



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

Application Form

Please fill Code Name
IA/FPC/CSO /DM/ARM/ISP
Specified Person
PNB MetLife Branch
Relationship Branch Name of CA/Broker /Referral Company /MIA

Policy Type: Rural Urban
Channel Type: Agency Broker BABP DM IMF
Type of Cover: Individual Employer-Employee MWP HUF General Partnership Key Person Key Partnership Solution
Employee Discount: PNB MLI Employee PNB Employee J&K Bank Employee

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

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 application. 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. All documents submitted along with this the Application form should be attested by the Proposed Insured and Proposed Holder. The Application form and all rights, obligations, and liabilities arising thereunder, shall be construed, determined, and enforced in accordance with the laws of India. Corrections or over writing, if any, must bear full signature of the Applicant.

A. Proposed Insured Details (To be filled in BLOCK LETTERS)

1. Name (Mr./Mrs./Ms./Dr./Master/Other) F I R S T M I D D L E L A S T
2. Father's Name (Mr./Dr.) F I R S T M I D D L E L A S T
3. Spouse Name (Mr./Mrs./Dr.) F I R S T M I D D L E L A S T
4. Date of Birth D D M M Y Y Y Y 5. Place of Birth (Include Country Name) 6. Gender Male Female
7. Nationality: Indian Non-Resident Indian Person of Indian Origin Foreign National (Country Name)
8. Are you Tax resident of any other country other than India Yes No 9. Marital Status: Single Married Divorced Widowed
10. Current Residential Address: C/o D/o S/o W/o H/o Name: LAND MARK CITY STATE COUNTRY PIN
11. Permanent Address (If different from Current Residential Address): C/o D/o S/o W/o H/o Name: LAND MARK CITY STATE COUNTRY PIN
12. Telephone Country Code Area/STD Code Telephone /Mobile Email
13. PAN No. 14. Aadhaar Number:
15. If you wish to backdate* your policy, please indicate date: *(Backdation can be done up to 180 days within the same financial year only). This option is not applicable for Unit-Linked Insurance Product.
16. Educational Qualification Post Graduate and Above Graduate Diploma 12th Pass 10th Pass Below 10th Pass Illiterate Others (Specify)
17. Occupation Service Business Self Employed Professional Student Retired Homemaker Others (Specify)
18. Occupation Details 19. Identity Proof 20. Address Proof 21. Income Proof 22. Age Proof*
23. Purpose of Insurance Planning for Child's future Protection Saving Key person Retirement Gift of Life Others (Specify)
24. Do you wish to register Email id on which you will receive communication through Email, we shall stop sending Policy related communication to you in physical form. Yes No

B. Proposed Holder (To be filled if different from the Proposed Insured) / Nominee Details (To be filled if Proposed Insured and Proposed Holder are the same)

Please Tick (✓) any one Proposed Holder Nominee *Please fill multiple nominee form in case of more than one nominee
1. Name (Mr./Mrs./Ms./Dr./Master/Other) F I R S T M I D D L E L A S T
2. Father's Name (Mr./Dr.) F I R S T M I D D L E L A S T
3. Spouse Name (Mr./Mrs./Dr.) F I R S T M I D D L E L A S T
4. Date of Birth: D D M M Y Y Y Y 5. Place of Birth:
6. Gender 7. Marital Status (Include Country Name) 8. Relationship with the Proposed Insured
Male Female Single Married Divorced Widowed
9. Nationality: Indian Non-Resident Indian Person of Indian Origin Foreign National (Country Name)
(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)
10. Are you Tax resident of any other country other than India Yes No
(If Yes, please fill up FATCA/ CRS questionnaire)
11. % Nominee Share** % **In case of more than one nominee, please fill respective share of nomination in multiple nominee form
12. Current Residential Address: Residence Office: C/o D/o S/o W/o H/o Name: LAND MARK CITY STATE COUNTRY PIN

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

13. Permanent Address (If different from Current Residential Address): C/o D/o S/o W/o H/o Name: _____

 L A N D M A R K _____ C I T Y _____
 S T A T E _____ C O U N T R Y _____ P I N _____

14. Telephone Country Code Area/STD Code Telephone /Mobile Email _____

15. Aadhaar Number:

16. Educational Qualification Post Graduate and Above Graduate Diploma 12th Pass 10th Pass Below 10th Pass Illiterate Others (Specify) _____

17. Occupation Service Business Self Employed Professional Student Retired Homemaker Others (Specify) _____

18. Occupation Details _____ 19. Identity Proof _____ 20. Address Proof _____ 21. Income Proof _____ 22. Age Proof _____

Name & Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service/Business	Annual Gross Income (in Rs.)
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

C. APPOINTEE DETAILS - To be filled only if the Nominee is a minor. (The Appointee must not be the Proposed Insured)

1. Name (Mr./Mrs./Ms./Dr./Master/Other) F I R S T _____ M I D D L E _____ L A S T _____

2. Date of Birth D D M M Y Y Y Y 3. Gender Male Female 4. Marital Status Single Married Divorced Widowed

5. Nationality: Indian Non-Resident Indian Person of Indian Origin Foreign National _____ (Country Name)
 (If Non-Resident Indian or Person of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National questionnaire)

6. PAN No. 7. Signature Accepting the Appointment _____ 8. Relationship with Nominee _____

D. Details of Insurance policies & previous application forms of the proposed insured with PNB Metlife India Insurance company and other life insurance companies. Please do specify in Type of Policy column below if information includes details of existing standalone Cancer and/or Heart/Cardiac products

In case the Proposed Insured is a minor/student provide the following details for the entire family. In case Proposed Insured is house wife provide the following details of husband.

Relationship with Proposed Insured (Self, family member)	Name of the Insurance Company	Policy Number	Application Number	Login Date	Type of Policy	Existing Policy SA/ Face Amount (Rs.) Base + Term Rider	Annualised Premium	Year of Issue	In force/ lapsed/in case of revival, date of revival/pending	Acceptance terms (Std./ with extra/ postponed/ declined/ withdrawn/restricted benefits)

E. Medical Details & Family History of the Proposed Insured

1. Height in cms _____ or Ft. _____ Inches _____ Weight in Kgs _____ or Pounds _____

2. Family History		Living		Deceased	
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	No	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	No	
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, (a) Have you Consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or cough? (b) Have you Undergone ECG, x-rays, blood test or other tests? (c) Have been admitted/advised to be admitted to any hospital or any other medical facility?	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy?	<input type="checkbox"/>	<input type="checkbox"/>	14.		Do you have any physical deformity/defect or any congenital condition?	<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"/>	15.		Has there been drastic weight loss or weight gain (>= 5 Kgs) in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Ulcers or any Stomach or Intestinal Disorder?	<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"/>
7.	Diabetes, Thyroid or any other Gland Related Disorders?	<input type="checkbox"/>	<input type="checkbox"/>					
8.	Any Disorder related to Ear, Nose and Throat?	<input type="checkbox"/>	<input type="checkbox"/>					
9.	Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?	<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) Maiden Name
 2) 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. _____

3) 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

4) 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? (a) Recurrent cough, hoarseness of voice, or difficulty in swallowing for a Continuous period of 15 days?	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"/>	(b) Any persistent loss of blood or unusual discharge from any part of the body?	<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"/>	(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 Ghutka, 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
- 4) Are you employed in Armed, Para Military or Police Force, if Yes, please complete Armed Services 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
- 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
- 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
- 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
- 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

1. Product Name _____ Policy Term _____ Premium Payment Term _____ Instalment Premium Amount _____ Basic Sum Assured _____ Premium Multiple _____

Plan Option: _____ Return of Balance of Premium: Yes No Cover Option: _____

Frequency of premium payment: Single Monthly Quarterly Half-yearly Yearly Annualised Premium Amount (Rs.): _____

** Preferences for Renewal Premium Payment Mode: Cash^ Cheque/DD^ Online Payment^^ Direct Debit/ECS/ACH* PSP PNB-Auto Debit J&K Bank Auto Debit KBL Auto Debit 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: ii. Please select portfolio strategy: Self Managed Auto Rebalancing Is Systematic Transfer Option Chosen: Yes No

iii. Please choose the allocation proportion:

Preserver II	Protector II	Balancer II	Multiplier II	Virtue II	Flexi Cap	Multiplier III	Liquid Fund	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100%

If Auto Rebalancing Strategy is chosen, then allocation must only be in Flexi Cap and Protector II. Minimum allocation in any fund has to be 20%

iv. Choose rebalancing event (as% of Fund Value) 10% 15% 20% 25% v. Choose Stop Loss option (as% of Nav): 10% 15% 20% 25% 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 Family Income Protector Plus only:

(1) Monthly Income: Rs.10,000 Rs.25,000 Rs.50,000 Rs.75,000 Rs.1,00,000

(2) Policy Term: 10 Years 15 Years 20 Years (3) Return of Premium: Yes No

(d) 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 Crossed Cheque# Bank Draft# Cash Online Payment** PNB-Auto Debit J&K Bank Auto Debit
Instrument No. _____ Instrument Date : _____ Amount in (Rs.) _____ Name of the Bank & Branch : _____
2. Premiums will be paid by Proposed Insured Proposed Holder Others* (Specify) _____ * Please fill third party declaration form
If other, please provide the following details. Name _____ Relationship to Proposed Holder _____ Annual Income of the Premium Payor _____
3. Permanent Account Number (PAN): _____ 4. Account type Saving Current NRE NRO
5. Account No.: _____ MICR Code : _____ IFSC Code : _____
PO bank & Branch Name : _____ #Cheque/DD made payable to "PNB MetLife India Insurance Company Limited. Application/Policy no _____" Details will be used for all payouts by PNB MetLife
*Cheque subject to realization. **Payment can be made through Debit/ Credit Card/ NEFT

I. E-Repository Details

1. I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository? Yes No
2. If yes, choose any one Insurance Repository: CAMSRep - CAMS Insurance Repository & Services NDML - NSDL Data Management Services limited KARVY
 SCHIL - Stock Holding Corporation of India Limited CIRL - Central Insurance Repository Limited
3. If you already have an e-Insurance Account (e-IA) number, kindly provide _____

J. Tax Status Questionnaire (To be filed by Proposed Holder)

Do you:
1. Have an United States citizenship or resident status (resident status applies in the event of the Applicant being an entity being 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: Based on my investment goals, risk tolerance level and personal financial situation as discussed and explained to me, the fund option exercised by me is in accordance with my risk portfolio.

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:

(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 rupees.

DECLARATION & AGREEMENT

DECLARATION:

I/We have read this Application or got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I/we have also understood the terms and conditions of the plan that I/we have applied for. 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/We further declare that I/we will notify PNB MetLife in writing of any change occurring in the occupation, financial health or general health of the Proposed Insured/Proposed Holder after the proposal has been submitted but before communication of the risk acceptance by PNB MetLife.

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.

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. Any untrue statement contained in the application shall render the policy contract as 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. If, after submission of this Application 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 application for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an application 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 Application. Any omission on my/our part to do so shall render the contract based on this Application invalid and the policy shall be cancelled immediately and the premium/premiums paid by me shall be refunded to me within 90 days of such cancellation. In case of fraud, the policy shall be treated in accordance with Section 45 of the Insurance Act.
4. The payment made along with the application 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 Application is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Application by me/us. I/we agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test.
5. I/we agree that the terms and conditions including the premium and benefits under the policy are subject to tax/duties/charges as per the applicable law.
6. In Unit-Linked Insurance Product, I/we have been explained and have understood all the applicable charges payable under the product.
7. I/We hereby declare that the money used by me/us to pay the premium under this Application has not been derived from any criminal or illegal activity or any unknown sources.
8. I/We hereby acknowledge that the information provided under this Application will be used for the purpose of underwriting this Application and for providing policy related services, in the event of the risk being accepted by PNB MetLife.
9. 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 Financial Advisors/Broker/Corporate Agent. If it is paid to Financial Advisor/Broker/Corporate Agent for depositing with PNB MetLife, then the Financial Advisor/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.
10. The life insurance policy is not a pre-condition of opening bank account/availing loan. Participation by bank's customer is purely on voluntary basis.
11. The life insurance policy is underwritten by PNB MetLife and is not fixed/recurring deposit/mutual fund or surrogate of any of the loan products applied with the bank.
12. The policy will lapse in case the premiums are not paid as per the frequency and policy term opted in this form.
13. In case of non-standard age proof being submitted, I/we agree to pay the extra premium @ 2.50 per thousand sum assured in lieu of the standard age proof.
14. Tax deducted at Source rates as applicable under section 194D of Income Tax Act, 1961.

^Information will be obtained from the PNB Savings Bank Account Opening Form

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 (Can not be signed by sales person or nominee)

Declaration by the person filling in the Application. (In case the Application is filled up / signed in a language different from that of the Application form.)

I hereby declare that I have fully explained the contents of the Application 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 significance of the proposed contract.

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 Application 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

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 Application 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? Years Months Yes No (b) Are you satisfied with the Identity of the Proposed Insured? Yes No (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 Holder?

10. What is the Proposed Insured's state of health at the time of completion of this Application? _____ **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 Application a replacement for an existing policy of the Applicant? If Yes, please complete the Replacement Questionnaire. Yes No

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

1. Was the Financial Advisor licensed to write personal life insurance on the date the Application was signed? Yes No **2.** Have you personally reviewed this Application? 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 NA

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 (c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. Yes No
(b) Surrender charges 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 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
			<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"/>	

Standing Instruction Mandate- Direct Debit/ ECS/ 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: Direct Debit ECS (Electronic Clearing Service)
 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 Punjab National Bank / Karnataka Bank, 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	Amount in "INR" as mentioned in Application form										
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 Direct Debit or ECS or PNB-Auto Debit or J&K Bank-Auto Debit or KBL-Auto Debit

Yes, I have attached a copy of cancelled bank cheque for Direct Debit/ ECS/ 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 st	<input type="checkbox"/> 7 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 25 th		
Direct Debit, please tick operated bank name: <input type="checkbox"/> Allahbad Bank <input type="checkbox"/> Bank of Baroda <input type="checkbox"/> Bank of India <input type="checkbox"/> Citi Bank <input type="checkbox"/> Federal Bank <input type="checkbox"/> ICICI Bank												
<input type="checkbox"/> IDBI Bank <input type="checkbox"/> Karnataka Bank <input type="checkbox"/> Kotak Mahindra Bank <input type="checkbox"/> State Bank of India <input type="checkbox"/> Union Bank of India <input type="checkbox"/> Jammu and Kashmir Bank <input type="checkbox"/> Punjab National Bank												
<input type="checkbox"/> Others _____												

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, counter offers, 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 offers, 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 ECS or Direct Debit mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ECS / 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/ ECS/ CC SI/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit facility for the premium payments and in the instance of Direct Debit/ ECS/ CC/ 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.
- The company does not levy any additional charges towards cancellation of the ECS mode/recover such additional charges from the benefits payable under the policy.
- 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. For effective date from 2nd to 7th - debit date is 7th, for 8th to 15th - debit date is 15th, for 16th to 25th - debit date is 25th and for 26th to 31st debit date is 1st. 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 free will 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 RBI's Electronic Clearing Service/ 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 ECS/ 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/ ECS/ 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) 1st 7th 15th 25th



UMRN **T O B E F I L L E D B Y B A N K** Date **D D M M Y Y Y Y**

CREATE (✓)
MODIFY (X)
CANCEL (X)

Sponsor Bank Code **HDFC0000060** Utility Code **HDFC00799000009657**

I/We hereby authorize **PNB MetLife India Insurance Company Ltd** to debit (tick ✓) **SB/CA/CC/SB-NRE / SB-NRO /Other**

Bank a/c number

with Bank **Name of customers bank** IFSC **or MICR**

an amount of Rupees **₹**

FREQUENCY Mthly Qly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 **Phone No.**

Reference 2 **XXXXXXXXXXXXXXXXXXXX** **Email ID**

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.

PERIOD
From **Signature Primary Account holder** **Signature of Account holder** **Signature of Account holder**
To **Name as in bank records** **Name as in bank records** **Name as in bank records**
Or **Until Cancelled** 1. **Name as in bank records** 2. **Name as in bank records** 3. **Name as in bank records**

• 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.
• 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.
I/We hereby declare that the above information is true and correct and that the mobile number listed above is registered in my/our name(s) and/or is the number that I/we use in the ordinary course. I/We hereby declare that, irrespective of my/our registration of the above mobile in the provider customer preference register, or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We consent to the Bank communicating to me/us about the transactions carried out in my/our aforesaid account(s).

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.
- In case debit date is not selected, debit date would be based on policy effective date. For effective date from 2nd to 7th - debit date is 7th, for 8th to 15th - debit date is 15th, for 16th to 25th - debit date is 25th and for 26th to 31st debit date is 1st. In case the debit date is a holiday, debit would be initiated for next working day.

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

Challan for Blocking Amount in customer account & subsequent Recovery



Consent for Block on Amount - Initial Premium (available only for Punjab National Bank Customer) - Bank Copy

I/We hereby authorize Punjab National Bank to block the amount to the extent mentioned in "Amount to be debited". I/We hereby authorize PNB MetLife India Insurance Co. Ltd to issue instructions to Punjab National Bank to unblock the funds in the Bank account specified below and transfer the funds to PNB MetLife India Insurance Co. Ltd towards the Life Insurance Premium(s) payable on and/or pursuant to the Life Insurance proposal(s)/policy(ies), and rider(s) (if any), as applied for by me/us by debiting my/our bank account as per details provided below.

Name of Applicant		
Name of Primary Account Holder		
Application No.		
Bank Account No.		
Bank Branch Name	Account Type (Savings / Current)	
MICR Code / Sol Id	Amount to be debited (in Rs)	
Amount to be debited (in words)		

Declaration from Account Holder

I hereby declare that the particulars given above are correct and complete in all respects. I understand and agree that the premium amount to be debited from my account may vary due to change in tax structure, counter offers, revised premiums, and additional insurance/riders. In the event of Punjab National Bank being unable to debit my/our account, for whatsoever reason, I/we will pay the insurance premium directly to the Company.

Terms and Conditions

Without prejudice to any rights of PNB MetLife India Insurance Co. Ltd and Punjab National Bank, I/we agree to indemnify and hold PNB MetLife India Insurance Co. Ltd and Punjab National Bank harmless against any and all liability, costs and expenses that may be incurred by PNB MetLife India Insurance Co. Ltd or Punjab National Bank arising out of any acts of omission or commission or negligence on the part of the Proposed Insured/Proposed Holder.

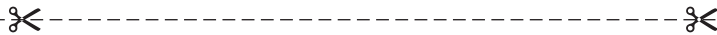
I/we agree and accept that PNB MetLife India Insurance Co. Ltd and Punjab National Bank shall in no way be responsible for non-execution or delay in execution of auto debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the control of PNB MetLife India Insurance Co. Ltd and Punjab National Bank.

Relationship with Proposed Holder : _____

Signature of Account Holder: _____

Date: _____ Place: _____

**Block under
code 'AIMET'**



Consent for Block on Amount- Initial Premium (available only for Punjab National Bank Customer)- PNB MetLife Copy

I/We hereby authorize Punjab National Bank to block the amount to the extent mentioned in "Amount to be debited". I/We hereby authorize PNB MetLife India Insurance Co. Ltd to issue instructions to Punjab National Bank to unblock the funds in the Bank account specified below and transfer the funds to PNB MetLife India Insurance Co. Ltd towards the Life Insurance Premium(s) payable on and/or pursuant to the Life Insurance proposal(s)/policy(ies), and rider(s) (if any), as applied for by me/us, by debiting my/our bank account as per details provided below.

Name of Applicant		
Name of Primary Account Holder		
Application No.		
Bank Account No.		
Bank Branch Name	Account Type (Savings / Current)	
MICR Code / Sol Id	Amount to be debited (in Rs)	
Amount to be debited (in words)		

Declaration from Account Holder

I hereby declare that the particulars given above are correct and complete in all respects. I understand and agree that the premium amount to be debited from my account may vary due to change in tax structure, counter offers, revised premiums, and additional insurance/riders. In the event of Punjab National Bank being unable to debit my/our account, for whatsoever reason, I /we will pay insurance premium directly to the Company.

Terms and Conditions

Without prejudice to any rights of PNB MetLife India Insurance Co. Ltd and Punjab National Bank, I/we agree to indemnify and hold PNB MetLife India Insurance Co. Ltd and Punjab National Bank harmless against any and all liability, costs and expenses that may be incurred by PNB MetLife India Insurance Co. Ltd or Punjab National Bank arising out of any acts of omission or commission or negligence on the part of the Proposed Insured/Proposed Holder.

I/We agree and accept that PNB MetLife India Insurance Co. Ltd and Punjab National Bank shall in no way be responsible for non-execution or delay in execution of auto 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 control of PNB MetLife India Insurance Co. Ltd and Punjab National Bank.

Relationship with Proposed Holder : _____

Signature of Account Holder: _____

Name of Account Holder: _____

Date: _____ Place: _____

Certificate of the Bank Named in the Mandate:

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.

Banks Stamp: _____ Signature of Authorized Bank Official: _____

Date: _____ Place: _____

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 <input type="checkbox"/> Bank Draft <input type="checkbox"/>		
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. 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: _____

**Customer Service
Toll Free Number
1-800-425-6969**

**E-mail us at
indiaservice@pnbmetlife.co.in**

**Write to us at
PNB MetLife India Insurance Co. Ltd., Office
Unit No. 101, 1st Floor, Techniplex-1,
Techniplex complex veer Savarkar Flyover,
Off S V Road Goregaon (West)**

