

KYC No.: 

Mitar life aage badhazie

Proposal No. Solution No. 

## Proposal Form

Please fill	Code	Name
IA/FPC/CSO/DM/ARM/ISP	<input type="text"/>	<input type="text"/>
Specified Person	<input type="text"/>	<input type="text"/>
PNB MetLife Branch	<input type="text"/>	<input type="text"/>
Relationship Branch Name of CA/Broker/Referral Company/MIA	<input type="text"/>	<input type="text"/>

Policy Type: <input type="checkbox"/> Rural <input type="checkbox"/> Urban	<b>PROPOSED INSURED</b> Paste here (do not pin or staple) * A recent passport size photograph (not more than 6 months old)
Channel Type: <input type="checkbox"/> Agency <input type="checkbox"/> Broker <input type="checkbox"/> BABP <input type="checkbox"/> DM <input type="checkbox"/> IMF	
Type of Cover: <input type="checkbox"/> Individual <input type="checkbox"/> Employer-Employee <input type="checkbox"/> MWP <input type="checkbox"/> HUF <input type="checkbox"/> General Partnership <input type="checkbox"/> Key Person <input type="checkbox"/> Key Partnership <input type="checkbox"/> Solution	
Employee Discount: <input type="checkbox"/> PNB MLI Employee <input type="checkbox"/> PNB Employee <input type="checkbox"/> J&K Bank Employee	
Account Type: <input type="checkbox"/> Normal <input type="checkbox"/> Simplified (For low risk customers) <input type="checkbox"/> Small	

IN UNIT-LINKED INSURANCE PRODUCT, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

Please read all the questions carefully and complete the details required truthfully in relation to your health and habits, within your knowledge as on the date of the submission of this proposal. 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. Proposal Form needs to be filled in BLACK Ink only. 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. The life insurance policy is neither a Fixed/Recurring deposit/Mutual fund or surrogate of any of the loan products applied with the bank and not a pre-condition for opening a bank account/availing a loan or locker facilities etc. Participation for availing the insurance policy is purely on voluntary basis.

## A. Proposed Insured Details (To be filled in BLOCK LETTERS and all FIELDS are mandatory)

1. Name (Mr./Mrs./Ms./Dr./Master/Other):	FIRST	MIDDLE	LAST
2. Maiden Name (Ms./Dr./Other):	FIRST	MIDDLE	LAST
3. Father's Name (Mr./Dr./Other):	FIRST	MIDDLE	LAST
4. Mother's Name (Ms./Mrs./Dr./Other):	FIRST	MIDDLE	LAST
5. Spouse Name (Mr./Mrs./Dr./Other):	FIRST	MIDDLE	LAST
6. Date of Birth: DDMMYYYY	7. Place of Birth:	(Include Country Name)	
8. Gender: <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender			
9. Citizenship: <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others-ISO 3166 Country Code	10. Are you Tax resident of any other country other than India <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up FATCA/ CRS questionnaire and fill point 13 (iii))		
11. Residential Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National	COUNTRY NAME		
12. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others (Specify)			
13. (i) <input type="checkbox"/> Current/Permanent/Overseas Address: (Certified copy of anyone of the following Proof of Address [PoA] needs to be submitted) Address Type: <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified Address Proof: <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> UID (Aadhaar) <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Simplified Measures Account – Document Type Code Others Please provide the number for the proof submitted			
CITY/TOWN/VILLAGE GRAM PANCHAYAT DISTRICT PIN/POSTCODE STATE/UTCODE			
(ii) <input type="checkbox"/> Correspondence/Local Address <input type="checkbox"/> Same as Current/Permanent/Overseas Address (In case of multiple Correspondence/Local Address, please fill annexure A1)			
CITY/TOWN/VILLAGE GRAM PANCHAYAT DISTRICT PIN/POSTCODE STATE/UTCODE			
(iii) <input type="checkbox"/> Address in the Jurisdictions details where applicant is Resident Outside India for tax purposes <input type="checkbox"/> Same as Current/Permanent/Overseas Address <input type="checkbox"/> Same as Correspondence/Local Address			
CITY/TOWN/VILLAGE GRAM PANCHAYAT DISTRICT PIN/POSTCODE STATE/UTCODE			
14. Telephone Office: Country Code Area/STD Code Telephone	Mobile	Email	
Telephone Residence: Country Code Area/STD Code Telephone	Fax	Telephone	
Alternate Contact No:		Alternate Email:	
15. <input type="checkbox"/> Form 60 <input type="checkbox"/> PAN No:	16. a Aadhaar Number: XXXXXXXXXX		
	16. b Virtual ID: XXXXXXXXXX		
17. If you wish to backdate* your policy, please indicate date: *(Backdate can be done up to 180 days within the same financial year only). This option is not applicable for Unit-Linked Insurance Product. DDMMYYYY			
18. Educational Qualification: <input type="checkbox"/> Post Graduate and Above <input type="checkbox"/> Graduate <input type="checkbox"/> Diploma <input type="checkbox"/> 12th Pass <input type="checkbox"/> 10th Pass <input type="checkbox"/> Below 10th Pass <input type="checkbox"/> Illiterate <input type="checkbox"/> Others (Specify)			
19. Occupation: <input type="checkbox"/> S- Service ( <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Others) <input type="checkbox"/> O- Others ( <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B- Business <input type="checkbox"/> X- Not Categorized			

## 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 1st Floor, Techniplex -1, Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai -400062. Phone: +91-22-41790000, Fax: +91-22-41790203

**B. Proposed Holder (To be filled if different from the Proposed Insured and all FIELDS are mandatory)**

6. Date of Birth:           7. Place of Birth:             (Include Country Name)

8. Gender: ☐ M-Male ☐ F- Female ☐ T- Transgender 9. Marital Status: ☐ Married ☐ Unmarried ☐ Others (Specify) \_\_\_\_\_

**10.** Relationship with the Proposed Insured: \_\_\_\_\_

11. Citizenship: ☐ IN- Indian ☐ Others-ISO 3166 Country Code   12. Are you Tax resident of any other country other than India ☐ Yes ☐ No  
[If Yes, please fill up FATCA/ CRS questionnaire and fill point 14 (iii)]

**13. Residential Status:** ☐ Resident Individual ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National COUNTRY NAME

**14.** (i) ☐ Current/Permanent/Overseas Address: (Certified copy of anyone of the following Proof of Address [PoA] needs to be submitted)

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

Address Proof: ☐ Passport ☐ Driving License ☐ UID (Aadhaar) ☐ Voter Identity Card ☐ NREGA Job Card ☐ Simplified Measures Account – Document Type Code ☐

Others ☐ Please provide the number for the proof submitted

[illegible]

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

(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

15. Telephone Office: Country Code Area/STD Code Telephone Mobile Email  
 Telephone Residence: Country Code Area/STD Code Telephone Fax Country Code Area/STD Code Telephone  
 Alternate Contact No: Alternate Email:

[illegible]

18. Educational Qualification ☐ Post Graduate and Above ☐ Graduate ☐ Diploma ☐ 12th Pass ☐ 10th Pass ☐ Below 10th Pass ☐ Illiterate ☐ Others (Specify) \_\_\_\_\_

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

**20.** Occupation Details: **21.** Additional KYC<sup>4</sup>: **22.** Income Proof: **23.** Age Proof: \_\_\_\_\_

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

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

<input type="checkbox"/> A- Passport No.	<input type="text"/>	Passport Expiry Date	<input type="text"/>	<input type="checkbox"/> B- Voter ID Card	<input type="text"/>
<input type="checkbox"/> C- PAN No.	<input type="text"/>	<input type="checkbox"/> D- Driving License	<input type="text"/>	Driving License Expiry Date	<input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar)	<input type="text"/>	<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>	<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>
<input type="checkbox"/> S- Simplified Measures Account - Document type code	<input type="text"/>	Identification No.	<input type="text"/>		

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

[illegible]

1.	Name (Mr./Mrs./Ms./Dr./Master/Other)
	<input type="text"/>
2.	Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female 4. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
5.	Nationality: <input type="checkbox"/> Indian <input type="checkbox"/> Non-Resident Indian <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/> Foreign National _____ (If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National questionnaire) <small>(Country Name)</small>
6.	PAN No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.	Mobile Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.	Email <input type="text"/>
9.	Account type <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO
10.	Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MICR Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IFSC Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11.	Bank Name & Branch Address <input type="text"/>
12.	Signature Accepting the Appointment <input type="text"/>
13.	Relationship with Nominee <input type="text"/>

[illegible]

**E. Medical Details & Family History of the Proposed Insured**

<b>1.</b> Height in cms <input type="text"/> <input type="text"/> <input type="text"/> or Ft. <input type="text"/> <input type="text"/> Inches <input type="text"/> <input type="text"/> Weight in Kgs <input type="text"/> <input type="text"/> <input type="text"/> or Pounds <input type="text"/> <input type="text"/> <input type="text"/>					
<b>2. Family History</b>		<b>Living</b>	<b>Deceased</b>		
Relation to Proposed Insured	Age	Details of present health and full particulars of any major illness (Heart, diabetes, stroke, hypertension, raised cholesterol, cancer, multiple sclerosis, Alzheimer, Parkinson or any hereditary disease)		Age	Cause of Death
Father					
Mother					
Brothers/Sisters					
Spouse					
Children					

**3. Medical Details**

Have you ever had symptoms of, been treated for, been advised to receive treatment or have undergone any investigations for any of the following. (The below conditions are provided as examples only and would request you to disclose all disorders, disease or other health conditions, which are, or might be relevant. If answer for any of the questions in this section is "Yes" please provide all medical reports, if available.)

1.	High Blood Pressure, Chest Pain, Angina, Heart Attack or any other ailment pertaining to the Heart or Circulatory System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	11.	Depression, Stress, Anxiety, Attempt to Suicide or any other Psychological or Emotional Disorder or Nervous Breakdown or Mental Illness or symptoms of the same?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Seizures, Stroke, Paralysis, Epilepsy, Parkinson's, Multiple Sclerosis or any other Disorder of the Brain or Nervous System?	<input type="checkbox"/>	<input type="checkbox"/>	12.	Have you or your spouse ever been tested of or received any medical advice, counseling or treatment in connection with HIV/AIDS or Hepatitis B/C or any Sexually Transmitted Diseases?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Tuberculosis, Asthma, Bronchitis, Avian Flu, Shortness of Breath or any other Respiratory Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	13.	During the past five years,		
4.	Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy?	<input type="checkbox"/>	<input type="checkbox"/>	(a)	Have you Consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or cough?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Any Kidney, Liver, Bladder Disorder or Prostate Disease, Blood/Protein in Urine?	<input type="checkbox"/>	<input type="checkbox"/>	(b)	Have you Undergone ECG, x-rays, blood test or other tests?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Ulcers or any Stomach or Intestinal Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	(c)	Have been admitted/advised to be admitted to any hospital or any other medical facility?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Diabetes, Thyroid or any other Gland Related Disorders?	<input type="checkbox"/>	<input type="checkbox"/>	14.	Do you have any physical deformity/defector any congenital condition?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Any Disorder related to Ear, Nose and Throat?	<input type="checkbox"/>	<input type="checkbox"/>	15.	Has there been drastic weight loss or weight gain (>=5 Kgs) in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?	<input type="checkbox"/>	<input type="checkbox"/>	16.	Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you have Anaemia, Leukaemia or any other blood related disorders	<input type="checkbox"/>	<input type="checkbox"/>				

**4.** Have you been or are you suffering from any other illness, injury, disease condition or have undergone medical examination not mentioned in the above questions due to which you have abstained from work for more than 7 days? If yes, please provide details of the illness and the treatment /medication taken or being taken.  
For each 'Yes' in point 3 please identify the question and provide full details, conditions, dates, duration and results. Kindly provide the full name and address of Doctor/ Hospital/ Clinic etc.

Question No.	Details

**5. For Female Proposed Insured Only**

- 1) Are you Pregnant? ☐ Yes ☐ No If yes, please mention current months of pregnancy. ☐ Less than or equal to 6 months ☐ More than 6 months  
If any complications relating to pregnancy please give details. \_\_\_\_\_
- 2) Have you delivered, undergone caesarian section, had any abortion or miscarriage? ☐ Yes ☐ No If yes, please mention the period elapsed since the last occasion  
☐ In last 3 months ☐ 3 to 6 months ☐ More than 6 months
- 3) Have you suffered / are suffering from any disorder of the breast or reproductive organs? ☐ Yes ☐ No If yes, please provide details \_\_\_\_\_

**6. Additional medical details - Please fill only when 'PNB MetLife Mera Heart and Cancer Care'- Cancer Cover OR Heart and Cancer Cover is chosen**

1.	Have you suffered from or been advised investigation/investigated or been treated for any form of Cancer, sarcoma, tumor, or pre-cancerous conditions for example Barrett's esophagus, atrophic gastritis, cervical dysplasia, leukoplakia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4.	Have you suffered from or been investigated for any of the following in the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are you suffering from or ever suffered from Hepatitis B, Hepatitis C, Liver disease due to alcohol, Barrett's Oesophagus, Crohn's Disease, Peptic Ulcer, Ulcerative Colitis?	<input type="checkbox"/>	<input type="checkbox"/>	(a)	Recurrent cough, hoarseness of voice, or difficulty in swallowing for a Continuous period of 15 days?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you had abnormal findings in any of the listed investigations in the last 6 months - Ultrasound Endoscopy, Colonoscopy CT SCAN, MRI, Biopsy, PAP Smear, Mammography, Blood test for cancer diagnosis (Tumor Marker)	<input type="checkbox"/>	<input type="checkbox"/>	(b)	Any persistent loss of blood or unusual discharge from any part of the body?	<input type="checkbox"/>	<input type="checkbox"/>
				(c)	Weight loss more than 5kg within 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
				(d)	Any ulceration, growth, nodule, cyst or lump in any part of the body?	<input type="checkbox"/>	<input type="checkbox"/>
				5.	Are you suffering from or ever suffered from HIV/AIDs, Chronic Glomerulonephritis, Chronic Kidney Disease, Polycystic Kidney Disease, Anaemia?	<input type="checkbox"/>	<input type="checkbox"/>
				6.	Are you suffering from or ever suffered from Fatty liver, Gastritis, Gastro-Oesophageal Reflux?	<input type="checkbox"/>	<input type="checkbox"/>



## F. Life Style & Personal Details of the Proposed Insured

### 1. Life Style Information:

- 1) Have you smoked or consumed tobacco or nicotine products in any form\* in the last 5 years? (\*Tobacco product includes but not limited to Cigarettes, Bidis, Cigars, chewable tobacco like Gutkha, flavored Pan masala etc.) ☐ Yes ☐ No
- 2) Please give the following details:

Substance Consumed	Yes	No	Consumed As	Quantity	For No. of months	If stopped consuming, state date since when you stopped
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pipe <input type="checkbox"/> Cigar <input type="checkbox"/> Cigarettes <input type="checkbox"/> Beedi	No. of sticks/day <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
	<input type="checkbox"/>	<input type="checkbox"/>	Gutkha	No. of packets/day <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	Pint / ml per week <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
Narcotics / Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Addictive Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months

- 3) Is your occupation associated with any specific hazards (E.g. Mines, Explosives, Corrosive Chemicals and HTV Drivers, etc), please complete the respective Occupation Questionnaire? ☐ Yes ☐ No If yes, please complete Aviation Questionnaire. (Please tick "No" if you are a fare-paying passenger in domestic/international airline)
- 4) Are you employed in Armed, Para Military or Police Force, if Yes, please complete Armed Services Questionnaire? ☐ Yes ☐ No 7) Do you engage in Automobile or Motor-cycle Racing, Skin or Scuba Diving, Skydiving or Professional Sports? If yes, please complete respective Avocation Questionnaire. ☐ Yes ☐ No
- 5) Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you? ☐ Yes ☐ No 8) Are you (PI/PO/PP) or your family member/close associate is politically exposed person (PEP\*)? If yes please fill the PEP Questionnaire. ☐ Yes ☐ No
- 6) Have you flown in the last two years or do you expect to fly in future either as a Student Pilot, Pilot, Crew Member Passenger in a Non-Commercial/ Personal / Chartered Flight? ☐ Yes ☐ No 9) Is the Proposed Holder/Nominee/Premium Payer a Trust, charity, NGO or organisation receiving donations? ☐ 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.

## G. Product Details

Product Name	Policy Term	Premium Payment Term	Modal Premium	Basic Sum Assured	Premium Multiple
Plan/ Benefit Option: _____ Accumulation of Survival Benefit payout: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Option: _____ Lump Sum %: _____ Build-Up option: <input type="checkbox"/> Yes <input type="checkbox"/> No Income Mode: _____ Date of Benefit Payout: <u>dd/mm</u> Return of Premiums: <input type="checkbox"/> Yes <input type="checkbox"/> No Other benefit / option: _____ Cash Bonus option: <input type="checkbox"/> Yes <input type="checkbox"/> No Joint life cover: <input type="checkbox"/> Yes <input type="checkbox"/> No (if Joint life cover is chosen, then please complete Joint Life Questionnaire) Sum Assured of Joint Life : Rs. _____ Frequency of premium payment: <input type="checkbox"/> Single <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly Annualised Premium Amount (Rs.): _____ ** Preferences for Renewal Premium Payment Mode: <input type="checkbox"/> Cash^ <input type="checkbox"/> Cheque/DD^ <input type="checkbox"/> Online Payment^^ <input type="checkbox"/> Direct Debit/ACH* <input type="checkbox"/> PSP <input type="checkbox"/> PNB-Auto Debit <input type="checkbox"/> J&K Bank Auto Debit <input type="checkbox"/> KBL Auto Debit <input type="checkbox"/> Others (Specify) _____ *Please fill in the relevant Standing Instruction Form. ^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. ^^Payment can be made through Debit/ Credit Card/ NEFT.					
Rider Name	Policy Term	Premium Payment Term	Premium Amount	Sum Assured	

\*\*The premium shall be adjusted on the due date even if it has been received in advance & If premium due in one financial year is being collected in advance in earlier financial year, insurers may collect the same for a maximum period of three months in advance of the due date of the premium.

### 2. (a) UNIT - LINKED

i. Sum Assured Multiple Chosen: <input type="text"/>	ii. Please select portfolio strategy: <input type="checkbox"/> Self Managed <input type="checkbox"/> Auto Rebalancing <input type="checkbox"/> Systematic Transfer <input type="checkbox"/> Life-stage																																								
iii. Please choose the allocation proportion:																																									
<table border="1"> <thead> <tr> <th>Fund</th> <th>Allocation</th> </tr> </thead> <tbody> <tr><td>India Opportunities</td><td></td></tr> <tr><td>Protector II</td><td></td></tr> <tr><td>Balancer II</td><td></td></tr> <tr><td>Sustainable Equity</td><td></td></tr> <tr><td>Virtue II</td><td></td></tr> <tr><td>Flexi Cap</td><td></td></tr> <tr><td>Multiplier III</td><td></td></tr> <tr><td>Liquid</td><td></td></tr> <tr><td>Bond Opportunities</td><td></td></tr> <tr><td>Total</td><td></td></tr> </tbody> </table>	Fund	Allocation	India Opportunities		Protector II		Balancer II		Sustainable Equity		Virtue II		Flexi Cap		Multiplier III		Liquid		Bond Opportunities		Total		<table border="1"> <thead> <tr> <th>Fund</th> <th>Allocation</th> </tr> </thead> <tbody> <tr><td>Balanced Opportunities</td><td></td></tr> <tr><td>Premier Multi-Cap</td><td></td></tr> <tr><td>Mid Cap</td><td></td></tr> <tr><td>Small Cap</td><td></td></tr> <tr><td>CREST</td><td></td></tr> <tr><td>Bharat Manufacturing</td><td></td></tr> <tr><td>Bharat Consumption</td><td></td></tr> <tr><td>Nifty 500 Momentum 50 Index</td><td></td></tr> </tbody> </table>	Fund	Allocation	Balanced Opportunities		Premier Multi-Cap		Mid Cap		Small Cap		CREST		Bharat Manufacturing		Bharat Consumption		Nifty 500 Momentum 50 Index	
Fund	Allocation																																								
India Opportunities																																									
Protector II																																									
Balancer II																																									
Sustainable Equity																																									
Virtue II																																									
Flexi Cap																																									
Multiplier III																																									
Liquid																																									
Bond Opportunities																																									
Total																																									
Fund	Allocation																																								
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Small Cap																																									
CREST																																									
Bharat Manufacturing																																									
Bharat Consumption																																									
Nifty 500 Momentum 50 Index																																									
If Auto Rebalancing Strategy is chosen, then allocation must only be in Flexi Cap and Protector II. <b>Note:</b> For the Segregated Fund Identification Number (SFIN) please refer to the product brochure / leaflet or the Electronic Benefit Illustration. You may also log on to our website <a href="https://www.pnbmetlife.com/">https://www.pnbmetlife.com/</a> for the same. If the above mentioned proportions are not clear, values from Signed Electronic Benefit Illustrations will be considered.																																									
iv. Choose rebalancing event (as% of Fund Value) <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25%	v. Choose Stop Loss option (as% of Nav): <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 30%																																								

### (b) TRADITIONAL

- (a) In case of PNB MetLife Monthly Income Plan-10 Pay Choose the Monthly Regular Income (b) ☐ Lump - Sum Option ☐ Guaranteed Regular Income
- (c) For MetLife Retirement Savings Plan only:  
 (1) Which Annuity Option\* would you like to choose: \_\_\_\_\_ (2) Frequency of Annuity Payout: \_\_\_\_\_  
 \*Please ask your advisor to explain your annuity options. You have the option to modify your choice in future till 90 days before the vesting date by intimating the same to PNB MetLife.

## H. Additional Information

1. Details of Initial Deposit	Type of Deposit	<input type="checkbox"/> Crossed Cheque <sup>***</sup>	<input type="checkbox"/> Bank Draft <sup>*</sup>	<input type="checkbox"/> Cash	<input type="checkbox"/> Online Payment <sup>~</sup>	<input type="checkbox"/> PNB-Auto Debit	<input type="checkbox"/> J&K Bank Auto Debit
Instrument No. <input type="text"/>	Instrument Date : <input type="text"/>	Amount in (Rs.) <input type="text"/>		Name of the Bank & Branch : <input type="text"/>			
2. Premiums will be paid by <input type="checkbox"/> Proposed Insured	<input type="checkbox"/> Proposed Holder	<input type="checkbox"/> Others* (Specify) <input type="text"/>		* Please fill third party declaration form			
If other, please provide the following details. Name <input type="text"/>		Relationship to Proposed Holder <input type="text"/>		Annual Income of the Premium Payor <input type="text"/>			
3. <input type="checkbox"/> Form 60 of Third party	<input type="checkbox"/> PAN No. of Third party: <input type="text"/>	4. Account type of PO <input type="checkbox"/> Saving		<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	
5. <sup>^</sup> Account No. of PO: <input type="text"/>	MICR Code: <input type="text"/>	IFSC Code: <input type="text"/>					
PO bank & Branch Name : <input type="text"/>							
<sup>*</sup> Cheque/DD made payable to "PNB MetLife India Insurance Company Limited. Proposal/Policy no <input type="text"/>							
<sup>~</sup> Details will be used for all payouts by PNB MetLife							
<sup>***</sup> Cheque subject to realization. <sup>~</sup> Payment can be made through Debit/ Credit Card/ NEFT. <sup>^</sup> Bank Proof (Pre-Printed Cancelled Cheque / Bank Account Statement) to be mandatorily submitted.							

## I. E-Repository Details

1. If you already have an e-Insurance Account (e-IA) number, kindly provide <input type="text"/>	
2. If you don't have an e-Insurance Account (e-IA), please choose any one of the following	
<input type="checkbox"/> CAMSRep - CAMS Insurance Repository & Services	<input type="checkbox"/> NDML - NSDL Data Management Services limited
<input type="checkbox"/> KARVY	<input type="checkbox"/> CIRL - Central Insurance Repository Limited

## J. 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.

### RISK PROFILE:

In addition to the insurance coverage, the Proposed Insured/Proposed Holder has the ability to control the allocation of premium, after deduction of charges into various funds, except in case Automatic option is chosen. In order to understand more about your risk tolerance levels, the Proposed Insured/Proposed Holder can discuss with PNB MetLife sales representative and use the risk profile questionnaire to select the ideal fund option/portfolio. The final decision is up to the Proposed Insured/Proposed Holder.

**DECLARATION & AGREEMENT 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 proposal for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an proposal 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-statement of material information or any untrue statement contained in the information provided here in above 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 proposal 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.

\_\_\_\_\_  
Signature / Left Thumb Impression of the Proposed Holder

\_\_\_\_\_  
Signature / Left Thumb Impression of the Proposed Insured (If different from Proposed Holder)

Name of the Proposed Holder: \_\_\_\_\_

Name of Proposed Insured \_\_\_\_\_

Name of Witness \_\_\_\_\_

\_\_\_\_\_  
Signature of the Witness  
(Witness should not be related to the  
Proposed Insured / Proposed Holder)

Address of witness \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

**DECLARATION IN CASE OF VERNACULAR/DISABILITY (Can not be signed by salesperson or nominee)**

**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 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 and confirmed by the Applicant.

Declarant's Name \_\_\_\_\_ Address \_\_\_\_\_

The content of the form and documents have been fully explained to me and that I have fully understood the same.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Signature/ Left Thumb Impression of  
Proposed Holder/ Proposed Insured

**DECLARATION IN CASE THE APPLICANT IS ILLITERATE (Can not be signed by sales person or nominee)**

**In case the Applicant is illiterate, a person of standing, unconnected with PNB MetLife, 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 replies 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 \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured

**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.**

**STATUTORY WARNING as per 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 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	(Insurance Sales Person) Code <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	Name of the IA/SP/Authorised Person of the Broker/DM/ISP <div style="border: 1px solid black; width: 300px; height: 20px; margin: 2px;"></div>	IA/SP/Broker/DM/ISP Mobile No <div style="border: 1px solid black; width: 150px; height: 20px; margin: 2px;"></div>
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<b>1.</b> Name of the Proposed Insured _____	<b>2.</b> Are you related to the Proposed Insured / Proposed Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, nature of relationship _____
<b>3.</b> Is this Application on your own life? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>4.</b> Name of Plan opted by PI/PH _____
<b>5.</b> Face Amount/Sum Assured (in Rs.) <div style="border: 1px solid black; width: 150px; height: 20px; margin: 2px;"></div>	<b>6.</b> Riders opted by PI/PH _____
<b>7.</b> Have you explained fully the terms and conditions of the plan to the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8.</b> Does the Applicant currently reside in Rural area? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>9.</b> (a) Since when do you know the Proposed Insured / Proposed Holder? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> Years <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> Months <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Are you satisfied with the Identity of the Proposed Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	(c) Does the Proposed Insured have any physical deformity/defect or mental retardation? <input type="checkbox"/> Yes <input type="checkbox"/> No (d) What is the estimated income of the Proposed Insured/ Proposed Holder? <div style="border: 1px solid black; width: 150px; height: 20px; margin: 2px;"></div>
<b>10.</b> What is the Proposed Insured's state of health at the time of completion of this Application? <div style="border: 1px solid black; width: 400px; height: 20px; margin: 2px;"></div>	<b>11.</b> Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES: Height in cms or ft. Inches <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> Weight in kgs or Pounds <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>
<b>12.</b> Is this Application a replacement for an existing policy of the Applicant? If Yes, please complete the Replacement Questionnaire. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>13.</b> Has the Applicant been informed about the following? (a) Charges <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Surrender charges <input type="checkbox"/> Yes <input type="checkbox"/> No (d) Is the product recommended suitable for the applicant keeping in mind his/her need, Income, risk appetite and long term financial goal? <input type="checkbox"/> Yes <input type="checkbox"/> 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" <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>14.</b> Do you recommend acceptance of this Application considering all the factors, including moral hazard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>15.</b> Was any negative customer behavior observed relating to Customer insisting on anonymity, reluctance to provide identifying information, or providing minimal, seemingly fictitious information? <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

1. In case of Corporate Agent (CA) or Micro Insurance Agent (MI), Specified Person (SP) to sign/stamp & provide his / her details.  
 2. In case of Broker/IMF (Insurance Marketing Firm), 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:

<p>1. Was the Financial Advisor licensed to write personal life insurance on the date the Application was signed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Whether you are satisfied with the identity of the Proposed Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>6. Has the Applicant been informed about the following?</p> <p>(a) Charges <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) Surrender charges <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Have you personally reviewed this Application? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p> <p>(c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(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). <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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7. Do you recommend acceptance of this Application 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
			<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div></div> </div>	

**ATTESTATION / FOR OFFICE USE ONLY**

<b>Documents Received</b> <input type="checkbox"/> Certified Copies	
<b>KYC VERIFICATION CARRIED OUT BY</b>	<b>INSTITUTION DETAILS</b>
<div style="margin-bottom: 10px;">Date: <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table></div> <div style="margin-bottom: 10px;">Emp. Name: <table border="1" style="display: inline-table; width: 300px; height: 20px;"></table></div> <div style="margin-bottom: 10px;">Emp. Code: <table border="1" style="display: inline-table; width: 200px; height: 20px;"></table></div> <div style="margin-bottom: 10px;">Emp. Designation: <table border="1" style="display: inline-table; width: 200px; height: 20px;"></table></div> <div style="margin-bottom: 10px;">Emp. Branch: <table border="1" style="display: inline-table; width: 200px; height: 20px;"></table></div> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<div style="margin-bottom: 10px;">Name: <table border="1" style="display: inline-table; width: 350px; height: 20px;"></table></div> <div style="margin-bottom: 10px;">Code: <table border="1" style="display: inline-table; width: 350px; height: 20px;"></table></div> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>



**Standing Instruction Mandate- PNB-Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit**Tick the applicable payment option to pay your Initial premium and renewal insurance premium: ☐ PNB Auto Debit-SI Including Initial Premium☐ J&K Bank Auto Debit-Including Initial Premium ☐ KBL-Auto Debit

Mandate Reference Number (To be incorporated by after updating their system) \_\_\_\_\_

DC No. (To be incorporated by Jammu and Kashmir Bank, after updating their system) \_\_\_\_\_

**Mandatory Fields for all options**

Proposed Holder Name																													
Policy/Application Number													PAN (Permanent Account No.)																
Mobile Number													Email																
Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual																												
Standing Instruction Start Date : ____/____/____ (DD/MM/YY)														Standing Instruction End Date : ____/____/____ (DD/MM/YY)															
(Note - Start and end date for PNB Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit for first premium will be date of creation of mandate in bank records)																													

**Please fill the following information if the chosen Standing Instruction option is PNB-Auto Debit or J&K Bank-Auto Debit or KBL-Auto Debit**

<input type="checkbox"/> Yes, I have attached a copy of cancelled bank cheque for PNB – Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit																													
Bank Account Number:													BANK SOL ID * (Only for PNB Account)																
Name of the Account Holder as per bank records: (Mr./Mrs./Ms./Dr./M/s.)													Account Type (Please select one)	<input type="checkbox"/> Savings <input type="checkbox"/> Total Freedom <input type="checkbox"/> Overdraft <input type="checkbox"/> Salary <input type="checkbox"/> Cash Credit <input type="checkbox"/> Loan Account <input type="checkbox"/> Others															
Name and Address of the Bank/Branch _____																													
9 Digit MICR Code													Date on which Debit to be initiated (Please select one)	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>															

**Declaration by the Policy Owner**

I hereby declare that the particulars given above are correct and complete in all respects. I authorize PNB MetLife India Insurance Company Limited. (the "Company") and/or its authorized service provider/Bank to collect the amounts as may be due on account of payment for life insurance premium(s) payable on and/or pursuant to the life insurance proposal(s)/ policy(ies), and Rider(s) (if any), as issued by the Company. I understand and agree that premium amount to be debited from my account may vary due to change in tax structure, counteroffers, revised premiums, additional insurance/ riders. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance premium directly to the Company. I will also inform the Company for any changes in my Bank Account.

\*\* Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter offer, revised premiums, additional insurance/ riders.  
Please Note: Standing Instruction Debit Date will be the Premium Due date or the next banking day, if the due date is a banking holiday.

**Terms and Conditions**

The Proposer/ Policy Owner confirms, understands and agrees that:

- Without prejudice to any rights of the Company/ its authorised service provider/ the Bank the Policy Owner will indemnify and hold the Company / its authorised service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorised service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.
- In case the customer intends to cancel the Direct Debit mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of Direct Debit mandate and the same shall be processed by PNB MetLife at no extra charges.
- The Company / its authorised service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
- The Company is authorized to enable the Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit facility for the premium payments and in the instance of Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit dishonor, to re-debit the Policy Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- In order to validate Auto Debit Mandate, PNB MetLife is authorized to debit customers' account with Re. 1 which would be refunded back into customer's account.
- In case debit date is not selected, debit date would be based on policy effective date. In case the debit date is a holiday, debit would be initiated for next working day.

Please tick (✓) in case of : ☐ Vernacular ☐ Illiterate

If Selected Please Complete The Additional Declaration Form

**DECLARATION :** The contents of this mandate has been read over and explained to me in vernacular. I have understood the contents completely and have furnished the information and instruction contained herein out of my freewill and volition, after fully understanding the contents thereof, I hereby certify the contents hereof as true and correct.

Signature OR Left Thumb Impression of the customer \_\_\_\_\_ Date: \_\_\_\_\_

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

Name and Counter Signature of the person who have explained the contents to the customer in vernacular.....

**Authorization of Policy Owner**

This is to state that I have registered for the Direct Debit / PNB-Auto Debit/ J&K Bank Auto Debit and that my premium payment shall be made from the above mentioned Account with your bank. I hereby authorize the representative carrying this Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit mandate form to get it verified and /or executed.

Account Holder's Signature (As in Bank Record): \_\_\_\_\_ Account Number : \_\_\_\_\_

**Certificate of the Bank Named in the Mandate (to be filled in case of Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit)**

It is certified that the particulars of the Mandate above are correct, and the Signature of the Bank Account Holder, is true, as per our records and that a copy of this form duly completed has been submitted to us.

Bank's Stamp : \_\_\_\_\_ Signature of the Authorized official of the Bank: \_\_\_\_\_

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

If the chosen option is PNB-Auto Debit, please also fill the below mentioned details.  
GBPA Code of signature verifying authority : \_\_\_\_\_

## ACH Form (Automated Clearing House)

Please fill the following mandatory fields – (1) Date (2) Bank a/c number (3) Bank name (4) IFSC/MICR Code (5) Amount (6) Policy No./application No in "Reference 1 column"  
(7) Account holder signature (8) Account holder name (9) Date on which Debit to be initiated  
Date on which Debit to be initiated (Please select one) ☐ 1<sup>st</sup> ☐ 7<sup>th</sup> ☐ 15<sup>th</sup> ☐ 25<sup>th</sup>



UMRN

TO BE FILLED BY BANK

Date

DDMMYYYY

Utility Code

HDFC0079900009657

☒ CREATE☐ MODIFY☐ CANCEL

Sponsor Bank Code

HDFC000060

I/We hereby authorize

PNB MetLife India Insurance Company Limited.

to debit (tick✓)

☒ SB/CA/CC/SB-NRE / SB-NRO /Other

Bank a/c number

with Bank

Name of customers bank

IFSC/MICR

an amount of Rupees

₹

DEBIT TYPE

☒ Fixed Amount☒ Maximum Amount

FREQUENCY

☒ Mthly☒ Qtly☒ H- Yrly☒ Yrly☒ As & when presented

Reference 1

Reference 2

1. I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.  
2. This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the User entity/ Corporate to debit my account.  
3. I have understood that I am authorized to cancel/ amend this mandate by appropriately communication the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

From

DDMMYYYY

To

DDMMYYYY

Signature of Primary Account Holder

Signature of account holder

Signature of account holder

Phone No.

1. Name as in Bank Records

2. Name as in Bank Records

3. Name as in Bank Records

**Note - Please do not mention anything in Reference 2 and Period (From/ To) fields.**

### Terms and Conditions

The Proposer/ Proposed Owner confirms, understands and agrees that:

- Without prejudice to any rights of the Company/ its authorized service provider/ the Bank the Proposed Owner will indemnify and hold the Company/ its authorized service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorized service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.
- In case the customer intends to cancel the ACH mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ACH mandate and the same shall be processed by PNB MetLife at no extra charges.
- The Company / its authorized service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
- The Company is authorized to enable the ACH facility for the premium payments and in the instance of ACH dishonor, to re-debit the Proposed Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- The company does not levy any additional charges towards cancellation of the ACH mode/recover such additional charges from the benefits payable under the policy. Maximum amount not to exceed 200% of model premium amount. Higher amount is to be written to accommodate any increase in premium due to changes in service tax, scheduled increase as per product specification and changes in frequency payment.
- In case debit date is not selected, debit date would be based on policy effective date. In case the debit date is a holiday, debit would be initiated for next working day.

### Declaration by Policy Owner

I/We hereby apply for PNB MetLife India Insurance Company Limited. Auto Debit facility after having read and accepted all the Terms and Conditions mentioned herein. I/We hereby declare that the particulars given in this form are correct and complete. I/We also authorise the above mentioned bank to debit my account for any charges applicable for to this service.

- ☐ Yes, I/We have enclosed Cancelled Cheque with Preprinted Account Holder Name & Bank Account Number  
☐ Yes, I/We have enclosed Bank Account Statement / Pass Book Copy along with Cancelled Cheque (only if, A/C Details are not Preprinted on the Cancelled Cheque)

Signature of Policy Owner

Policy Owner Name

## Do's and Don'ts for filling an ACH Mandate

### Do's

- Always use the latest version of ACH mandate
- Use only original form of the mandate
- Signature should match with bank a/c signature
- Name should match with bank a/c name
- Account number should be correct
- Provide a cancelled cheque along with form
- Company stamp is mandatory in proprietor account

### Don'ts

- Don't use any old mandate
- Don't use Photocopy of the mandate
- Signature should not differ with bank a/c
- Name should not differ with bank a/c name
- Avoid mistakes while writing your a/c number
- Avoid cutting or overwriting on the form
- Avoid sending forms without company stamp

# ACKNOWLEDGEMENT



Application No. \_\_\_\_\_

Solution No. \_\_\_\_\_

**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 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 ☐

Cheque/Draft No. : \_\_\_\_\_ Bank Name : \_\_\_\_\_ Cheque/Draft Date : \_\_\_\_\_

## IMPORTANT:

1. All receipts/ Negotiable instruments are subject to realization.
2. Acceptance of R isk 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. IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.
2. IRDA of India does not announce any bonus. Public receiving such phone calls to lodge a police complaint along with details of phone call and number.

Signature of Agent/ Broker/ Specified Person: \_\_\_\_\_ Seal/ stamp of the Broker/ Corporate Agent: \_\_\_\_\_ Date: \_\_\_\_\_



Version 1.2

