

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.

AUTHORISATION: I/We hereby Irrevocably authorize any Organization, Institution, or Individual, that has any record or knowledge of any information significant for the issuance of the policy or may hereafter be provided or other personal information, to disclose to PNB MetLife, such information. This authorization shall bind my/our successors and assigns and remain valid not withstanding my/our death or incapacity, in so far as legally possible. I/We hereby consent, and authorize, PNB MetLife to use and disclose any personal information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to any individual/organization/entity associated or affiliated with or engaged by PNB MetLife, within or outside India, including reinsurers, claim investigative agencies, and industry associations/federations, for the purpose of processing this Proposal and/or providing subsequent services arising out of the insurance contract, including claims settlement.

x _____
 Signature / Left Thumb Impression of the Proposed Owner
 Name of the Proposed Owner: _____
 Name of Witness: _____ Address of witness: _____
 Date: _____ Place: _____

Declaration In case the form is filled up / signed in a language different from that of the Proposal Form.

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 by and confirmed by the Applicant.

x _____
 Signature of Declarant
Declarant's Name & Address: _____

The contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

x _____
 Signature of Applicant

In case the Applicant is illiterate, a person of standing, unconnected with the Company, 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 answers 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: _____

x _____
 Signature of Declarant
 x _____
 Left Thumb Impression of Applicant

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.

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 (Insurance Sales Person) Code _____ Name of the IA/SP/Authorised Person of the Broker/DM/ISP _____ IA/SP/Broker/DM/ISP Mobile No _____

1. Name of the Proposed Insured _____
2. Are you related to the Proposed Insured / Proposed Holder? Yes No
If yes, nature of relationship _____
3. Is this Proposal on your own life? Yes No
4. Name of Plan opted by PI/PH _____
5. Face Amount/Sum Assured (in Rs.) _____
6. Riders opted by PI/PH _____
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 satisfied with the Identity of the Proposed Insured? Yes No
_____ Years _____ Months
- (c) Does the Proposed Insured have any physical deformity/defect or mental retardation? Yes No
- (d) What is the estimated income of the Proposed Insured/ Proposed _____
10. What is the Proposed Insured's state of health at the time of completion of this Proposal? _____
11. Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES:
 Height in cms or ft. _____ Inches _____ Weight in kgs or Pounds _____
12. Is this Proposal a replacement for an existing policy of the Applicant*? If Yes, please complete the Replacement Questionnaire.
13. Has the Applicant* been informed about the following?
 (a) Charges Yes No (b) Surrender charges Yes No (c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. Yes No
 (d) Is the product recommended suitable for the applicant keeping in mind his/her need, Income risk appetite and long term financial goal? Yes No (e) 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 Policies only). Yes 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" Yes No
14. Do you recommend acceptance of this Proposal considering all the factors, including moral hazard? Yes No

15. Was any negative customer behavior observed relating to Customer insisting on anonymity, reluctance to provide identifying information, or providing minimal, seemingly fictitious information? Yes No

If yes, please provide details _____

Certification: I have carefully ascertained the above information and recorded them. Date
 All the answers are true and correct to the best of my knowledge and belief.

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

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

1. Was the Financial Advisor licensed to write personal life insurance on the date the Proposal was signed? Yes No
2. Have you personally reviewed this Proposal? Yes No
3. Whether you are satisfied with the identity of the Proposed Insured? Yes No
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*? Yes No
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. _____ Yes No
6. Has the Applicant* been informed about the following?
 - (a) Charges Yes No
 - (b) Surrender charges Yes No
 - (c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. Yes No
 - (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) Yes No
7. Do you recommend acceptance of this Proposal 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
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

ATTESTATION FOR OFFICE ONLY

Document Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date:
 Emp Name:
 Emp Code:
 Emp Designation:
 Emp Branch:

Name:
 Code:

ACKNOWLEDGEMENT



Milkar life aage badhaein

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

“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: <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/> Others		
Cheque/Draft No. :	Bank Name :	Cheque/Draft Date :

IMPORTANT:

1. All receipts/ Negotiable instruments are subject to realization.
2. Acceptance of Risk 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. IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

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

