



Member Enrolment Form – Group Creditors

Corrections or overwriting, if any, must bear the full signature of the applicant. Proposal form needs to be filled in BLACK ink only.

1. Particulars

Name of the Group Policyholder: _____ RM/SRM Name: _____ Source Code: _____ Branch official: _____

Is the applicant already covered under PNB MetLife: Complete Loan Protection Plan / Loan & Life Suraksha / Complete Care Plus Yes No **If Yes, provide Policy Number :** _____

1.1 Product Name: _____
 Package Option: (Applicable in MCLP only) Life Protection Life Protection Plus
 Critical Illness Safeguard* Accidental Safeguard
 Disability Safeguard CI Benefit Period _____ (For Critical illness Safeguard option only) *Standard Age Proof is Mandatory

1.2 Type of Policy: Single life / Joint life

1.3 Type of Cover: _____ 1.4 Policy Term: _____ Years 1.5 Premium Paying Term: _____ Years 1.6 Sum Assured: Rs. _____ 1.7 Loan amount: _____

1.8 Date of 1st loan disbursement: _____ 1.9 Loan sanction Date: _____ 1.10 Relationship with financial institutions (in years/Months) _____

1.11 Loan A/C Number: _____ 1.12 Premium Financed by: Self Group 1.13 Loan interest rate: _____ 1.14 Instalment Premium: _____

1.15 Preference for Renewal Premium Payment Mode: _____ 1.16 Premium Payment Frequency: _____ 1.17 Moratorium: _____

(For ACH/Auto Debit - Please fill in the relevant Standing Instruction Form)

1.18 Type of Loan: Home Loan Education Loan Auto Loan Personal Loan MSME (Term loan OD/ CC) Agri Loan LAP Business Loan

Others (Please specify) _____ *If Housing Loan selected, Is it availed under PMAY: Yes No

2. Details of Applicant

Particulars of Primary Life Applicant (Mr./Mrs./Ms./Dr./Other)

2.1 Full Name : _____

2.2 Father's Name : _____

2.3a Date of Birth: (DD/MM/YYYY) 2.3b DOB Proof: _____

2.4 Gender: _____ 2.5 Nationality: _____

2.6 Country of Residence : (if not residing in India) _____

2.7 Education: _____

2.8 Gross Annual Income : _____ 2.9 Form 60/PAN: _____

2.10 Occupation: Service Business Self Employed Professional Student Retired Housewife Illiterate Labourer/Worker Others _____

2.11 Mobile: _____ Email: _____

2.12 Mailing Add: _____

State: _____ Pin code: _____

2.13 Is the Applicant already covered under PNB MetLife Loan & Life Suraksha or PNB MetLife Complete Loan Protection Plan. Yes No

If Yes, please provide Policy Number

2.14 The Company will issue and send the policy document in electronic form. Do you wish to receive your policy document in physical form also? Yes

Particulars of Secondary/Joint Life Applicant (Mr./Mrs./Ms./Dr./Other)

2.1 Full Name : _____

2.2 Father's Name : _____

2.3a Date of Birth: (DD/MM/YYYY) 2.3b DOB Proof: _____

2.4 Gender: _____ 2.5 Nationality: _____

2.6 Country of Residence : (if not residing in India) _____

2.7 Education: _____

2.8 Gross Annual Income : _____ 2.9 Form 60/PAN: _____

2.10 Occupation: Service Business Self Employed Professional Student Retired Housewife Illiterate Labourer/Worker Others _____

2.11 Mobile: _____ Email: _____

2.12 Mailing Add: _____

State: _____ Pin code: _____

2.13 Is the Applicant already covered under PNB MetLife Loan & Life Suraksha or PNB MetLife Complete Loan Protection Plan. Yes No

If Yes, please provide Policy Number

2.14 The Company will issue and send the policy document in electronic form. Do you wish to receive your policy document in physical form also? Yes

3. Additional Information

3.1 Nominee/Appointee Details: (Appointee details to be filled if nominee is a minor. The Appointee must not be Primary/Joint Life Applicant)

	Full Name	Date of Birth	Gender	Relationship	% Nominee Share**	Address
Nominee		<u>(DD/MM/YYYY)</u>		With applicant		
Appointee		<u>(DD/MM/YYYY)</u>		With nominee		

** In case of more than one nominee, please fill respective share of nomination in multiple nominee form.

3.2 Details of Initial Deposit: (Cash/Check/MT) Instrument No: _____ Instrument Date: _____ Amount (In INR): _____ Bank & Branch _____
 (***)Please fill in the relevant Standing Instruction Form

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

Ver. MGCREDV04

4. Health & Lifestyle Particulars

Primary Life Applicant	Secondary/Joint Life Applicant	
Height _____ cms or _____ ft _____ Inches Weight _____ Kgs.	Height _____ cms or _____ ft _____ Inches Weight _____ kgs.	
Health Details of Life to be Assured:		
	Primary Life Applicant	Secondary/Joint Life Applicant
4.1 Do you currently smoke or used to smoke more than 10 ciggarettes,bidis per day/5 pouches of gutkha or chewable tobacco per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Do you have history of immediate family members been diagnosed with or died from Heart Attack, Coronary artery disaese,Cancer,Diabetes,stroke, before age 60yrs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Do you consume or used to consume any form of alcohol/liquor exceeding 90ml or 3 pegs of hard liquor or 2 glasses of beer/wine per day? (If answer for any of the questions in this section is 'Yes', please provide complete details with Lifestyle Questionnaire e.g. Smoking/Tobacco or Alcohol Questionnaire)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Do you consume Narcotic substances or Addictive drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Do you have existing insurance cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6 Have you ever been convicted of a criminal offence or do you have any criminal case or charges pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.7 Have you ever suffered from or are currently suffering from or been advised to undergo Investigation/ Hospitalisation/ Surgery /treatment /medication for the below ailments: a) chest pain,heart attack, heart valve disorder or any other heart disease, b) diabetes,hypertension, c) cancer, tumor, growth or cyst, d) stroke,paralysis,epilepsy,or disorder of brain/nervous system or any psychiatric or mental disorder, e) disorders of muscle, bones or joints,arthritis or rheumatic disorders any physical disabilities or congenital defect, f) Respiratory disorders or blood disorders (anaemia) or endocrine disorders, g) Disorders of digestive system, pancreas, stomach, intestine,gall bladder,liver or of the kidney,urinary tract, h) hepatitis B/C or HIV or other sexually transmitted disease, i) Any other illness or impairment not mentioned above.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.8 Do you engage in any hazardous or dangerous occupation or hobbies (like paragliding, mountaineering, deep sea diving , motor racing, bungee jumping, etc.) (If yes, please provide Occupation/Lifestyle Questionnaire)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.9 Only in case of Female Lives: Are you pregnant and have you ever suffered/suffering from or have undergone any investigation or treatment or received medical advice or consulted a physician for any gynaecological complications such as iscarriage,disorder of cervix, uterus, ovary(is), breast(s), breast lump/cyst, fibrocystic disease etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incase if you have answered "Yes" to any of the above questions, please provide us complete details including dates,durationand treatment, names and address of physicians. Your enrolment would be subject to review by an underwriter: _____ _____ _____		

5. Terms & Conditions

Self declaration by the borrower:

I/We am/are aware that the Group Policyholder (GPH) has availed the PNB MetLife Complete Loan Protection Plan/ PNB MetLife Loan & Life Suraksha from by PNB MetLife and I/We are proposed members of this group of borrowers. I/We have read this Proposal or got read/ explained the Proposal, and furnished the information, after fully understanding the contents thereof. I hereby declare that, the statements, and / or particulars given by me herein, which forms the basis of insurance cover, are true and complete in all respects, and I/We have not withheld any information whatsoever. I/We understand that the information provided by me/us form the basis of the Certificate of Insurance and that the policy is subject to the Board approved underwriting policy of PNB MetLife. I/We provide consent to seek any of my/our details, including medical information, from GPH or any authority or organization or individual or entity for underwriting or claim processing. I/We authorize the Company to share information pertaining to my/our proposal including my/our medical records for the sole purpose of underwriting this proposal and/or claims settlement and with any Governmental and/or Regulatory authority. I/We further consent, and authorize PNB MetLife to use, process and disclose any of my personal and sensitive personal information collected or available with them (whether contained in this application or obtained otherwise) with any individual / organization / /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 providing subsequent policy related services as permitted under the Authority's regulation/circulars, as applicable including for processing the claims arising out of the insurance contract. 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. I further agree and accept that commencement of risk will not take effect until a full receipt of the premium chargeable and Certificate of Insurance is issued by PNB MetLife. I/We further agree that after submission of this application and before issuance of this policy, if (1) there are any adverse circumstances connected with the general health of myself, or (2) An application for insurance on my life made to any other insurance company or an application for revival has been withdrawn or dropped or accepted at an increased premium or (3) There is any change in my occupation or financial position; I/We shall forthwith intimate the same to PNB MetLife in writing to reconsider the terms of acceptance of this application. Any omission on my/our part to do so shall render the contract based on this Proposal invalid and the Certificate of Insurance shall be cancelled immediately and the premium/premiums paid by me/us shall be treated in accordance with section 45 of the Insurance Act, as amended from time to time. 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.

Signature / Thumb impression of the applicant Signature / Thumb impression of the second applicant Name of witness Signature / Thumb impression of the witness

Authorization by the borrower: In case of any claim being made under the insurance contract, I hereby authorize/consent/instruct PNB MetLife to deduct any outstanding amount of loan payable by me/us to the GPH from the total claim amount payable and to pay the balance claim amount to the nominee/legal heirs in accordance with the "credit account statement" issued by the GPH to the nominee/legal heirs. I/We acknowledge that the payments as above shall conclusively discharge PNB MetLife from all obligations arising thereof.

Signature / Thumb impression of the applicant Signature / Thumb impression of the second applicant Name of witness Signature / Thumb impression of the witness

Date: _____ Place: _____

6. Declaration in case of Illiterate / Vernacular proposed holder (Can not be signed by sales or nominee)

I / We hereby declare that I / We have fully explained the above questions to the applicant and I / We have truthfully recorded the answers given by the applicant.

Declarant name: _____ Address _____

Signature of declarant _____

Signature / Thumb impression of the applicant _____

Audit: PMLI reserves the absolute rights to audit or cause to audit or obtain a certificate from the statutory auditors on the accuracy of the credit account statement as against the claim payments in accordance with the Regulations as amended from time to time.

Section 45 of the Insurance Act, 1938, as amended from time to time: 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, 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 as amended from time to time: (1) 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. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh

7. MSME Loan Details (To be filled in for all types of MSME loans)

Is the Proposed Insured	<input type="checkbox"/> Borrower	<input type="checkbox"/> Guarantor		
Type of firm	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited	<input type="checkbox"/> Public Limited
Have all partners/directors applied for cover	<input type="checkbox"/> YES	<input type="checkbox"/> No		
Percentage shareholding/Partnership Ratio (To be filled in case of Partnership/Pvt Limited/Public limited)				
	<input type="checkbox"/> Partner <input type="checkbox"/> Director (1)	<input type="checkbox"/> Partner <input type="checkbox"/> Director (2)	<input type="checkbox"/> Partner <input type="checkbox"/> Director (3)	<input type="checkbox"/> Partner <input type="checkbox"/> Director (4)
Name of the Partners/Directors				
Percentage shareholding/Partnership Ratio				
Reason for all partners/directors not applying				
NOC from non-applying partner	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> No

8. Group Policy Holder Section (to be filled by Authorized person of the Group)

We have verified the age and the income details provided by the applicant(s) herein against records available with us. All necessary information as required by PNB MetLife India Insurance Company Limited ("PNB MetLife") is collected and presented herewith. * Only Standard age proofs accepted. **For Joint Life applicants:** This is to certify that each of the borrowers have separate sources of income (at least one of the borrowers, in case of Education Loans), on the basis of which the loan has been approved and individually each borrower shares at least 20% of the aforesaid loan.

Authorised Signatory of the Group:

Signature: Name:	Designation:	Signature: Name:	Designation:
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Please affix company seal Date: _____ Place: _____