



**Note:** • Minimum amount eligible for Top Up is Rs. 5000/-. Top Up is eligible only for active ULIP policies. Minimum allocation in any fund should be 20%. Top up credit to the policy may increase its base Sum Assured as per terms and conditions of the product. It is advised that cash payments be made only at PMLI branches and other authorized cash collection agencies against a valid discharge/ receipt. For cash deposits >=50000/-, copy of PAN card to be submitted. For Top up Premium > = Rs. 99999/-, income proof to the satisfaction of PMLI need to be provided.

- Credit Card should be in the name of the Policyholder Only

In case of Auto Rebalancing Option (Choose the Allocation Proportion %):

Flexi Cap		Protector II		Total * (in %)	
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**Please note-** Minimum Allocation in any fund has to be 20% and \*Total should always add up to 100%

Choose the rebalancing Trigger event (as % of Fund Value):  10%  15%  20%  25%

**Systematic Transfer Option (STO):** (only with Met Smart Platinum)  Opt In\*  Opt Out

For Opt In option, Premiums in Protector II fund (Debt Oriented Fund) is automatically transferred to the Flexi Cap fund (Equity Oriented Fund) systematically, every month "Free of Cost". \*Minimum allocation in Protector II should be 50% for choosing Systematic Transfer Option. In case, the current premium allocation and Fund Value (FV) is less than 50% in Protector II, please raise a request for Fund Switch for existing funds and premium redirection for future premiums so as to ensure minimum FV in Protector II is 50% and Premium allocation in Protector II is 50% of the future renewal premium. Please fill in the Fund Switch & Premium Redirection boxes as above.

**Note:** Switch between all other funds will be allowed except Flexi Cap and Protector II. STP will get triggered on next policy anniversary. In case Premium Payment Mode is changed from Annual to any other mode, STO will be deactivated automatically. In case of Partial Withdrawal request while STO is active, the withdrawn amount will reduce the Fund Value of other Funds except Flexi Cap and Protector II Fund proportionately.

**Portfolio Balancing:**

### I. AUTO REBALANCING RELATED

**Opt In Option:** In case you wish to opt in for Auto Rebalancing Option, choose the fund allocation proportion and Rebalancing trigger event below:

Flexi Cap		Protector II		Total * (in %)	
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**Please note-** Minimum Allocation in any fund has to be 20% and \*Total should always add up to 100%

Choose the rebalancing Trigger event (as % of Fund Value):  10%  15%  20%  25%

**Opt Out Option:** In case you wish to opt out of Auto Rebalancing Option, choose any one of the following:

- Do you wish to keep existing fund value and allocation proportion (%)?  Yes  No
- Do you wish to change the existing fund value and allocation proportion (%)?  Yes, as indicated below

Name of Fund (depends upon availability of funds in Plan)	Fund Switch % (New %)	Premium Redirection (New %)
Preserver II		
Protector II		
Balancer II		
Multiplier II		
Virtue II		
Flexi Cap		
<b>Total</b>		

**Modification:** In case you wish to modify the existing Allocation Proportion and trigger events for rebalancing, please indicate below:

Flexi Cap		Protector II		Total * (in %)	
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**Please note-** Minimum Allocation in any fund has to be 20% and \*Total should always add up to 100%

Choose the rebalancing Trigger event (as % of Fund Value):  10%  15%  20%  25%

### II. STOP LOSS RELATED

**Opt In Option:** In case you wish to opt in for Stop Loss Option, choose the trigger event below:

Choose the Trigger event (% of Net Asset Value (NAV) of Flexi Cap Fund):  10%  15%  20%  25%  30%

- If current fund value and allocation is less than 50% in Flexi Cap Fund, please fill the following details:

Fund Options	Fund Switch From (Minimum Allocation in any fund has to be 20%)	Fund Switch To
Preserver II		
Protector II		
Balancer II		
Multiplier II		
Virtue II		
Flexi Cap		
<b>Total</b>		

**Premium Redirection details:**

Fund Options	% Allocation
Preserver II	
Protector II	
Balancer II	
Multiplier II	
Virtue II	
Flexi Cap	
<b>Total</b>	

**Please Note:** If the Fund Value % age / Premium allocation (redirection) % age of Flexi cap fund is less than 50 % then stop loss will not be allowed

- If current fund value and allocation is more than 50% in Flexi Cap fund and you wish to make changes to the same, please fill the above provided Fund Switch and Premium Redirection grids.

**Opt Out Option:** Do you wish to opt out of Stop Loss Option? Yes  No  If Yes, choose any one of the following:

- Do you wish to keep existing fund value and allocation proportion (%)?  Yes  No
- Do you wish to change the existing fund value and allocation proportion (%)?  Yes, as indicated below

Name of Fund (depends upon availability of funds in Plan)	Fund Switch % (New %)	Premium Redirection (New %)
Preserver II		
Protector II		
Balancer II		
Multiplier II		
Virtue II		
Flexi Cap		
<b>Total</b>		

**Modification:** In case you wish to modify the trigger event for stop loss option, please indicate below:

Choose the Trigger event (% of Net Asset Value (NAV) of Flexi Cap Fund):  10%  15%  20%  25%  30%

**Declaration by the Policyholder:**

I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request and I shall be solely responsible for all the consequences arising out of this request including on account of any incorrect or incomplete details contained herein.

I understand that PNB MetLife will be communicating through telephone calls, SMS, or emails for providing details of transactions, payment reminders, etc. and that these shall not be construed as unsolicited commercial calls/ e-mails and my request can be rejected in case of non-contactability.

Signature/Left Hand Thumb Impression of Policyholder/Assignor

Signature/Left Hand Thumb Impression of Assignee  
(Required in case of Absolute assignment of Policy)

**Note:** For conditionally assigned policy, Request should be signed both by the Assignee & Assignor

Date: DD-MM-YYYY

Place: \_\_\_\_\_

**Vernacular Declaration:** To be filled incase Applicant/Policyholder/Assignee signatures is in the form of a thumb impression (left thumb) or in a vernacular language:

The contents of the document have been read over to the \*illiterate/vernacular literate applicant who is personally known to me and \*he has filled up the contents and affixed his signature/ I have filled up the contents as per the applicant's instruction as his scribe and the applicant has affixed his \*left hand thumb impression/signatures in vernacular after completely understanding the contents hereof in my presence.

**\*Strike out whichever is not applicable.**

Name of Declarant/ Witness: \_\_\_\_\_

Date: DD-MM-YYYY

Place: \_\_\_\_\_

Signature: \_\_\_\_\_

**Acknowledgement Slip**

Received a request for \_\_\_\_\_ against Policy No: \_\_\_\_\_

Solution No \_\_\_\_\_ Containing Policy No's \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_ am/pm

Received By: Employee Code \_\_\_\_\_ Employee Name \_\_\_\_\_

Date and Time Stamp / Seal of Branch

Branch Stamp

**For Branch Use Only: To be filled by Branch Services - Mandatory**

**Request received from:**  Customer  Customer Representative  Bank  Courier

**Form Received By:** Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**Request Received date at Branch:** DD-MM-YYYY

**Request received Time at Branch:** HH:MM

Branch Stamp