and not to PNB MetLife's Insurance Agents/Broker/Corporate Agent. If it is paid to Financial Advisor/Broker/Corporate Agent for depositing with PNB MetLife, then the Financial Advisor/Broker/Corporate Agent for this purpose is acting as my/our authorized representative and not that of PNB MetLife and PNB MetLife shall not be liable for any loss incurred by me/us while doing so. 8. The life insurance policy is not a pre-condition of opening bank account/availing loan. Participation by bank's customer is purely on voluntary basis. 9. The life insurance policy is issued by PNB MetLife and is not fixed/recurring deposit/mutual fund or surrogate of any of the loan products applied with the bank. 10. The policy will be in force subject to the terms and conditions of the policy. 11. In case of non-standard age proof being submitted, I/we agree to pay the extra premium @ 2.50 per thousand sum assured in lieu of the standard age proof.

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

Section 45 of the Insurance Act, 1938: 1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. 2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true; b. The active concealment of a fact by the insured having knowledge or belief of the fact; c. Any other act fitted to deceive; and d. Any such act or omission as the law specifically declares to be fraudulent. Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

Please refer to the Insurance Act, 1938 or our sales literature to review the complete provisions of Section 45.

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 liable for a penalty which may extend to ten lakh rupees.

Declaration In case the form is filled up / signed in a language different from that of the Application Form.

I hereby declare that I have fully explained the contents of the Application form and all other documents incidental to availing the insurance from PNB MetLife to the Applicant, in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Applicant and the replies have been read out to, fully understood by and confirmed by the Applicant.

x Signature of Declarant	Declarant's Name & Address:		
Y	s have been fully explained to me and that I have fully t	understood the significance of the propos	ed contract.
Signature of Applicant			
left thumb impression of the Applican	t	į į	shed, should give the following declaration after attesting
I hereby declare that I have explai and replies have been recorded as p The Applicant has affixed his/her left th	ned the contents of this Application iner the information provided by the Applicant and umb impression in my presence.	language to the Applic the answers have been read out to a	ant. The same have been fully understood by him/her nd fully understood by and confirmed by the Applicant.
Declarant's Name & Address:			
xSignature of Declarant	_	x_ Left Thumb Impr	ession of Applicant
AGENT'S REPORT			
IA/SP/BROKER/DM/ISP (Insurance S	ales Person) Code Name of the IA/SP/Authorised	d Person of the Broker/DM/ISP	IA/SP/Broker/DM/ISP Mobile No
1. Name of the Proposed Insured		If yes, nature of relationsl	*
3. Is this Application on your own lif5. Face Amount/Sum Assured (in Rs.7. Have you explained fully the term		6. Riders opted by PI/PH	
9. (a) Since when do you know the Proposed Insured / Proposed H Holder?	(b) Are you satisfied with the Identity of the older? Proposed Insured?	(c) Does the Proposed Insured have deformity/defect or mental ret	re any physical (d) What is the estimated income of ardation? the Proposed Insured/ Proposed
	Months Yes No atte of health at the time of completion of this Application	on? Yes No NON-MEDICAL CASE	sical measurements of the Proposed Insured, in respect of
		Height in cms or	ft. Inches Weight in kgs or Pounds

12. Is this Application a replacement for an existing policy of the Applicant*? If Yes, please complete the Replacement Questionnaire.							
13. Has the Applicant* been informed about the following?							
(a) Charges Yes No	(b) Surrender charges Yes	No (c) Premium charges a	and benefits under the policy are subjects per the applicable laws.	ect to taxes and Yes	No		
(d) Is the product recommended suitable for the applicant keeping in mind his/her need, Income risk appetite and long term financial goal? Yes No (e) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit - Linked Policies only).							
(f) If the total premium exceeds 30% of the annual income of the applicant "are you satisfied that the product is sold within the financial capacity of the Applicant" Yes Do you recommend acceptance of this Application considering all the factors, including moral hazard? Yes No							
Certification: I have carefully ascertained the above information and recorded them. Date DDMMMYYYYY All the answers are true and correct to the best of my knowledge and belief. 1. Incase of Corporate Agent (CA) or Micro Insurance Agent (MI), Specified Person (SP) to sign/stamp & provide his / her details. 2. Incase of Broker, authorised person to sign & provide their details.							
3. Respective agent as specified above	to authenticate all documents like KY	C, BI etc. with their signature & Origin		A/Broker/IMF/Micro Insuran where business is being solic			
To be filled by the Sales Management-	Sales Manager/ Agency Manager/ Reg	gional Manager (Depending on the CA	F Matrix)				
The agency management must, wherever necessary, verify and certify the following: 1. Was the Financial Advisor licensed to write personal life insurance on the date							
Applicant*, are you satisfied that the product is sold within the financial capacity of the Applicant*? 5. Is the product recommended suitable for the Applicant* keeping in mind his/her age, needs, risk appetite, income, long term financial goals and long term premium paying capacity? If No, please give the reason.							
6. Has the Applicant* been informed about the following?							
(a) Charges			and benefits under the policy are subje s per the applicable laws.	ect to taxes and Yes	∐No		
(b) Surrender charges		Yes No (d) The investigation Insurance	stment risk in the investment portfolio is Product is borne by the Proposed Hole	der	No		
7. Do you recommend acceptance of this Application considering all the factors, including moral hazard? (To be filled for Unit - Linked Insurance Product only) Yes No							
Based on the review as above I am satisfied that the product is suitable to the customer and may be placed subject to other underwriting guidelines.							
Name	Designation	Signature	Date	Place			
			DDMMMYYYY				
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ACKNOWLEDGEMENT





PNB MetLife India Insurance Company Limited

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"A/c Paye	ee" Cheque/Draft shou	ld be drawn in favour of PNB MetLife India Insur	rance Company Limited only.	
PI/PO Name : Insurance Agent/ Broker/ Specified Person Name and Code :				
Corporate Agent Name:				
Amount (In figures) : A	mount (In words) :			
Premium Payment Option: Cheque Bank	Draft			
Cheque/Draft No. :	Bank Name :		Cheque/Draft Date :	
1. All receipts/ Negotiable instruments are subject to 2. Acceptance of Risk is subject to policy terms & c 3. For Unit Linked Policies, the NAV would be alloc information is received before 3:00 PM on a busi 4. Premium paid before policy due date will be alloc 5. Premium paid within 180 days of due date will be 6. Premium paid in lapsed policy after 180 days of c 7. All Premium payment in cash has to be made dire 8. This can be used only for collecting the initial pre Beware of spurious phone calls and fictitious/fraudu IRDA of India clarifies to public that 1. IRDA of India or its officials do not involve in ac 2. IRDA of India does not announce any bonus. Pub Signature of Agent/ Broker/ Specified Person:	onditions. ated as per the date and ess day, the same day ated on policy due dat allocated on next busi tue date, will be allocat ctly at our nearest brar mium and cannot be us lent offers tivities like sale of any lic receiving such phor	Is NAV is applicable and for other's NAV for the re. ness day of premium paid date. ned on completion of all re-instatement requirement. Our agents are not authorized to collect the properties of the renewal premium collection. kind of insurance or financial products nor invest need to lodge a police complaint along with det	nts and reviewed by PMLI. emium in cash. premiums.	
Customer Toll Free 1-800-42	Number	E-mail us at indiaservice@pnbmetlife.co.in	Write to us at PNB MetLife India Insurance Co. Ltd., Office Unit No. 101, 1st Floor, Techniplex-1, Techniplex complex veer Savarkar Flypver, Off S V Road Goregaon (West)	