

REASON FOR NON-PAYMENT OF PREMIUM (Please tick only one)

I, _____ the Policy Owner of the above mentioned Policy could not pay premium within the time period provided in the policy, due to below mentioned reason:

- Non receipt of communication from the Company due to out of country/ remote place of residence/ change of contact details
- Any other reason (Please specify) _____

DECLARATION BY THE LIFE INSURED / POLICY OWNER

I, do hereby solemnly affirm and state that, all the answers given above are true & complete to the best of my knowledge and belief. I further affirm that, I would duly intimate PNB MetLife any material change in any of the critical factor impacting reinstatement of the policy on happening of such material change. I also understand and agree that, the risk under the lapsed policy does not commence till such time the application for reinstatement is accepted by PNB MetLife India by issuing a Renewal Premium Receipt.

Signature/ Left Thumb Impression of the Person Insured

Name of Person Insured: _____

Date:

Place: _____

Signature/ Left Thumb Impression of the Policy Owner

Name of Policy Owner: _____

Date:

Place: _____

TO BE FILLED IN BY PNB METLIFE SERVICE PERSONNEL: Have the Signatures of Life Assured / PO been verified with the signatures in application form? Yes No

Note - Policy Owner Signature verification is required in case Life Assured is a minor.

Declaration by the person filling in the form (In case the form is filled up / signed in a language different from that of the form / where thumb impression is affixed)

I hereby declare that I have fully explained the contents of this declaration form to the Life Insured/Policy Owner 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 Life Insured/Policy Owner and the replies have been read out to, fully understood by and confirmed by the Life Insured/Policy Owner.

Declarant's Name: _____ Address: _____
Pincode: _____

Signature of the Declarant

In case the Life Insured/Policy Owner is illiterate, a person of standing, unconnected with MetLife, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Life Insured/Policy Owner**

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

Left Thumb Impression of the Life Insured /Owner
(Where the Life Insured is minor, the Legal Guardian should attach this form)

Left Thumb Impression of the Policy Owner
(If different from Life Insured)

Name of Declarant: _____ Address: _____ Pincode: _____