

Vesting Benefit Request Form

Mandatory Fields (Annuitant Details)

Policy Number: <input type="text"/>	Vesting Date: <input type="text"/>
Policy holders Name: <input type="text"/>	
PAN#: (Self-attested PAN copy to be submitted with PAN details) <input type="text"/>	
Nationality: (Only applicable for Non-Indian citizens) Country of Birth.....	
Address including PIN Code: (Kindly update your latest contact details along with a valid address proof document to facilitate quick processing)	
Contact Number: <input type="text"/> (Mandatory)	
E-Mail ID: <input type="text"/>	
Please tick (✓) anyone of the options below:	
I. <input type="checkbox"/> I wish to purchase Annuity for entire benefit amount	
II. <input type="checkbox"/> I wish to receive an amount as lumpsum (maximum 33.33% of the maturity amount allowed) and to utilize the balance maturity (the Purchase price) towards purchase of annuity	
If II option selected then option to be given as mention below (minimum of Rs 5000 as per eligibility)	
a) <input type="checkbox"/> 33.33% b) <input type="checkbox"/> < 33.33% (_____ %) Please mention the % if the option selected is "b"	
III. I wish to Purchase Annuity from PNB MetLife Life Insurance Company <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'No' is selected above, please share the name of the Insurance Company from whom Annuity is being purchased: _____	
If 'Yes' is selected, please share PNB MetLife application number to which the annuity amount has to be transferred: _____	
Purchase Price for Annuity Rs. _____	
Payment Details for Lumpsum Amount (if applicable)	
Bank Name*: _____ Bank Branch*: _____	
Account Number: <input type="text"/> IFSC Code*: <input type="text"/>	
Please tick (✓) any one Bank Account Type*: <input type="checkbox"/> Savings <input type="checkbox"/> Current Account <input type="checkbox"/> NRO NRE* (*In case of NRE customer, please provide the Customer Declaration – Repatriation Request & bank certificate for Repatriation)	
Please submit Following list of documents along with mandatory requirements (*).	
<input type="checkbox"/> Original Policy Document <input type="checkbox"/> Self-attested address and ID proof	
<input type="checkbox"/> Original Cancelled Personalized cheque OR <input type="checkbox"/> Self-attested copy of bank statement/ pass book copy, if personalized cheque is not attached*. (i.e. cheque bearing printed A/C number and name of A/C holder on it)*	
I _____ (name of the annuitant/ beneficiary) understand and agree that PNB MetLife India Insurance Company shall be discharged of all liabilities in relation to the above claim upon the payment of the claims money. I also agree and will not hold PNB MetLife responsible for any delay in case of any incomplete information submitted by me.	
Signature of Policy Owner/Assignor In case of the policy being conditionally assigned**, request should be signed both by the Assignee & Assignor	Signature of Assignee In case of the policy being absolutely assigned, request should only be signed by the Assignee (**Assignor signature would not be required in case of conditional assignment done to secure a loan)
Place: _____	Date: _____
Note: Purchase Price is based on the NAV on maturity date. # In accordance with Section 194DA of the Income Tax Act, introduced by the Finance Act 2014 and effective from 1 October 2014, If your policy is not exempt under Section 10(10D) of the Income Tax Act, an amount equivalent to 2% on the payout amount exceeding INR 99,999 in a financial year would be deducted at source 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. Tax is as per the Income Tax Act, 1961 & subject to any amendments made thereto from time to time.	
DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION	
I hereby declare that I have read out the contents of the Application form to Mr./Ms./Mrs. _____ & he/she has understood the same and replies has been recorded as per the information provided by the applicant. I also certify that Mr./Mrs. _____ has signed/affixed his/her thumb impression/signature in vernacular language in my presence after I have explained the above contents to him/her. I declare that whatever I have stated herein is true & correct to the best of my knowledge & belief.	
Name: _____	Signature of Declarant
Request received from: <input type="checkbox"/> FA <input type="checkbox"/> SM <input type="checkbox"/> Sales personnel <input type="checkbox"/> Specified Person (SP) <input type="checkbox"/> Customer <input type="checkbox"/> Customer Representative <input type="checkbox"/> Bank <input type="checkbox"/> Courier	
In case of request submission through a 3rd party, customer authorization letter for submission of request and a Self-Attested ID proof of the authorized representative to be submitted along with the request for further processing.	

Please paste recent colour photograph

Acknowledgement Slip	
Received a request for _____ against Policy Number _____	
on _____ at _____ am/pm	
Employee Code _____ Employee Name _____	Date and time Stamp / Seal of Branch