



Preserver		Accelerator	
Protector / Protector II		Multiplier / Multiplier II	
Moderator		Virtue / Virtue II	
Balancer / Balancer II		Total	

**Note:** Maximum eligible partial withdrawal value is the maximum amount that can be withdrawn. In case partial withdrawal results in surrender value falling below the threshold limit, the policy would be terminated and applicable surrender value would be paid.

**Free Look / Cancellation: Please tick as applicable: (v):**

Free look Cancellation and Payout

Free look Cancellation (Fund Transfer to new application)

• Application Number/ Policy Number where funds will be transferred: .....

Date of Receipt of Original Policy Document: .....

**Reason for Cancellation (Mandatory):**  Not satisfied with the Product Features  Other Reason, Please specify .....

**Free look Changes: Option Opted for:**  Change in Product  Sum Assured  Change in Premium  Change in Mode  Change in Term

Other Reason, Please specify: .....

**Note:** I understand and agree that: 1. For Free Look cancellation, a valid reason for policy cancellation needs to be mentioned in the absence of which PMLI may reject the request. 2. For loan products the pay-out would be credited to the loan account. 3. For Free Look changes the amount available in the current policy would be transferred to the New Application(s) 4. Medical charges (if any) and stamp charges incurred on the policy shall be deducted from the premium amount due for refund.

**Maturity Settlement/Survival Benefit (Applicable for eligible products): Please tick as applicable: (v):**

Full Settlement Amount

Maturity FT to New Application

Installment Option

No. of Years for Settlement: ..... (Maximum up to 5 years) Fixed: ..... Percentage of Total Fund Value per Payout

**Frequency of Payout:**  Annual  Half Yearly  Quarterly  Monthly

**A) Lump sum:** ..... % (Minimum of 25%) **B) Installment Payout amount:** ..... %

No of Years for Settlement: ..... (Maximum up to 5 years)

**C) Combination of option 'A' and 'B'**

**Frequency of Payout:**  Annual  Half Yearly  Quarterly  Monthly

**Note:** PNB MetLife will not be liable for any loss arising from non-receipt of instruments or communication by me. I understand that maturity value will be arrived at unit price of the day of policy maturity.

**Refund of Excess Premium:**

Please refund the excess premium of Rs. .... lying in my Policy no.....

**Stop Pay/Re-Issue of Pending Payout: Please tick as applicable: (v):**

Stop Pay-Re-issue of Refund Cheque  Pending Payout

Stop Pay-Fund transfer to another Policy

• Application Number/ Policy Number where funds will be transferred: .....

**Reason for Stop Payment:**  Non receipt of cheque  Reinstatement  Cheque validity over  others, please specify: .....

**Transfer of Funds details:** (Please tick as applicable):  Top Up  Renewal Premium

**In case refund cheque has been returned, please share the details:**

▪ Cheque No.: ..... Cheque Amount: .....

▪ Cheque No.: ..... Cheque Amount: .....

▪ Cheque No.: ..... Cheque Amount: .....

**Refund of Unclaimed Amount: Please tick as applicable: (v):**

New Business Refund  Excess/Advance Renewal Premium  Death Claim  Servicing Payout (Surrender/Foreclosure /Maturity, etc.)

Please pay out my unclaimed amount(s) lying in my Application / Policy no..... to my bank account details submitted along with this form **OR** transfer the said amount to my other Policy / Application no. ....

• Unclaimed Amount (in Rs.) .....

**Withdrawal of Cash Bonus Option (Product Name: .....): Please tick as applicable: (v):**

Cash Bonus withdrawal and Payout  Cash Bonus withdrawal (Fund Transfer to new Application/ Policy no.)  Cash Bonus withdrawal (Fund Transfer and part payout)

Partial Withdrawal Amount (in Rs.) ..... Amount in words.....

Application Number/ Policy Number where funds will be transferred: .....

**Payment Details:**

• Policyholder/ Claimant name as per Bank records: .....

• Bank Name: .....

• Branch Name: .....

• Bank Account No: .....

• IFSC Code: ..... MICR Code: .....

• Bank Account Type: Savings  Current  NRE\*  NRO

\*In case of NRE customer, please provide the Customer Declaration - Repatriation Request & Bank Certificate of all premiums being paid through NRE account for Repatriation **OR** Bank statement reflecting all premium paid entries.

**Declaration:** If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information; I shall not hold PNB MetLife responsible in any manner whatsoever. Further, I understand that PNB MetLife shall not be held responsible for any non-receipt of payment on account of wrong/ incorrect/ incomplete information given by me in this form. Also understand and agree that PNB MetLife reserves the right to use any alternative payout method in case the requisite information for direct credit is not received or if the request is rejected by the bank.

**Declaration by the policyholder:**

I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request and I shall be solely responsible for all the consequences arising out of this request including on account of any incorrect or incomplete details contained herein.

I understand that PNB MetLife will be communicating through telephone calls, SMS, or emails for providing details of transactions, payment reminders, etc. and that these shall not be construed as unsolicited commercial calls/ e-mails and my request can be rejected in case of non-contact ability.

If I am/we are subject to tax reporting requirements in any country other than India or if, at any \_me, I/we become subject to tax reporting requirements in any country other than India, I/we understand that PNB MetLife India Insurance Co Ltd., may be required to share information about my/our PNB MetLife India Insurance Co. Ltd, Policy with the relevant Indian tax authorities who may share such information with the relevant overseas competent authority.

Signature/Left Hand Thumb Impression of Policyholder/Claimant

Signature/Left Hand Thumb Impression of Joint Life (Second Life)

Signature/Left Hand Thumb Impression of Assignee (Required in case of Absolute assignment of Policy)

**Note: For conditionally assigned policy, Request should be signed both by the Assignee & Assignor**

Date: DD-MM-YYYY

Place: .....

**Kindly Note:** In accordance with Section 194DA of the Income Tax Act 1961, If your policy is not exempt under Section 10(10D) of the Income Tax Act and Gross payment exceeds INR 99,999 in financial year, an amount equivalent to 5% on 'net income' would be deducted at source (TDS) and deposited into the Central Government treasury. A TDS certificate would be issued to you within the stipulated timelines. In case your PAN is not registered with PNB MetLife, a higher rate of TDS (20%) will be applicable as per the income tax regulations and therefore, we request you to submit a copy of your PAN in case of it not being submitted earlier. For non-resident customers TDS applicable as per Section 195 of the Act, 1961. TDS rates are as per Income Tax Act and are subject to amendments made thereto from time to time.

As per Section 139AA of the Income Tax Act 1961, it is mandatory to link your Permanent Account Number (PAN) with your Aadhaar by 31 March'23. If not linked by 31 March'23, the PAN provided by you will become inoperative. Failure to link will also attract a higher TDS rate. If you link after 31st March 2022, late fees INR 500 is applicable till 30 June 2022 and thereafter INR 1,000. Also note that TDS once deducted cannot be refunded. Please ensure your PAN is linked with Aadhaar before raising any policy related payout requests.

Please visit <https://eportal.incometax.gov.in> website to check status of the linkage of your PAN with Aadhaar.

Section 206AB of Income Tax Act 1961 ('Act') introduced with effect from 1 July 2021 to provide for higher tax deducted at source (TDS) rates if any person does not file returns of income (ROI) and TDS of INR 50,000 or more in the previous year. For Non-ROI filers, TDS will be applicable at twice the rate mentioned in the Act i.e., 10% (Actual rate 5%). If there is no PAN available TDS @ 20% deducted.

Neither TDS would be refunded nor TDS certificate issued for non-PAN cases. Please note that TDS applicable only on Section 10(10D) non-qualifying policies

**Vernacular Declaration: To be filled incase policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language:**

The contents of the document have been read over to the \*illiterate/vernacular literate applicant who is personally known to me and \*he has filled up the contents and affixed his signature/I have filled up the contents as per the applicant's instruction as his scribe and the applicant has affixed his \*left hand thumb impression/signature in vernacular after completely understanding the contents hereof in my presence.

\* Strike out whichever is not applicable.

Name of Declarant/ Witness: \_\_\_\_\_

Date: DD-MM-YYYY Place: \_\_\_\_\_

Signature: \_\_\_\_\_

**For Branch Use Only:** To be filled by Branch Services - Mandatory

**Request received from:**  Customer  Customer Representative  Bank  Courier

**Form Received By:** Employee Name: ..... Employee ID: ..... Employee Signature: .....

**Request Received date at Branch:** DD-MM-YYYY

**Request received Time at Branch:** HH:MM

Branch Stamp

**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](http://www.pnbmetlife.com), Email: [indiaservice@pnbmetlife.co.in](mailto: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

**ACKNOWLEDGEMENT-SLIP**

Received a request for \_\_\_\_\_ against Policy No \_\_\_\_\_

Solution No \_\_\_\_\_ Containing Policy No's \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_ am/pm

**Received By:** Employee Code \_\_\_\_\_ Employee Name \_\_\_\_\_

Date and time Stamp / Seal of Branch.

Branch Stamp