# **pnb** MetLife



KYC No:		Milkar life aage bi	Proposal No.							
		Generic Proposal Form	Annuity Plans							
information provided by yo required. This is in your ow rights, obligations, and liab	ou will form the basis for issuance on interest. All documents submitted ilities arising thereunder, shall be c	of the policy. Please ensure that you aff ed along with this the Proposal form sho onstrued, determined, and enforced in a	acts, within your knowledge as on the date of the submission of this application. Th fix your signature in all the places as stated. In certain places more than one signature i uld be attested by the Proposed Insured and Proposed Holder. The Proposal form and al coordance with the laws of India. State code and Country code to be updated as per India bear full signature of the Applicant. Proposal Form needs to be filled in BLACK Ink only	is 11 ın						
Please fill	Code	Name	Policy Type:         Rural         Urban           Channel Type:         Agency         Broker         BABP							
IA/FPC/CSO/DM/ARM/ ISP			DM IMF Primary Annuitant Paste here (de entraire construit)							
Specified Person			Type of Cover:       Individual       Employer-Employee       (do not pin or staple)         MWP       HUF       General Partnership       Key       * A recent passport size photograph         Parrog       Kay Partnership       Solution       Solution       Solution							
PNB MetLife Branch	Person Key Partnership Solution (not more than 6									
Relationship Branch Name of CA/Broker/ Referral Company/ M I A			Account Type: Normal Simplified Small (For low risk customers)							
1. Please choose out of the f	following:									
Product Name :										
	rce of Funds – (for Immediate Ar		_							
i) Standalone Annuity		iii) Tied Annuity – PNB MetLife	e (with Open Market Option)							
	- cheque from other insurer	iv) Tied Annuity – PNB MetLife number: [(Only	e (without Open Market Option)							
			vesting amount as cash lump sum is permitted) [(Only appear if responses are Yes to 1.0 - (ii i),(i	iv)]						
	provide Purchase Price**(Rs.):	or Annuity Amount(Rs.): Secondary/Joint Annuitant	[NA if responses are Yes to 1.0 - (iii) & (iv)] Others* (Specify) *Please fill third party declaration form							
a) Premiums will be paid by If other, please provide the			to Proposed Holder Annual Income of the Premium Payer							
n ouler, please provide the										
b) PAN No. of Third F	Party: Form 60 of Third Party		7							
c) Purchase Price Payment I	c) Purchase Price Payment Details: Credit Card Cash* Cheque <sup>#</sup> Demand Draft <sup>#</sup> d) Amount: Bank name:									
e) Cheque/DD no:	Date D D	M M Y Y Y M Bank A	ccount Number:							
*In case where premium is	paid in cash, the IA/FPC/Broker/SI	P is acting as an agent of customer and P	NB MetLife shall not be in any way liable or responsible till such time the said amount is	s						
received at any office of PN										
"Cheque/DD made payble to realization. **Exclusive of a		ompany Limited. Proposal/Policy no	Details will be used for all payouts by PNB MetLife. All Payments are subject to							
2. Which Annuity Option w										
2.1 Please select your Annu	•		(As per your chosen product)	)						
2.2 To be filled up only in c	case of Deferred Annuity Product									
<ul><li>a) Premium Paying Ter</li><li>c) Deferment Period :</li></ul>	rm Single Pay 5 Pay		nium Payment Mode Monthly Quarterly Half Yearly Yearl	ly						
<b>3.</b> What is the frequency of	annuity payment? Annual	Semi Annual Quarterly Mo	nthly							
4. Do you want your policy	in de-materialised (Demat) format	? Yes No (If yes, please fill the d	lemat application form separately)							
5. Details of proposer/annui	itant/primary annuitant (if joint life	is chosen) All fields are mandatory								
				 ר						
a) Name (Mr./Mrs./Ms./E (Same as ID Proof)	DI./Master/Other): F I R S		M I D D L E L A S I							
b) Maiden Name (Ms./Dr	:./Other): F I R S T		M I D D L E L A S T							
c) Father's Name (Mr./Dr	r./Other): F I R S T		M I D D L E L A S T							
d) Mother's Name (Ms./M	Mrs./Dr./Other): F I R S	Т	M I D D L E L A S T							
e) Spouse Name (Mr./Mr	e) Spouse Name (Mr./Mrs./Dr./Other): F I R S T M I D D L E L A S T									
f) Date of Birth: D D	f) Date of Birth:       D       M       M       Y       Y       Y       g) Place of Birth:       (Include Country Name)									
h) Gender: M-M	h) Gender: M-Male F- Female T- Transgender i) Citizenship: N- Indian Others-ISO 3166 Country Code									
j) Are you Tax resident of	j) Are you Tax resident of any other country other than India Yes No [If Yes, please fill up FATCA/ CRS questionnaire and fill point m (iii)]									
k) Residential Status: Resident Individual Non Resident Indian Person of Indian Origin Foreign National <u>COUNTRY NAME</u>										
) Marital Status: Married Unmarried Others (Specify)										
n) (i) Current/Permanent/Overseas Address:										
Address Type: Residen	ntial/Business Residential	Business Registered Office	Unspecified							
Address Proof: Passpor	t Driving Licence Voter	Identity Card NREGA Job Card	Simplified Measures Account – Document Type Code							
Others		(Ce	rtified copy of anyone of the following Proof of Address [PoA] needs to be submitted)							
PNB MetLife India Insurance Company Limited										

Registered Office: : Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us at 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

C I T Y / T O W N / V I L L A G E G	R A M P A N C H A Y A T													
D I S T R I C T P I N / P O S T C O	DE STATE/UTCODE													
(ii) Correspondence/Local Address Same as Current/Permanent/Overseas Add	ress (In case of multiple Correspondence/Local Address, please fill annexure A1)													
	L A N D M A R K													
C I T Y / T O W N / V I L L A G E G	R   A   M   P   A   N   C   H   A   Y   A   T													
D I S T R I C T P I N / P O S T C O	DESTATE / UTCODE													
(iii) Address in the Jurisdictions details where applicant is Resident Outside India for tax pu	rposes Same as Current/Permanent/Overseas Address Same as Correspondence/Local Address													
C I T Y / T O W N / V I L A G E G	R A M P A N C H A Y A T													
DISTRICT PIN/POSTCO														
n) Telephone O翻 ce:	Mobile: Email:													
Alternate Contact No:	Alternate Email: Country Code Area/STD Code Telephone													
Telephone Residence:	Fax:													
o) PAN No. Form 60:														
D) Educational Qualification:     Post Graduate and Above     Graduate     Diploma     12ti	h Pass 10th Pass Below 10th Pass Illiterate Others (Specify)													
	h Pass 10th Pass Below 10th Pass IIlliterate Others (Specify)													
a) Occupation: S-Service ( Private Sector Public Sector Government Sector)														
O-Others ( Professional Self Employed Retired House	ewife Student) B-Business X-Not Categorised													
	come Proof:u) Age Proof*:													
*In case of Non Standard Age Proof like Voter ID Card, Ration Card, etc. extra of Rs. 2.50 per	pe of Cover is selected as Employer-Employee/General Partnership/Key Partnership/Key Person thousand sum assured will be charged													
	Veero of Coming/													
Name & Address of the Organization/Business Exact Nature of Duties Designation	Business Annual Gross Income (in Rs.)													
v) Identity Proof: (Certified copy of anyone of the following Proof of identity [Pol] needs to be su	bmitted)													
A-Passport No.														
B-Voter ID Card C-PA	AN No. D-Driving License													
Driving License Expiry Date D D M M Y Y Y Y F	b Card													
Z- Others (any document notified by the central government)	S- Simplified Measures Account - Document type code													
Identification No.														
w) The Company will issue and send the policy document in electronic form". Do you wish to receive	e your policy document in physical form also?.													
6. Is the proposed Holder/Nominee/Premium Payer a Trust, Charity, NGO or organisation receiving	ng donations? Yes No													
7. Are you a "Politically Exposed Person"*? Yes No * Individuals who are or have be	en entrusted with prominent public functions domestically or by a foreign country, which ma													
include Heads of State or of government, senior politicians (Members of Political) parties cont														
Secrelary levels), judicial or military officials (Ranks Equivalent to Major and above), senior executi been entrusted with a prominent function by an international organization, refers to members of se														
deputy directors and members of the board or equivalent functions.	shor management of multiduals who have been enrusted with equivalent functions, i.e. director													
Family members are individuals who are related to a PEP either directly (consanguinity) or throu														
Close associates are individuals who are closely connected to a PEP, either socially or profession	ally.													
8. Primary annuitant(if different from proposer)/Secondary annuitant details														
Primary Annuitant	Secondary/Joint Annuitant													
Full Name (Mr./Mrs./MS.Dr.Master/Other):	Secondary/Joint Annuitant Full Name (Mrs /Mrs /Ms /Dr /Master/Other):													
Father's Name (Mr./Mrs./M.s.Dr.Maser/Guter).	Full Name (Mrs./Mrs./Ms./Dr./Master/Other):           Father's Name (Mr./Dr.):													
Date of Birth:     D     M     Y     Y     Y     Place of Birth:	Date of Birth:   D   D   M   Y   Y   Y   Place of Birth:													
Ate Proof: Identity Proof:	Age Proof: Identity Proof:													
	Residence Proof:													
Residence Proof:	PAN No. Form No.													
PAN No. Form No.	Gender: Email:													
Gender: Email:	Telephone number: ()_STD Code Mobile:													
Telephone number: () STD Code Mobile:	Mailing Address: Mobile:													
Mailing Address:														
	Permanent address (if not same as above):													
Permanent address (if not same as above):														
	Nationality: Indian Non-Resident Indian Foreign National													
Nationality: Indian Non-Resident Indian Foreign National	(Country Name)													
(Country Name) (If Non-Resident Indian or Foreign National, please) mention the country you reside in the space provided above and complete (NRI) questionnaire)	) A ccount Number													
	Account Number:													
Occupation: Service Business Self Employed Professional Student	IFSC Code: Secondary Annuitant													
Retired   Homemaker   Others (Spedify)	IFSC Code:													
	IFSC Code:       Secondary Annuitant         9-digit MICR Code:       Paste here         Bank Proof (to be Mandatorily Submitted):       *A recent passport													
Retired     Homemaker     Others (Spedify)       Occupation details:     Name & Address of the second details in the second de	IFSC Code:													
Retired     Homemaker     Others (Spedify)	IFSC Code:       Secondary Annuitant         9-digit MICR Code:       Paste here         Bank Proof (to be Mandatorily Submitted):       *A recent passport													
Retired     Homemaker     Others (Spedify)       Occupation details:     Name & Address of the second details in the second de	IFSC Code:													

<b>9.</b> A	Annuity Payment Details																																					
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b) A	Accoun	t Num	ber:													]c)]	IFSC	Coc	de:																			
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14.	Bank	Name	& A	ddress	;																																	
Ap	pointee	e detai	ls																																			
1.	Nam	e (Mr./	Mrs.	/Ms./I	Dr./Ma	aster	/Other	r) F	Ι	R		T	,									М	Ι	D	D	L	Е								L	] A	S	Т
2.	Date	ofBirt	hI	D	M	М	ΥY	Y	Y	3.	Ger	ader		Male		Fei	male	4	4.	Mai	rital \$	Status	s [		Single	e		Mar	ried	Ľ	] ]	Divor	ced		] Wi	idowe	d	
5.	Natio (If Nc	nality: n-Resid	lent I	India ndian	n or Peo	] No	on-Re f India	sident n Orig	t Indi gin or !	an Forei	D P gn Na	'ersor	n of In l, pleas	.dian (	Origi ation	in the c	Jountr	Forei y you	ign Ì u resi	Nati ide ii	onal n the s	space	provi	ded a	bove	and co	mple	te NR	I/PIO	/Fore	( ign N	(Coun Jationa	try Na al que:	ame) stionr	iaire)			
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11.	Bank	Name	&В	ranch	Addro	ess _																																
12.	Signat	ure Ac	ceptii	ng the	Appoi	intme	nt																															
13.	Relatio	onship	with	Nomir	iee																																	

## **11.** Tax Status Questionnaire (To be filed by Proposed Holder)

## Do you have an / a:

- 1. United States citizenship or resident status (resident status applies in the event of the Applicant being an individual or an entity created, incorporated or governed by United States Laws): Ves 🗌 No
- 2. US place of birth: Yes No
- 3. US telephone number: Yes No
- 4. US residence or correspondence address (including a US PO Box): Ves No

5. Standing instructions to transfer funds to a US account: Yes No

- In the event of the any of the questions being answered as Yes, please furnish the following:
- 1. If the Applicant is subject to United States Federal Income Tax please provide the Applicant's U.S. Tax ID Number(s)\* or a W-9
- 2. If the Applicant is not subject to United States Federal Income Tax please provide a self-certification under perjury, and a Non-US passport or other valid government-issued identification evidencing citizenship in a country other than the US or such other forms or declarations as may be informed to you by the Company.

## IN CASE OF AN APPLICANT NOT CURRENTLY HAVING US INDICIA\*\*, THE APPLICANT AGREES TO INFORM THE COMPANY WITHIN THIRTY (30) DAYS OF THE APPLICANT'S KNOWLEDGE OF SUCH CHANGE IF THE APPLICANT ACQUIRES US INDICIA.

\*If the Applicant(s) is subject to United States Federal Income Tax and fails to provide a U.S. Tax Identification Number to the Company, the Internal Revenue Service requires the Company to withhold tax from taxable income payments made to the Applicant.

\*\*US indicia (United States Indicia) is defined as any individual or entity who exhibits any of the following:

1. United States citizenship or resident status (applicable to an entity by virtue of being created, incorporated or governed by United States Laws);

2. US place of birth;

3. US telephone number;

4. US residence or correspondence address (including a US PO Box); or

## 5. Standing instructions to transfer funds to a US account.

## DECLARATION, AGREEMENT & AUTHORISATION

DECLARATION: I/We have read this Proposal or got read/ explained the Proposal, and furnished the information, after fully understanding the contents thereof. I/we have made complete, true and accurate disclosure of all facts to the best of my/our knowledge and belief and that I/we have not withheld any information. I/We hereby declare, on my/our behalf and on behalf of the person proposed to be insured, that the above statements, answers and/or particulars given by me/us are true and complete in all respects to the best of my/our knowledge and that I/we am/are authorized to propose on their behalf. I/We understand that the information provided by me/us form the basis of the insurance policy and that the policy is subject to the Board approved underwriting policy of PNB MetLife India Insurance Company Limited (PNB MetLife/the Company) and that the cover will come into force and effect only after full receipt of the premium chargeable and upon issuance of the policy. I/We declare that I/we consent to the Company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the health of the person to be insured/proposer and seeking information from any insurer to whom a proposal for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement. I/We authorize the Company to share information pertaining to my/our proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority. I/We hereby further consent, and authorize, PNB MetLife to use and disclose any of the personal and sensitive information of the insured/ proposer collected or available with PNB MetLife (whether contained in this proposal or obtained otherwise) which may include KYC documents to any individual/organisation/institution as authorised by the Authority or entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors, data analysts, Artificial Intelligence oriented softwares/ firms and industry associations/federations, for the purpose of processing/underwriting this proposal and/or providing subsequent policy related services as permitted under the Authority's regulation/circulars, as applicable and claims settlement. I/We hereby understand that the Company will send/issue me/us the insurance policy in electronic form in accordance with the Company's Board approved policy on 'Issuance of Insurance policies in Electronic Form' and as per the extant regulatory framework. I/We hereby consent and authorise PNB MetLife to deduct/levy/set off, etc. from the premium/policy funds/benefits, any cheque bouncing/credit card charges associated to my policy and if such deductions/levying/set off could put my policy in premium deficiency and termination.

Optional Voluntary Declaration and Non-Mandatory: If the customer has voluntarily provided his/her Aadhaar details along with this proposal, the below consent/undertaking/authorisation becomes applicable. I/We provide my/our below consent in accordance with the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016, and regulations framed thereunder for: (a) collecting, storing and using, (b) validating/authenticating, and (c) updating my/our last 4 digits of Aadhaar number. I/We hereby state that I/We am/are voluntarily interested in conducting the authentication of my/our Aadhaar number and do hereby consent to provide my/our Aadhaar number. Virtual ID, Biometric and/or One Time Pin (OTP) data for Aadhaar based authentication for the purposes of availing of the policy from PNB MetLife and receiving its services arising out of the insurance contract. I/We understand that the Biometrics and/or OTP I/We provide for authentication shall be used only for authenticating my /Our identity through the Aadhaar Authentication system for rendering the services arising out of the insurance contract from PNB MetLife and for no other purposes. I/We understand that PNB MetLife shall ensure security and confidentiality of my/our personal identity data provided for the purpose of Aadhaar number or any document or database containing my Aadhaar number only for the purpose of the rendering its services arising out of the insurance contract form PNB MetLife and necessary for the purpose specified hereinabove. I/we also understand that PNB MetLife has a mechanism for the concentacy of my/our grievances, if any, in in respect of the usage and storage of my/our personal information and the same is provided in detail in the Privacy Policy and Digital Personal Data Protection Act, 2023.

### AGREEMENT:

1. I/We do hereby agree that: 1.My/Our answers and/or statements provided herein and this declaration shall form the basis of policy issued by PNB MetLife. 2. I/We do hereby agree that information provided by me/us shall be the basis of insurance contract between me/us and PNB MetLife. 3. If, after submission of this Proposal and before issue of the policy (i) If there are any adverse circumstances connected with the general health of the Proposed Insured/Proposed Holder or (ii) If an application for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an application of revival, has been withdrawn or dropped or accepted at an increased premium or on terms other than as originally proposed or (iii) if there is any change in my/our occupation or financial position, I/we shall forthwith intimate the same to PNB MetLife in writing to reconsider the terms of acceptance of this Proposal. 4. If there is any suppression or mis-representation of material information or any untrue statement contained in the information provided hereinabove or in case of fraud or any material omission happens on my/our part in providing the information as required to be provided per item number three above, the insurance contract entered basis this Proposal shall be treated as null and void in accordance with the provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 and as amended from time to time. 5. The payment made along with the application is a deposit with PNB MetLife to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me/us. Unless accepted, no risk shall attach to PNB MetLife. In the event that the Proposal is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Proposal by me/us. I/We agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test. 6. I/We hereby declare that the money used by me/us to pay the premium under this Proposal has not been derived from any criminal or illegal activity or any unknown sources. 7. I/We hereby acknowledge that the information provided under this Proposal will be used for the purpose of underwriting this Proposal and for providing policy related services, in the event of the risk being accepted by PNB MetLife. 8. I/We understand that any premium if paid by cash has to be paid only in PNB MetLife branches. Suvidha outlets and other authorized cash collection agencies against an official Receipt and not to PNB MetLife's Insurance Agent/Broker/Corporate Agent. If it is paid to Insurance Agent/Broker/Corporate Agent for depositing with PNB MetLife, then the Insurance Agent/Broker/Corporate Agent for this purpose is acting as my/our authorized representative and not that of PNB MetLife and PNB MetLife shall not be liable for any loss incurred by me/us while doing so. 9. I/We further agree and consent to PNB MetLife receiving my/ our updated address from CERSAI (which will happen on my/our updating the new address in my/our account maintained with any Bank or other financial Institution) and update the new address in my/our policy/ies with PNB MetLife. I/ We hereby agree and consent PNB MetLife to send future communication regarding my/ our policy and other services through its preferred communication channel (including but not limited to SMS, E-mail and physical letters). Such communication made by the Company shall override the Do not Disturb (DND) registrations, if any, made earlier or anytime herein after by me. 10. The policy will lapse in case the premium is not paid as per the payment terms opted. 11. I/We also understand that the premium and the benefits payable under the Policy are subject to variation basis the change in applicable taxation and other relevant in accordance to applicable laws from time to time.

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

x Signature / Left Thumb Impression of the Proposed Owner	Name of the Proposed Owner:
Name of Witness: Address of witness:	
Date: Place:	

Declaration by the person filling in the Proposal. (Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language)

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

Declarant's Name : The content of the form and documents have been ful	Address : lly explained to me and that I have fully u	understood the same.	
	Place Place rding, unconnected with the Compan	Signature of Declarant	Signature / Left Thumb Impression of Proposed Holder/ Proposed Insured e established, should give the following declaration after attesting
left thumb impression of the Applicant	tents of this Proposal in tion provided by the Applicant and	1	pplicant. The same have been fully understood by him/her and at to and fully understood by and confirmed by the Applicant.
v		х	
the date of issuance of the policy or the date of com may be called in question at any time within three y to the policy, whichever is later, on the ground of fir insured, the grounds and materials on which such de his agent, with the intent to deceive the insurer or to to be true; b. The active concealment of a fact by the declares to be fraudulent.	mencement of risk or the date of reviv rears from the date of issuance of the po- aud; provided that the insurer shall hav ecision is based. For the purposes of th o induce the insurer to issue a life insur- e insured having knowledge or belief o	uestion on any ground whatsoever al of the policy or the date of the ri- olicy or the date of commencement ve to communicate in writing to the is sub-section, the expression 'frau ance policy: a. The suggestion, as a of the fact; c. Any other act fitted to	numb Impression of Applicant after the expiry of three years from the date of the policy i.e. from der to the policy, whichever is later. 2. A policy of life insurance of risk or the date of revival of the policy or the date of the rider insured or the legal representatives or nominees or assignees of the d' means any of the following acts committed by the insured or by after that which is not true and which the insured does not believe deceive; and d. Any such act or omission as the law specifically 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 sile For complete details of the section and the definit Section 41 of the Insurance Act, 1938: No person s	ence is, in itself, equivalent to speak. tion of 'date of policy', please refer S shall allow or offer to allow, either direc idia, any rebate of the whole or part of e, except such rebate as may be allowed	Section 45 of the Insurance Act, 1 ctly or indirectly, as an inducement the commission payable or any rel	<b>938, as amended from time to time.</b> to any person to take or renew or continue an insurance in respect pate of premium shown on the policy, nor shall any person taking out
		See Terson of the Broken Bit	
1. Name of the Proposed Insured         3. Is this Proposal on your own life?	Yes No	If yes, nature of i	o the Proposed Insured / Proposed Holder? Yes No relationship ed by PI/PH
5. Face Amount/Sum Assured (in Rs.)		6. Riders opted by F	
<ol> <li>Have you explained fully the terms and condition</li> <li>(a) Since when do you know the Proposed Insured / Proposed Holder? Holder?</li> </ol>	ns of the plan to the Applicant*? \Y ) Are you satisfied with the Identity of Proposed Insured?		nt* currently reside in Rural area? Yes No sured have any physical (d) What is the estimated income of the Proposed Insured/ Proposed
Years     Months       10.     What is the Proposed Insured's state of health a	Yes No t the time of completion of this Propos	NON-MEDICA	
		Height in cms	s or ft. Inches Weight in kgs or Pounds
<b>12.</b> Is this Proposal a replacement for an existing po	olicy of the Applicant*? If Yes, please	complete the Replacement Question	nnaire.
13. Has the Applicant* been informed about the fol	llowing?		
<ul> <li>(a) Charges Yes No</li> <li>(b) Surren</li> <li>(c) Is the product recommended suitable for the</li> </ul>	ider charges Yes No	charges as per the	
risk appetite and long term financial goal? (f) If the total premium exceeds 30% of the ann	Yes No	Linked Insurance (To be filled for U	Product is borne by the Proposed Holder Yes No nit - Linked Policies only).
<ol> <li>If the total premium exceeds 50% of the annual 14.</li> <li>Do you recommend acceptance of this Proposal</li> </ol>		·	
	ACKNO		
		nb MetLife r life aage badhaein	
CI No. U66010KA2001PLC028883, Call us To	& 703, 7th Floor, West Wing, Raheja To oll-free at 1-800-425-6969, Website: wy	ww.pnbmetlife.com, Email: indiaser	- 560001, Karnataka. IRDA of India Registration number 117. rvice@pnbmetlite. co.in or write to us at 1st Floor, Techniplex - 91-22-41790000, Fax: +91-22-41790203
"A/c Paya	ee" Cheque/Draft should be drawn in fa	avour of PNB MetLife India Insurar	nce Company Limited only.
PI/PO Name :	Insurance Age	nt/ Broker/ Specified Person Name	and Code :
Corporate Agent Name : Insurance	e Agent/Broker/ Specified Person Name	And Code :	
Amount (In figures) : A	mount (In Words) :		
Premium Payment Option: Cheque Bank	Draft Others		
Cheque/Draft No. :	Bank Name :		Cheque/Draft Date :

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<b>15.</b> Was any negative customer behavinformation? If yes, please provide details	vior observed relating to Customer insis	sting on anonymity, reluctance to provid	le identifying information, or providin	g minimal, seemingly fictitious					
Certification: I have carefully ascertain All the answers are true and correct to	ned the above information and recorded the best of my knowledge and belief.	them. Date D D M M Y		of the IA/SP/DM/ISP/ person of the broker					
2. Incase of Broker, authorised person	to sing & provide their details.	Person (SP) to sign/stamp & provide h C, BI etc. with their signature & Origin	al Seen Verified. Seal/Stamp of C	CA/Broker/IMF/Micro Insurance Agent where business in being solicited)					
To be filled by the Sales Managemen	it								
<ol> <li>Was the Financial Advisor licenced the Proposal was signed?</li> <li>Whether you are satisfied with the id</li> <li>Is the product recommended suitable capacity? If No, please give the reas</li> </ol>	3. Whether you are satisfied with the identity of the Proposed Insured? Yes No 4. If the total premium exceeds 30% of the annual income of the Applicant*, are you satisfied that the product is sold within the Steeping in mind his/her age, needs, risk appetite, income, long them financial goals and long term premium paying Yes No								
6. Has the Applicant* been informed a	bout the following?	6. Has the Applicant*	been informed about the following?						
(a) Charges       Yes       No       (c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws.       Yes       No         (b) Surrender charges       Yes       Yes       No       (d) The investment risk in the investment porfolio in the Unit-Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit - Linked Insurance Product only)       Yes       No									
Based on the review as above I am s	Based on the review as above I am satisfied that the product is suitable to the costomer and may be placed subject to other underwriting guidelines.								
Name	Designation	Signature	Date	Place					
			D D M M Y Y Y Y						

ATTESTATION FOR O	FFICE ONLY	
<b>Document Receive</b>	d Certified Copies	
KY	C VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date: Emp Name: Emp Code: Emp Designation: Emp Branch:		Name:

### **IMPORTANT:**

- 1. All receipts/ Negotiable instruments are subject to realization.
- Acceptance of Risk is subject to policy terms & conditions.
   For Unit Linked Policies, the NAV would be allocated as per the date and time of, premium payment information being received by PNB MetLife from customer directly or through vendors. If the set the set business day shall be applicable. information is received before 3:00 PM on a business day, the same day's NAV is applicable and for other's NAV for the next business day shall be applicable. 4. Premium paid before policy due date will be allocated on policy due date.
- 5. Premium paid within 180 days of due date will be allocated on next business day of premium paid date.
- 6. Premium paid in lapsed policy after 180 days of due date, will be allocated on completion of all re-instatement requirements and reviewed by PMLI.
- 7. All Premium payment in cash has to be made directly at our nearest branch. Our agents are not authorized to collect the premium in cash.

8. This can be used only for collecting the initial premium and cannot be used for renewal premium collection.

Beware of spurious phone calls and fictitious/fraudulent offers

IRDA of India clarifies to public that

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

Signature of Agent/ Broker/ Specified Person:





Date: