KYC No: ☐☐☐☐☐☐☐☐☐☐☐☐☐

pnb MetLife

Milkar life aage badhaein

Proposal No.

Generic Proposal Form Annuity Plans

Please read all the questions carefully and complete the details required truthfully in relation to facts, within your knowledge as on the date of the submission of this application. The information provided by you will form the basis for issuance of the policy. Please ensure that you affix your signature in all the places as stated. In certain places more than one signature is required. This is in your own interest. All documents submitted along with this the Proposal form should be attested by the Proposed Insured and Proposed Holder. The Proposal form and all rights, obligations, and liabilities arising thereunder, shall be construed, determined, and enforced in accordance with the laws of India. State code and Country code to be updated as per Indian motor vehicle, 1988 and ISO 3166 country code respectively. Corrections or over writing, if any, must bear full signature of the Applicant. Proposal Form needs to be filled in BLACK Ink only.

Please fill	Code	Name
IA/FPC/CSO/DM/ARM/ ISP		
Specified Person		
PNB MetLife Branch		
Relationship Branch Name of CA/Broker/ Referral Company/ M I A		

Policy Type: ☐ Rural ☐ Urban

Channel Type: ☐ Agency ☐ Broker ☐ BABP ☐ DM ☐ IMF

Type of Cover: ☐ Individual ☐ Employer-Employee ☐ MWP ☐ HUF ☐ General Partnership ☐ Key Person ☐ Key Partnership ☐ Solution

Employee Discount: ☐ PNB MLI Employee ☐ PNB Employee ☐ J&K Bank Employee

Account Type: ☐ Normal ☐ Simplified ☐ Small (For low risk customers)

Proposer/ Annuitant/ Primary Annuitant

Paste here (do not pin or staple) * A recent passport size photograph (not more than 6 months old)

1. Please choose out of the following:

Product Name : _____

1.0 Please choose the Source of Funds – (for Immediate Annuity option Only):

i) Standalone Annuity - Lumpsum ☐ iii) Tied Annuity – PNB MetLife (with Open Market Option) ☐

ii) Standalone Annuity - cheque from other insurer ☐ iv) Tied Annuity – PNB MetLife (without Open Market Option) ☐

1.1 If (ii), (iii) or (iv) is chosen, please provide existing policy number: _____ [(Only appear if responses are Yes to 1.0 - (ii), (iii), (iv)]

1.2 If (iii) or (iv) is chosen, please choose the extent of commutation: _____% (Commuting upto 1/3rd of your vesting amount as cash lump sum is permitted) [(Only appear if responses are Yes to 1.0 - (ii i),(iv)]

1.3 If (i) is chosen, please provide Purchase Price**(Rs.):_____or Annuity Amount(Rs.): _____ [NA if responses are Yes to 1.0 - (iii) & (iv)]

a) Premiums will be paid by: ☐ Primary Annuitant ☐ Secondary/Joint Annuitant ☐ Others* (Specify) _____*Please fill third party declaration form

If other, please provide the following details. Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Relationship to Proposed Holder ☐☐☐☐☐☐☐☐☐☐ Annual Income of the Premium Payer ☐☐☐☐☐☐☐☐☐☐

b) ☐ PAN No. of Third Party: ☐ Form 60 of Third Party: ☐☐☐☐☐☐☐☐☐☐☐

c) Purchase Price Payment Details: Credit Card ☐ Cash* ☐ Cheque# ☐ Demand Draft# ☐ d) Amount: _____ Bank name: _____

e) Cheque/DD no: _____ Date D D M M Y Y Y Y Bank Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*In case where premium is paid in cash, the IA/FPC/Broker/SP is acting as an agent of customer and PNB MetLife shall not be in any way liable or responsible till such time the said amount is received at any office of PNB MetLife.

#Cheque/DD made payble to "PNB MetLife India Insurance Company Limited. Proposal/Policy no_____". Details will be used for all payouts by PNB MetLife. All Payments are subject to realization. **Exclusive of all taxes.

2. Which Annuity Option would you like to choose?

2.1 Please select your Annuity option_____(As per your chosen product)

2.2 To be filled up only in case of Deferred Annuity Product

a) Premium Paying Term ☐ Single Pay ☐ 5 Pay ☐ 7 Pay ☐ 10 Pay b) Premium Payment Mode ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

c) Deferment Period : _____ d) Annuity Payout Date : _____

3. What is the frequency of annuity payment? ☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly

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) All fields are mandatory

a) Name (Mr./Mrs./Ms./Dr./Master/Other): (Same as ID Proof) F I R S T ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M I D D L E ☐☐☐☐☐ L A S T ☐☐☐☐☐

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./Other): F I R S T ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M I D D L E ☐☐☐☐☐ L A S T ☐☐☐☐☐

d) Mother's Name (Ms./Mrs./Dr./Other): F I R S T ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M I D D L E ☐☐☐☐☐ L A S T ☐☐☐☐☐

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 M M Y Y Y Y g) Place of Birth: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Include Country Name)

h) Gender: ☐ M-Male ☐ F- Female ☐ T- Transgender i) Citizenship: ☐ IN- Indian ☐ Others-ISO 3166 Country Code ☐☐

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 _____ COUNTRY NAME _____

l) Marital Status: ☐ Married ☐ Unmarried ☐ Others (Specify) _____

m) (i) ☐ Current/Permanent/Overseas Address:

Address Type: ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Address Proof: ☐ Passport ☐ Driving Licence ☐ Voter Identity Card ☐ NREGA Job Card ☐ Simplified Measures Account – Document Type Code ☐☐

Others _____ (Certified copy of anyone of the following Proof of Address [PoA] needs to be submitted)

LANDMARK CITY/TOWN/VILLAGE
DISTRICT PIN/POSTCODE STATE/CODE

(ii) ☐ Correspondence/Local Address ☐ Same as Current/Permanent/Overseas Address (In case of multiple Correspondence/Local Address, please fill annexure A1)

LANDMARK CITY/TOWN/VILLAGE
DISTRICT PIN/POSTCODE STATE/CODE

(iii) ☐ Address in the Jurisdictions details where applicant is Resident Outside India for tax purposes ☐ Same as Current/Permanent/Overseas Address ☐ Same as Correspondence/Local Address

LANDMARK CITY/TOWN/VILLAGE
DISTRICT PIN/POSTCODE STATE/CODE

n) Telephone O翻 ce: Country Code Area/STD Code Telephone Mobile: Email: _____

Alternate Contact No: _____ Alternate Email: _____

Telephone Residence: Country Code Area/STD Code Telephone Fax: Country Code Area/STD Code Telephone

o) ☐ PAN No. ☐ Form 60:

p) Educational Qualification: ☐ Post Graduate and Above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Below 10th Pass ☐ Illiterate ☐ Others (Specify) _____

q) Occupation: ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)
☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student) ☐ B-Business ☐ X-Not Categorised

r) Occupation Details: s) Additional KYC#: _____ t) Income Proof: _____ u) Age Proof*: _____

Name of additional documents submitted if Proposed Owner is a Trust or Foundation OR Type of Cover is selected as Employer-Employee/ General Partnership/ Key Partnership/ Key Person.
*In case of Non Standard Age Proof like Voter ID Card, Ration Card, etc. extra of Rs.2.50 per thousand sum assured will be charged

Name & Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service/ Business	Annual Gross Income (in Rs.)

v) Identity Proof: (Certified copy of anyone of the following Proof of identity [Pol] needs to be submitted)

☐ A- Passport No. ☐ Passport Expiry Date DD MM YYYY

☐ B- Voter ID Card ☐ C- PAN No. ☐ D- Driving License

☐ Driving License Expiry Date DD MM YYYY ☐ F- NREGA Job 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 your policy document in physical form also?. ☐ Yes

6. Is the Proposed Holder/Nominee/Premium Payer a Trust, charity, NGO or organisation receiving donations? ☐ Yes ☐ 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 proposer)/Secondary annuitant details

Primary Annuitant

Full Name (Mr./Mrs./Ms./Dr./Master/Other): _____
Father's Name (Mr./Dr.): _____
Date of Birth: DD MM YYYY Place of Birth: _____
Age Proof: _____ Identity Proof: _____
Residence Proof: _____
☐ PAN No. ☐ Form No.
Gender: _____ Email: _____
Telephone number: ()STD Code _____ Mobile: _____
Mailing Address: _____
Permanent address (if not same as above): _____
Nationality: ☐ Indian ☐ Non-Resident 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 Organization/ Business	Exact Nature of Duties	Designation	Years of Service/Business	Annual Gross Income (in Rs.)

Secondary/ Joint Annuitant

Full Name (Mr./Mrs./Ms./Dr./Master/Other): _____
Father's Name (Mr./Dr.): _____
Date of Birth: DD MM YYYY Place of Birth: _____
Age Proof: _____ Identity Proof: _____
Residence Proof: _____
☐ PAN No. ☐ Form No.
Gender: _____ Email: _____
Telephone number: ()STD Code _____ Mobile: _____
Mailing Address: _____
Permanent address (if not same as above): _____
Nationality: ☐ Indian ☐ Non-Resident Indian ☐ Foreign National _____
_____ (Country Name)
Account Number:
IFSC Code:
9-digit MICR Code:
Bank Proof (to be Mandatorily Submitted):
☐ Pre-Printed Cancelled Cheque ☐ Bank Account Statement
☐ Yes, I have attached a blank cancelled cheque

Secondary Annuitant
Paste here
(do not pin or staple)
* A recent passport size photograph (not more than 6 months old)

9. Annuity Payment Details

a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): F I R S T M I D D L E L A S T

b) Account Number: c) IFSC Code:

d) 9-digit MICR Code: e) Account Type: ☐ Savings ☐ Current ☐ Cash Credit

f) Name and Address of the Bank/Branch: _____

g) Bank Proof (to be Mandatorily Submitted): ☐ Pre-Printed Cancelled Cheque ☐ Bank Account Statement

☐ Yes, I have attached a blank cancelled cheque

10. Nomination details (Nominee under Sec 39 of Insurance Act, 1938, as amended from time to time)

Full Name	Age	Nationality	Relationship with Annuitant	Date of Birth	If Nominee is a Minor	Address (if different)	%
					Appointee's name and relationship with the beneficiary		

Appointee' s Signature accepting the appointment : _____

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): ☐ Yes ☐ 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): ☐ Yes ☐ 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 based authentication as required under the applicable laws and regulatory provisions. I/We understand that PNB MetLife shall retain/store the last four digits of my/our Aadhaar number or any document or database containing my Aadhaar number only for the purpose of the rendering its services arising out of the insurance contract to me/us as mentioned above herein and for the time period no longer than necessary for the purpose specified hereinabove. I/we also understand that PNB MetLife has a mechanism for the redressal of my/our 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 available on the website of PNB MetLife. I/We can raise my/ our concerns to the Chief Information Security Officer of PNB MetLife and/or Data Protection Board in accordance with the Privacy Policy and Digital Personal Data Protection Act, 2023.

AGREEMENT:

1. I/We do hereby agree that: 1.My/Our answers and/or statements provided herein and this declaration shall form the basis of policy issued by PNB MetLife. 2. I/We do hereby agree that information provided by me/us shall be the basis of insurance contract between me/us and PNB MetLife. 3. If, after submission of this Proposal and before issue of the policy (i) If there are any adverse circumstances connected with the general health of the Proposed Insured/Proposed Holder or (ii) If an application for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an application of revival, has been withdrawn or dropped or accepted at an increased premium or on terms other than as originally proposed or (iii) if there is any change in my/our occupation or financial position, I/we shall forthwith intimate the same to PNB MetLife in writing to reconsider the terms of acceptance of this Proposal. 4. If there is any suppression or mis-representation of material information or any untrue statement contained in the information provided hereinabove or in case of fraud or any material omission happens on my/our part in providing the information as required to be provided per item number three above, the insurance contract entered basis this Proposal shall be treated as null and void in

accordance with the provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 and as amended from time to time. 5. The payment made along with the application is a deposit with PNB MetLife to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me/us. Unless accepted, no risk shall attach to PNB MetLife. In the event that the Proposal is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Proposal by me/us. I/We agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test. 6. I/We hereby declare that the money used by me/us to pay the premium under this Proposal has not been derived from any criminal or illegal activity or any unknown sources. 7. I/We hereby acknowledge that the information provided under this Proposal will be used for the purpose of underwriting this Proposal and for providing policy related services, in the event of the risk being accepted by PNB MetLife. 8. I/We understand that any premium if paid by cash has to be paid only in PNB MetLife branches. Suvidha outlets and other authorized cash collection agencies against an official Receipt and not to PNB MetLife's Insurance Agent/Broker/Corporate Agent. If it is paid to Insurance Agent/Broker/Corporate Agent for depositing with PNB MetLife, then the Insurance Agent/Broker/Corporate Agent for this purpose is acting as my/our authorized representative and not that of PNB MetLife and PNB MetLife shall not be liable for any loss incurred by me/us while doing so. 9. I/We further agree and consent to PNB MetLife receiving my/ our updated address from CERSAI (which will happen on my/our updating the new address in my/our account maintained with any Bank or other financial Institution) and update the new address in my/our policy/ies with PNB MetLife. I/ We hereby agree and consent PNB MetLife to send future communication regarding my/ our policy and other services through its preferred communication channel (including but not limited to SMS, E-mail and physical letters). Such communication made by the Company shall override the Do not Disturb (DND) registrations, if any, made earlier or anytime herein after by me. 10. The policy will lapse in case the premium is not paid as per the payment terms opted. 11. I/We also understand that the premium and the benefits payable under the Policy are subject to variation basis the change in applicable taxation and other relevant in accordance to applicable laws from time to time.

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

x_____

Signature / Left Thumb Impression of the Proposed Owner Name of the Proposed Owner: _____

Name of Witness: _____ Address of witness: _____

Date: _____ Place: _____

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

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 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:** _____

The contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

x_____

Signature of Applicant

In case the Applicant is illiterate, a person of standing, unconnected with the Company, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Applicant

I hereby declare that I have explained the contents of this Proposal in _____ language to the Applicant. The same have been fully understood by him/her and replies have been recorded as per the information provided by the Applicant and the answers have been read out to and fully understood by and confirmed by the Applicant. The Applicant has affixed his/her left thumb impression in my presence.

Declarant's Name & Address: _____

x_____ x_____

Signature of Declarant Left Thumb Impression of Applicant

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 or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true; b. The active concealment of a fact by the insured having knowledge or belief of the fact; c. Any other act fitted to deceive; and d. Any such act or omission as the law specifically declares to be fraudulent.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

Section 41 of the Insurance Act, 1938: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

AGENT'S REPORT

IA/SP/BROKER/DM/ISP (Insurance Sales Person) Code Name of the IA/SP/Authorised Person of the Broker/DM/ISP IA/SP/Broker/DM/ISP Mobile No

1. Name of the Proposed Insured _____

2. Are you related to the Proposed Insured / Proposed Holder? ☐ Yes ☐ No
If yes, nature of relationship

3. Is this Proposal on your own life? ☐ Yes ☐ No

4. Name of Plan opted by PI/PH _____

5. Face Amount/Sum Assured (in Rs.)

6. Riders opted by PI/PH _____

7. Have you explained fully the terms and conditions of the plan to the Applicant*? ☐ Yes ☐ No

8. Does the Applicant* currently reside in Rural area? ☐ Yes ☐ No

9. (a) Since when do you know the Proposed Insured / Proposed Holder? Holder?
Years Months

(b) Are you satisfied with the Identity of the Proposed Insured? ☐ Yes ☐ No

(c) Does the Proposed Insured have any physical deformity/defect or mental retardation? ☐ Yes ☐ No

(d) What is the estimated income of the Proposed Insured/ Proposed

10. What is the Proposed Insured's state of health at the time of completion of this Proposal?

_____

11. Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES:
Height in cms or ft. Inches Weight in kgs or Pounds

12. Is this Proposal a replacement for an existing policy of the Applicant*? If Yes, please complete the Replacement Questionnaire.

13. Has the Applicant* been informed about the following?

(a) Charges ☐ Yes ☐ No

(b) Surrender charges ☐ Yes ☐ No

(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. ☐ 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). ☐ Yes ☐ No

(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 ☐ No

14. Do you recommend acceptance of this Proposal considering all the factors, including moral hazard? ☐ Yes ☐ No

15. Was any negative customer behavior observed relating to Customer insisting on anonymity, reluctance to provide identifying information, or providing minimal, seemingly fictitious information? ☐ Yes ☐ No

If yes, please provide details_____

Certification: I have carefully ascertained the above information and recorded them. All the answers are true and correct to the best of my knowledge and belief. Date D D M M Y Y Y Y

Signature of the IA/SP/DM/ISP/ authorised person of the broker

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 KYC, BI etc. with their signature & Original Seen Verified.

Seal/Stamp of CA/Broker/IMF/Micro Insurance Agent (from where business is being solicited)

To be filled by the Sales Management

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 the Proposal was signed? ☐ Yes ☐ No
2. Have you personally reviewed this Proposal? ☐ Yes ☐ No
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 financial capacity of the Applicant*? ☐ Yes ☐ No
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. _____ ☐ Yes ☐ No
6. Has the Applicant* been informed about the following?
   (a) Charges ☐ Yes ☐ No
   (b) Surrender charges ☐ Yes ☐ No
   (c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. ☐ Yes ☐ No
   (d) 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 Insurance Product only) ☐ Yes ☐ No
7. Do you recommend acceptance of this Proposal considering all the factors, including moral hazard? ☐ 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
			D D M M Y Y Y Y	

ATTESTATION FOR OFFICE ONLY

Document Received ☐ **Certified Copies**

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date: D D M M Y Y Y Y	Name:
Emp Name:	Code:
Emp Code:	
Emp Designation:	
Emp Branch:	

ACKNOWLEDGEMENT

pnb MetLife

Milkar life aage badhaein

PNB MetLife India Insurance Company Limited

Registered O翻 ce: : Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117. CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@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

"A/c Payee" Cheque/Draft should be drawn in favour of PNB MetLife India Insurance Company Limited only.		
PI/PO Name :	Insurance Agent/ Broker/ Specified Person Name and Code :	
Corporate Agent Name:		
Amount (In figures) :_____ Amount (In words) :_____		
Premium Payment Option: ☐ Cheque ☐ Bank Draft ☐ Others		
Cheque/Draft No. :	Bank Name :	Cheque/Draft Date :

IMPORTANT:

1. All receipts/ Negotiable instruments are subject to realization.
2. Acceptance of Risk is subject to policy terms & conditions.
3. For Unit Linked Policies, the NAV would be allocated as per the date and time of, premium payment information being received by PNB MetLife from customer directly or through vendors. If the information is received before 3:00 PM on a business day, the same day's NAV is applicable and for other's NAV for the next business day shall be applicable.
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: _____ Seal/ stamp of the Broker/ Corporate Agent: _____ Date: _____

Customer Service
Toll Free Number
1-800-425-6969

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)