Pnb MetL	ife
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KYC No:

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

Others

Address Type: Residential/Business Residential Business Registered Office Unspecified



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
nformation 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
equired. 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 al

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. Policy Type: Code Name Channel Type: Agency Broker BABP DM IMF IA/FPC/CSO/DM/ARM/ ISP Paste here Type of Cover: Individual Employer-Employee (do not pin or staple) Specified Person A recent passport MWP HUF General Partnership Key size photograph Person Key Partnership Solution (not more than 6 PNB MetLife Branch Employee Discount: PNB MLI Employee months old) PNB Employee J&K Bank Employee Relationship Branch Account Type: Normal Simplified Small (For low risk customers) Name of CA/Broker/ Referral Company/ M I A 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)] _% (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)] 1.2 If (iii) or (iv) is chosen, please choose the extent of commutation: 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 Relationship to Proposed Holder Annual Income of the Premium Paver If other, please provide the following details. Name 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 Name (Mr./Mrs./Ms./Dr./Master/Other): (Same as ID Proof) Maiden Name (Ms./Dr./Other): c) Father's Name (Mr./Dr./Other): Mother's Name (Ms./Mrs./Dr./Other): d) Spouse Name (Mr./Mrs./Dr./Other): f) Date of Birth: D D M M Y Y Y Y g) Place of Birth: (Include Country Name) F- Female T- Transgender i) Citizenship: IN- Indian Others-ISO 3166 Country Code M-Male h) Gender: 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)] Residential Status: Resident Individual Non Resident Indian Person of Indian Origin Foreign National Marital Status: Married Unmarried Others (Specify)

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

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

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9. Annuity Payment Details												
a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.): FIRST MIDDLE												
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)												
10. Nomination details (Nominee under Sec 39 of Insurance Act, 1958, as amended from time to time)												
Relationship with Data of Pixtle Address												
Full Name	Age	Nationality	Annuitant	Date of Birth	Appointee's name and relationship with the beneficiary	(if different)	%					
Appointee's Signature accepting	the appoint	tment :		'								
11. Tax Status Questionnaire (To be filed by Proposed Holder) Do you have an / a:												
	_ `	resident status applies in t	the event of the Applicant being	g an individual or an	entity created, incorporated or gover	med by United States Laws): Ye	s No					
2. US place of birth: Yes 3. US telephone number: Y	No les No											
4. US residence or corresponden		including a US PO Box	:): Yes No									
5. Standing instructions to transf												
In the event of the any of the que												
1. If the Applicant is subject to U	Inited States	Federal Income Tax pl	ease provide the Applicant's	U.S. Tax ID Numb	per(s)* or a W-9							
2. If the Applicant is not subject evidencing citizenship in a cou					ry, and a Non-US passport or other you by the Company.	r valid government-issued identifi	cation					
					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 re	sident status	s (applicable to an entity	y by virtue of being created, in	ncorporated or gov	rerned by United States Laws);							
2. US place of birth;												
3. US telephone number;												
4. US residence or corresponden5. Standing instructions to transf	,	_	(); or									
DECLARATION, AGREEME	NT & AUT	HORISATION										

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') 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 physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application 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 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 application or obtained otherwise) which may include KYC documents to any individual/organisation/entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors and industry associations/federations, for the purpose of processing/underwriting this application and/or providing subsequent services which will include services arising out of the insurance contract, including claims settlement.

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. 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 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 to me/us as mentioned above herein and for the time period no longer than necessary for the purpose specified hereinabove. I/We are aware that PNB MetLife has a mechanism for the redressal of my/ our grievances, if any, in respect of the usage and storage of my/our personal information.

AGREEMENT

I. 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 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.

Signature / Left Thumb Impression of the Proposed Own	
Name of Witness:	
Date: Place:	
Declaration In case the form is filled up / signed in a l	•
	of the Proposal form and all other documents incidental to availing the insurance from PNB MetLife to the Applicant, in the language od 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
x	
Signature of Declarant Declarant's Nam	& 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.
xSignature 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
The Applicant has affixed his/her left thumb impression	
Declarant's Name & Address:	
X Simple of Declaration	x Left Thumb Impression of Applicant
Signature of Declarant Section 45 of the Insurance Act 1938 · 1 No policy of	ife 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
may be called in question at any time within three years to the policy, whichever is later, on the ground of fraud; insured, the grounds and materials on which such decisic his agent, with the intent to deceive the insurer or to indu to be true; b. The active concealment of a fact by the insudeclares to be fraudulent.	ment 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 om 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 rovided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by 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 the daving knowledge or belief of the fact; c. Any other act fitted to deceive; and d. Any such act or omission as the law specifically 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	
Section 41 of the Insurance Act, 1938: No person shall of any kind of risk relating to lives or property in India,	I date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time. Ilow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect nay 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 the published prospectus or tables of the insurer. Name of the IA/SP/Authorised Person of the Broker/DM/ISP IA/SP/Broker/DM/ISP Mobile No
Name of the Proposed Insured Yes State Proposal on your own life? Yes	If yes, nature of relationship
5. Face Amount/Sum Assured (in Rs.)	6. Riders opted by PI/PH
7. Have you explained fully the terms and conditions of	- : : -
	ous atisfied with the Identity of the osed Insured? (c) Does the Proposed Insured have any physical deformity/defect or mental retardation? (d) What is the estimated income of the Proposed Insured/ Proposed
10. What is the Proposed Insured's state of health at the	NON-MEDICAL CASES:
12. Is this Proposal a replacement for an existing policy	Height in cms or ft. Inches Weight in kgs or Pounds f the Applicant*? If Yes, please complete the Replacement Questionnaire.
13. Has the Applicant* been informed about the following	
(a) Charges Yes No (b) Surrender of	
(d) Is the product recommended suitable for the apprisk appetite and long term financial goal?	cant keeping in mind his/her need, Income (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 i 14. Do you recommend acceptance of this Proposal con-	come of the applicant "are you satisfied that the product is sold within the financial capacity of the Applicant" Yes No

15. Was any negative customer beha information?				
If yes, please provide details	vior observed relating to Customer insi	sting on anonymity, reluctance to prov	ride identifying information, or providing	g minimal, seemingly fictitious Yes No
All the answers are true and correct to	ined the above information and recorde to the best of my knowledge and belief. Micro Insurance Agent (MI), Specified		authorised j	of the IA/SP/DM/ISP/ person of the broker
Incase of Broker, authorised person Respective agent as specified abov	n to sign & provide their details. e to authenticate all documents like KY	C, BI etc. with their signature & Original		CA/Broker/IMF/Micro Insurance Agent where business is being solicited)
Was the Financial Advisor licensed the Proposal was signed? Whether you are satisfied with the i Is the product recommended suitab capacity? If No, please give the rea (a) Charges (b) Surrender charges	ever necessary, verify and certify the foll to write personal life insurance on the of identity of the Proposed Insured? The for the Applicant* keeping in mind hason.	Yes No 2. Have y Yes No 4. If the te Applicate financial is/her age, needs, risk appetite, income charges Yes No (c) Premiu charges Yes No (d) The im Insuran	tou personally reviewed this Proposal? otal premium exceeds 30% of the annual nt*, are you satisfied that the product is s I capacity of the Applicant*? e, long term financial goals and long term and benefits under the policy are subj as per the applicable laws. westment risk in the investment portfolio cce Product is borne by the Proposed Hol filled for Unit - Linked Insurance Product	old within the Yes No n premium paying Yes No ect to taxes and Yes No in the Unit-Linked Yes No
	satisfied that the product is suitable to the	1		
Name	Designation	Signature	Date D D M M Y Y Y Y	Place
	DNLY			
ATTESTATION FOR OFFICE O	Cartified Capies			
Document Received	Certified Copies		INSTITUTION DETA	AILS

ACKNOWLEDGEMENT



Milkar life aage badhaein

PNB MetLife India Insurance Company Limited

Registered Offill 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

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"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): A	mount (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: ____





