

KYC 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

Application Form

Please fill	Code	Name
FPC/CSO/ARM	<input type="text"/>	<input type="text"/>
Specified Person	<input type="text"/>	<input type="text"/>
PNB MetLife Branch	<input type="text"/>	<input type="text"/>
Relationship Branch Name of CA/Broker/Referral Company/MIA	<input type="text"/>	<input type="text"/>

Policy Type: Rural Urban
Channel Type: BABB

Type of Cover: Individual MWP HUF
Employee Discount: PNB MLI 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. State code and Country code to be updated as per Indian motor vehicle, 1988 and ISO 3166 country code respectively. 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

(Same as ID Proof)

2. Maiden Name (Ms./Dr./Other): F I R S T M I D D L E L A S T

3. Father's Name (Mr./Dr./Other): F I R S T M I D D L E L A S T
(Mandatory)

4. Mother's Name (Ms./Mrs./Dr./Other): F I R S T M I D D L E L A S T

5. Spouse Name (Mr./Mrs./Dr./Other): F I R S T M I D D L E L A S T

6. Date of Birth: D D M M Y Y Y Y

7. Place of Birth: (Include Country Name)

8. Gender: M-Male F-Female T-Transgender

9. Citizenship: IN- Indian Others-ISO 3166 Country Code

10. Are you Tax resident of any other country other than India Yes No
(If Yes, please fill up FATCA/ CRS questionnaire and fill point 13 (iii))

11. Residential Status: Resident Individual Non Resident Indian Foreign National Person of Indian Origin

12. Marital Status: Married Unmarried Others

13. (i) Current/Permanent/Overseas Address:
Address Type: Residential/Business Residential Business Registered Office Unspecified
Address Proof: Passport Driving License UID (Aadhaar) Voter Identity Card NREGA Job Card Simplified Measures Account – Document Type Code
Others _____ (Certified copy of anyone of the following Proof of Address [PoA] needs to be submitted)

L A N D M A R K C I T Y / T O W N / V I L L A G E
D I S T R I C T P I N / P O S T C O D E S T A T E / U T C O D E

(ii) Correspondence/Local Address
 Same as Current/Permanent/Overseas Address (In case of multiple Correspondence/Local Address, please fill annexure A1)

L A N D M A R K C I T Y / T O W N / V I L L A G E
D I S T R I C T P I N / P O S T C O D E S T A T E / U T C O D E

(iii) Address in the Jurisdictions details where applicant is Resident Outside India for tax purposes
 Same as Current/Permanent/Overseas Address Same as Correspondence/Local Address

L A N D M A R K C I T Y / T O W N / V I L L A G E
D I S T R I C T P I N / P O S T C O D E S T A T E / U T C O D E

14. Telephone Office: Country Code Area/STD Code Telephone Mobile Email
Telephone Residence: Country Code Area/STD Code Telephone Fax Country Code Area/STD Code Telephone

15. PAN No.:

16. Aadhaar Number**:
*Mandatory where total premium paid by PI/PO is 50,000 and above in a financial year.

17. Aadhaar URN**: **In absence of Aadhaar number, Aadhaar URN to be mandatorily provided

18. 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.
 D D M M Y Y Y Y

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

20. Occupation: S- Service (Private Sector Public Sector Government Sector)
 O- Others (Professional Self Employed Retired Housewife Student) B- Business X- Not Categorized

21. Occupation Details: _____ 22. Additional KYC*: _____ 23. Income Proof: _____ 24. Age Proof*: _____
 * Name of additional documents submitted if Proposed Owner is a Trust or Foundation OR Type of Cover is selected as Employer-Employee/ General Partnership/ Key Partnership/ Key Person.

Name & Address of the Organization/Business	Exact Nature of Duties	Designation	Years of Service/Business	Annual Gross Income (in Rs.)

*In case of Non Standard Age Proof like Voter ID Card, Ration Card, etc. extra of Rs.2.50 per thousand sum assured will be charged

25. Identity Proof: (Certified copy of any one of the following Proof of identity [Pol] needs to be submitted)

A- Passport No. _____ Passport Expiry Date _____ B- Voter ID Card _____

C- PAN No. _____ D- Driving License _____ Driving License Expiry Date _____

E- UID (Aadhaar) _____ F- NREGA Job Card _____ Z- Others (any document notified by the central government) _____

S- Simplified Measures Account - Document type code _____ Identification No. _____

26. 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)
 Not Applicable/ Proposed Holder is same as Proposed Insured

C. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor. (The Appointee must not be the Proposed Insured)

Nominee details

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 _____ 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 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)

6. Relationship with the Proposed Insured _____ 7. % Nominee Share** _____ % **In case of more than one nominee, please fill respective share of nomination in multiple nominee form

Appointee details

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 _____ 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 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)

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. Are any of your family members suffering from/ have suffered from/have died of heart disease, stroke, high blood pressure, diabetes, Cancer, Kidney disease, Paralysis or any other hereditary or familial disorder, or any communicable disease such as Tuberculosis or any other disease not stated above before 55 years of age? If yes, please provide details _____

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,		
4.	Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy?	<input type="checkbox"/>	<input type="checkbox"/>	(a)	Have you Consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or cough?	<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"/>	(b)	Have you Undergone ECG, x-rays, blood test or other tests?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Ulcers or any Stomach or Intestinal Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	(c)	Have been admitted/advised to be admitted to any hospital or any other medical facility?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Diabetes, Thyroid or any other Gland Related Disorders?	<input type="checkbox"/>	<input type="checkbox"/>	14.	Do you have any physical deformity/defect or any congenital condition?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Any Disorder related to Ear, Nose and Throat?	<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"/>
9.	Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?	<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"/>
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
Not Applicable

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 Gutkha, 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 If yes, please complete Aviation Questionnaire. (Please tick "No" if you are a fare-paying passenger in domestic/international airline)

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. MetLife Family Income Protector Plus

(i) Monthly Income: Rs 10000 (ii) Return of Premium: Yes (iii) Annualized Premium: _____ (iv) Modal Premium: _____

(v) Sum Assured: _____ (vi) Premium Payment Mode: Monthly Yearly Half Yearly

** Preferences for Renewal Premium Payment Mode: J&K Bank Auto Debit

**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
Not Applicable

(b) TRADITIONAL
Not Applicable

H. Additional Information

Yes, I have attached a copy of cancelled bank cheque for J&K Bank-Auto Debit

1. Details of Initial Deposit: J&K Bank Auto Debit DC No. (To be incorporated by Jammu and Kashmir Bank, after updating their system): _____

2. Account type: Saving Current NRE NRO

3. Account No.*: MICR Code : IFSC Code :

4. Name of the Account Holder as per bank records: (Mr./Mrs./Ms./Dr./M/s.): _____

5. Name and Address of the Bank/Branch: _____

6. Date on which Debit to be initiated (Please select one): 1st 7th 15th 25th

*Details will be used for all payouts by PNB MetLife

Please Note: Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter offers, revised premiums, additional insurance/ riders. Standing Instruction Debit Date will be the Premium Due date or the next banking day, if the due date is a banking holiday.

Declaration by the Proposer Insured
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, by Debit to my Bank Account as per details provided above. 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 details.

Terms and Conditions
The Proposer 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.
- 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 J&K Bank Auto Debit facility for the premium payments and in the instance of J&K Bank Auto Debit dishonor, to re-debit the Policy Proposer/ Account Holder's account with the mentioned bank to recover the premium payable.
- 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.

I. E-Repository Details

1. If you already have an e-Insurance Account (e-IA) number, kindly provide

2. If you don't have an e-Insurance Account (e-IA), please choose any one of the following

- CAMSRep - CAMS Insurance Repository & Services NDML - NSDL Data Management Services limited
 KARVY CIRL - Central Insurance Repository Limited

J. Tax Status Questionnaire (To be filed by Proposed Holder)**Do you:**

- 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
- US place of birth: Yes No
- US telephone number: Yes No
- US residence or correspondence address (including a US PO Box): Yes No
- 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:

- 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
- 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:

- United States citizenship or resident status (applicable to an entity by virtue of being created, incorporated or governed by United States Laws);
- US place of birth;
- US telephone number;
- US residence or correspondence address (including a US PO Box); or
- 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 :

- 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.
- 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:
 - The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - The active concealment of a fact by the insured having knowledge or belief of the fact;
 - Any other act fitted to deceive; and
 - 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:

- 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.
- 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. I/We hereby consent, and authorize, PNB MetLife to use and disclose any of my/our personal and sensitive information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to any individual/organisation/entity associated or affiliated with or engaged by PNB MetLife, within or outside India, including reinsurers, claim investigative agencies, vendors and industry associations/federations, for the purpose of processing/underwriting this application and/or providing subsequent services which will include but not limited to services arising out of the insurance contract, including claims settlement.

AGREEMENT:

- 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.
- 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.
- 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. I hereby declare that the KYC details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC registry through SMS/Email on the above registered number / email address.
15. I/We further agree and consent to PNB MetLife receiving my updated address from CERSAI (which I/we understand will happen on my updating the change address before any Bank or other financial Institution) and updating the PNB MetLife database with the said updated address. I/We also agree and consent to PNB MetLife sending future communications regarding my Policy and other related services in the said updated address.
16. Tax deducted at Source rates as applicable under section 194D of Income Tax Act, 1961.

Signature of the Proposed Insured _____

Name of Proposed Insured _____

Name of Witness _____

Signature of the Witness
(Witness should not be related to the Proposed Insured)

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)

Not Applicable

AGENT'S REPORT

SP Code _____ Name of the SP _____ SP Mobile No _____

1. Are you related to the Proposed Insured? Yes No
If yes, nature of relationship _____
2. Does the Applicant* currently reside in Rural area? Yes No
3. (a) Since when do you know the Proposed Insured? _____ (b) Are you satisfied with the Identity of the Proposed Insured? Yes No
_____ Years _____ Months
4. Is this Application a replacement for an existing policy of the Applicant*? If Yes, please complete the Replacement Questionnaire. Yes No
5. 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 Insured 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
6. Do you recommend acceptance of this Application considering all the factors, including moral hazard? Yes No

All the details in the application form were filled by the Proposed Insured in front of me, after fully understanding the contents thereof. Date _____ Signature of the SP _____

1. Incase of Corporate Agent (CA) or Micro Insurance Agent (MI), Specified Person (SP) to sign/stamp & provide his / her details.
2. Respective agent as specified above to authenticate all documents like KYC, BI etc. with their signature & Original Seen Verified.

Seal/Stamp of CA

To be filled by the Sales Management

Not Applicable

ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date: _____
Emp. Name: _____
Emp. Code: _____
Emp. Designation: _____
Emp. Branch: _____

Name: _____
Code: _____

