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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. 1166010K A 2001PL C028883 Call us Toll-free at 1-800-475-6969. Website: www.pnbmetlife.com Fmail: indiaservice@pnbmetlife.com in or write to us 1st Floor Techninles -1

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	ationality: Indian					gin Foreig		1 - 1 - 1 1		(Country		
l ·	AN No.	eopie of Indian	Origin or For						-	NRI/PIO/Foreign National of Relationship with Nomine	-	
D P	roduct Particulars											
	ın Name:			Plan Or	otion:			De	ath Benef	it Payout option: Lum	npsum Mor	nthly Income
	remium Payment Free						les (b) Face a			· · · —	F	
` ´	emium (in Rs.)			_	_	-	(3) 1 400 4					
` ′	` '									ebit Others (Specify)		_
*Pleas	e fill in the relevant SI/	ACH Form. (A	Any Cash is	paid to Insura	ince Agent/E	roker/Specified	Person for depositing	with the cor	npany, the	en the Insurance Agent/Br		Person for
^^Pay	rpose is acting as your ment can be made throu	igh Debit/ Cre	dit Card/ NE	EFT	•			•				
	ial Deposit Details: Che		_		_							
	nk Account Type:	Saving	Current	NRE L	」NRO				IFSC Cod	ls.		
l	nk Account No.: his policy a replacement	to an existing j	policy issued	l by PNB Metl	 Life India Ins	MICR Code: urance Company				rendering, withdrawing, t	aking a loan or l	apsing
ı	existing policy]? miums will be paid by:	Yes Dali	No No	alian Haldan		hon (Dl Cll d.	ad a sate de la satis a Como					
				olicy Holder			rd party declaration form					
	•	•	••		•			_ · ·		life insurance companies. ovide the following detail		well
	tionship with				-8		Existing Policy SA/			In force/ lapsed/in case	Acceptance t	erms (Std./
Prop	osed Insured IN	ame of the ance Company	Policy Number	Application Number	Login Date	Type of Policy		Annualised Premium	Year of Issue	of revival, date of revival/pending	with extra/ p declined/ w	ithdrawn/
											restricted l	benefits)
F. Li	fe Style, Personal an	d Medical D	etails of th	e Proposed I	nsured							
1.	Height in cms	o	or Ft.	Inches	Wei	ght in Kgs	or Pound	ls				
2(a).	Have you ever been co	nvicted of a cri	iminal offen	ce or do vou ha	ve anv crimi	nal case or charg	a nanding against you?)				Yes No
				,	,	2	1 00 7					
2(b).	Have you ever suffered related disorders, defor disease, anaemia, strol	// are currently mity and/or blo ce or disorder o	suffering fro ood related d of brain or n	m, or have rec isorders, epilep pervous system	eived/ are re ssy, asthma, c i, bowel or d	ceiving treatment cancer or tumour igestive disorder	ts for any symptoms, n of any kind, diabetes, l s, tuberculosis, lung o	nedical condi nigh or low bl r respiratory	tions, or d lood pressi disorder,	isabilities/ailments related are, chest pain, heart or circ liver disease or hepatitis, l	to eye/ear/skin culatory system kidney disease,	
			rders, AIDS	or infection wit	h HIV or sex	ually transmitted	diseases?					
3.	Any Gland related disc		<u> </u>			100					11. 4	
4.	above questions due t	o which you h	ave abstaine	d from work	or more than	n 7 days?	e e			hospitalization not mention		
5.	Any Gynecological dis				- Carcation tai	cen or being take						
	Has any application on				dafarrad ar a	agented with spe	aial tarma undar a lifa	madical or h	alth ralate	od incurance 2		
6. 7.	7 11									l in the relevant occupation	questionnaire	
8.										If yes please fill the PEP C	•	
9.	Is the Proposed Holder/	•		• ,	, ,		1 ,	r sou perso	-(-22)	J p		
10.	Are you pregnant? If Y		•					than 6 months	S			
	If any complications					1						
Fore	ach 'Yes' in point 2-10 ple	ease identify the	e question and	d provide full d	etails, conditi	ons, dates, duration	on and results. Kindly pr	rovide the full	name and	address of Doctor/Hospital	/ Clinic etc.	
Q	Question No.	Details										

Life Style Information:						
 Have you smoked or chewable tobacco like C 			bbacco or nicotine products in any form* in the Pan masala etc.)	ne last 5 years? (*Tobacco prod No	luct includes but not l	imited to Cigarettes, Bidis, Cigars,
2) Please give the following						
Substance Consumed	Yes	No	Consumed As	Quantity	For No. of months	If stopped consuming, state date since when you stopped
			Pipe Cigar Cigarettes Beedi	No. of sticks/day		Years Months
Tobacco			Gutkha	No. of packets/day		Years Months
Alcohol			Beer Wine Liquor	Pint / ml per week		Years Months
Narcotics / Drugs			Marijuana Cocaine Addictive Drugs			Years Months
of Political parties conteste above), senior executives o to members of senior manager Family members are individual.	d in electi f state ow gement of duals who	ions of med co r indiv o are re	ed with prominent public functions domestically or by Local bodies/Legislature/Parliament or Nominated), orporations, important political party officials. Individuals who have been entrusted with equivalent functiblated to a PEP either directly (consanguinity) or through connected to a PEP, either socially or profession	senior government (All Secretary le duals who are or have been entrusted ions, i.e. directors, deputy directors a igh marriage or similar (civil) forms	evels), judicial or military I with a prominent function and members of the board	officials (Ranks Equivalent to Major and on by an international organization, refers
G. E-Repository Details						
If you already have an e-l	Insurance	e Acco	unt (e-IA) number, kindly provide			
If you don't have an e-Ins	urance A	ccoun	t (e-IA), please choose any one of the following			
CAMSRep - CAMS				ata Management Services limited		
KARVY	11100110110	Сторс	· =	urance Repository Limited		
H. Tax Status Questionr	iaire (To	be filed	by Proposed Holder)			
United States Laws): . US place of birth: . US telephone number:	Yes Yes dence ad	N N dress (o (including a US PO Box): Yes No	Applicant being an entity being cre	eated, incorporated or go	verned by
If the Applicant is subject to If the Applicant is not subject	United ect to Uni	States ited St	g answered as Yes, please furnish the following: Federal Income Tax please provide the Applicant's lates Federal Income Tax please provide a self-certifing the US or such other forms or declarations as may	cation under perjury, and a Non-U		government-issued identification
			URRENTLY HAVING US INDICIA**, THE AP CH CHANGE IF THE APPLICANT ACQUIRE		RM THE COMPANY	WITHIN THIRTY (30) DAYS OF THE
If the Applicant(s) is subject rithhold tax from taxable inc			es Federal Income Tax and fails to provide a U.S. Ta made to the Applicant.	x Identification Number to the Con	mpany, the Internal Reven	nue Service requires the Company to
*	-		ned as any individual or entity who exhibits any of the same (applicable to an entity by virtue of being created,	_	d States Laws);	

- 4. US residence or correspondence address (including a US PO Box); or
- 5. Standing instructions to transfer funds to a US account

I. Declaration, Agreement and Authorisation

I/We have read this Application or got read/ explained the Application, 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 declare that I 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 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 consent, and authorize, PNB MetLife to use and disclose any of my/our personal and sensitive information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to any individual/organisation/entity associated or affiliated with or engaged by PNB MetLife, within or outside India, 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 but not limited to services arising out of the insurance contract, including claims settlement.

AGREEMENT/AUTHORISATION: I do hereby agree that: 1. My statements and this declaration shall be the basis of any policy issued by PNB MetLife India Insurance Co. Ltd. ("PNB MetLife"). 2. If any untrue statement be contained in this Application, the policy contract shall be null and void and the premium/premiums paid by me shall be refunded to me within 90 days of such repudiation. In case of fraud, the policy shall be treated in accordance with section 45 of the insurance act. 3. Furthermore, I hereby irrevocably authorise any organisation, institution or individual that has any record of knowledge of my health and medical history or any treatment or advice that has been or may hereafter be consulted or other personal information to disclose to PNB MetLife such information. This authorisation shall bind my successors and assigns and remain valid notwithstanding my death or incapacity in so far as legally possible. 4. The payment made along with the Application is a Deposit with the Company to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me. Unless accepted and Policy is issued, no risk shall attach to the Company. I further acknowledge that the process of consideration of the Application by the underwriter and decision on acceptance of risk may involve a period of time for which I have no objection. In the event that the Application is found acceptable, you shall be entitled to issue the Policy commencing from any date subsequent to the date of submission of Application by me. I agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa test. 5. I further authorise PNB MetLife to use and disclose any personal information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to individuals/organizations/entities associated or affiliated or engaged by/with it (within or outside India, including reinsurers and claim investigative companies and agencies, and industry associations/federations) for the purpose of evaluating insurance on this application and providing subsequent services including the claims arising out of this contract. 6. I understand that renewal premiums if paid by cash, has to be paid only in PNB MetLife branches, Suvidhaa outlets & other authorized cash collection agencies against an official receipt. If it is paid to IA for depositing with the company, then the IA for this purpose is acting as his authorized representative and not that of the Company and the Company shall not be liable for any loss incurred by the customer while doing so. 7. I hereby declare that money used by me to pay the premium under this proposal has not been derived from any criminal or illegal activity or any unknown sources. 8. I hereby declare that the KYC details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered number / email address. 9. I/We further agree and consent to PNB MetLife receiving my updated address from CERSAI (which I/we understand will happen on my updating the change address before any Bank or other financial Institution) and updating the PNB MetLife database with the said updated address. I/We also agree and consent to PNB MetLife sending future communications regarding my Policy and other related services in the said updated address.

Applicant referred here is the Proposed Ow	vner or else it is Proposed Insured.				
Signature/Left Thumb Impression of	the Proposed Insured	Signature/	Left Thumb impression	of the Proposed Owner / Pol	icy Holder (if different from Proposed Insured)
Name of the Proposed Insured:					
Mobile No.					
Name of Witness:					
Address of Witness: Date :				Droposed Insu	itness (Witness should not be related to the red / Proposed Owner / Policy Holder)
DECLARATION IN CASE OF VERNAGE Declaration by the person filling in the Appli			a language different fr	om that of the Application	form)
I hereby declare that I have fully explained the	the contents of the Application form a	and all other docur	nents incidental to ava	uiling the insurance from P	NB MetLife to the Applicant in the language cant and the replies have been read out to, fully
Declarant's Name		SS			
The content of the form and documents have that I have fully understood the significance	2 1				·
		Date	Place	Signature of Declarant	Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured
DECLARATION IN CASE THE APPL	ICANT IS ILLITERATE (Can not b	pe signed by sales perso	n or nominee)		
	of standing, unconnected with PNB	MetLife, but who	se identity can easily	be established, should give	e the following declaration after attesting lef
thumb impression of the Applicant I hereby declare that I have explained the conten recorded as per the information provided by the in my presence.	nts of this Application in Applicant and the replies have been rea	d out to and fully un	language to the App derstood by and confirm	licant. The same have been fined by the Applicant. The A	fully understood by him/her and replies have been oplicant has affixed his/her left thumb impression
Declarant's Name			Addre	ss	
 Date	Place	- Gian	nature of Declarant	Left Thumb Impres	ssion of Proposed Holder / Proposed Insured
		_	lature of Deciarant	Left Thumb impres	ssion of Proposed Holder / Proposed Histired
Name of Premium Payer	ent from the Applicant* he/she need lling due on this Application for life ins	ds to attest the following surance till such time. Annua	ne proposed insured star		able of paying the Premiums on his/her own.
					Signature OR Left Thumb Impression of Proposed Insured / Owner
Address Date Section 45 of the Insurance Act, 1938 : 1. N	Place No policy of life insurance shall be call-	ed in question on a	Pin ny ground whatsoever a	of three year	Impression of Proposed Insured / Owner Signature of Premium Payer s from the date of the policy i.e. from the date
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IA/SP/BROKER/DM CODE Name of th	ne IA/SP/Authorised Person of t	the Broker/DM	IA/SP/Broker/DM Mobile No
Name of the Proposed Insured		2. Are you related to the Proposed Insured	1/Proposed Holder? Yes No
3. Is this Application on your own life?	Yes No	If yes, nature of relationship Name of Plan opted by PI/PO	
5. Face Amount/Sum Assured (in Rs.)		6. Riders opted by PI/PO	
7. Have you explained fully the terms and conditions of the plan to the Applicant*?	Yes No	8. Does the Applicant* currently reside	in Rural area? Yes No
9. (a) Since when do you know the Proposed Insured / Proposed Holder? (b) Are you satis		(c) Does the Proposed Insured have any physical deformity/defect or mental retardation?	(d) What is the estimated income of the Proposed Insured/ Proposed Holder?
Years Months Yes	☐ No	Yes No	
10. What is the Proposed Insured's state of health at the time of comp	oletion of this Application?	Please furnish exact physical measurem NON-MEDICAL CASES: Height in cms or ft. Inc.	nents of the Proposed Insured, in respect of thes Weight in kgs or Pounds
12. Is this Application a replacement for an existing policy of the Applicant been informed about the following?	plicant? If Yes, please complete the	he Replacement Questionnaire.	Yes No
(a) Charges Yes No (b) Surrender charges (d) Is the product recommended suitable for the applicant keep need, Income, risk appetite and long term financial goal? (f) If the total premium exceeds 30% of the annual income of satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the financial capacity of the satisfied that the product is sold within the satisfied that the satisfied that the product is sold within the satisfied that the sati	ping in mind his/her Yes the applicant "are you Yes	(c) Premium and benefits und taxes and charges as per the apple (e) The investment risk in the Unit-Linked Insurance Product i Holder (To be filled for Unit - Li	investment portfolio in the s borne by the Proposed Yes No
14. Do you recommend acceptance of this Application considering a	**	zard?	☐ Yes ☐ No
Was any negative customer behavior observed relating to cus seemingly fictitious information? If yes, please provide details_			
Certification: I have carefully ascertained the above information ar are true and correct to the best of my knowledge and belief.	nd recorded them. All the answe	rs Date D D M M Y	Y Y Signature of the IA/SP/DM/ authorised person of the broker
Incase of Corporate Agent (CA) or Micro Insurance Agent (MI), Specified Pe	erson (SP) to sign/stamp & provide his	/her details.	C1/C4
Incase of Broker, authorised person to sign & provide their details. Respective agent as specified above to authenticate all documents like KYC,	BI etc. with their signature & Original	Seen Verified.	Seal/Stamp of CA/Broker/Micro Insurance Agent (from where business is being solicited)
ATTESTATION / FOR OFFICE USE ONLY			
Documents Received Certified Copies			
Documents Received Certified Copies KYC VERIFICATION CARRIED OUT BY	Y	INSTITU	UTION DETAILS
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Date: Emp. Name: Emp. Code: Emp. Designation:		Name:	UTION DETAILS
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Date: Emp. Name: Emp. Code: Emp. Designation: Emp. Branch:	1-800-425-6969 indiaservice@pnbmetlife.co.i PNB MetLife India Insurance	Name: Code: in the Co. Ltd., Office, Unit No. 101, 1st Floor	pr, Techniplex-1,
Date: Emp. Name: Emp. Code: Emp. Designation: Emp. Branch: Tear Here Your Customer Services' Toll Free Number: You can send email to us at: You can write to us at:	1-800-425-6969 indiaservice@pnbmetlife.co.i PNB MetLife India Insurance	Name: Code:	pr, Techniplex-1,
Date: Emp. Name: Emp. Code: Emp. Designation: Emp. Branch: - Tear Here Your Customer Services' Toll Free Number: You can send email to us at:	1-800-425-6969 indiaservice@pnbmetlife.co. PNB MetLife India Insuranc Techniplex complex veer Sav r the date and time of, premium painess day, the same day's NAV is by due date. next business day of premium pa be allocated on completion of all- arrest branch. Our agents are not a	in te Co. Ltd., Office, Unit No. 101, 1st Floor tearkar Flypver, Off S V Road Goregaon payment information being received by PN s applicable and for other's NAV for the next tid date. re-instatement requirements and reviewed by tuthorized to collect the premium in cash.	or, Techniplex-1, (West) NB MetLife from customer directly or through the business day shall be applicable.

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.