

KYC No:

Proposal No.

Generic Proposal Form Annuity Plans

Please read all the questions carefully and complete the details required truthfully in relation to facts, 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 Proposal form should be attested by the Proposed Insured and Proposed Holder. The Proposal 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. Proposal Form needs to be filled in BLACK Ink only.

Please fill	Code	Name	Policy Type: <input type="checkbox"/> Rural <input type="checkbox"/> Urban Channel Type: <input type="checkbox"/> Agency <input type="checkbox"/> Broker <input type="checkbox"/> BABP <input type="checkbox"/> DM <input type="checkbox"/> IMF	Proposer/ Annuitant/ Primary Annuitant Paste here (do not pin or staple) * A recent passport size photograph (not more than 6 months old)
IA/FPC/CSO/DM/ARM/ ISP	<input type="text"/>	<input type="text"/>	Type of Cover: <input type="checkbox"/> Individual <input type="checkbox"/> Employer-Employee <input type="checkbox"/> MWP <input type="checkbox"/> HUF <input type="checkbox"/> General Partnership <input type="checkbox"/> Key Person <input type="checkbox"/> Key Partnership <input type="checkbox"/> Solution Employee Discount: <input type="checkbox"/> PNB MLI Employee <input type="checkbox"/> PNB Employee <input type="checkbox"/> J&K Bank Employee Account Type: <input type="checkbox"/> Normal <input type="checkbox"/> Simplified <input type="checkbox"/> Small (For low risk customers)	
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/ M I A	<input type="text"/>	<input type="text"/>		

1. Please choose out of the following:

Product Name :

1.0 Please choose the Source of Funds – (for Immediate Annuity option Only):

i) Standalone Annuity - Lumpsum ☐ iii) Tied Annuity – PNB MetLife (with Open Market Option) ☐

ii) Standalone Annuity - cheque from other insurer ☐ iv) Tied Annuity – PNB MetLife (without Open Market Option) ☐

1.1 If (ii), (iii) or (iv) is chosen, please provide existing policy number: [(Only appear if responses are Yes to 1.0 - (ii), (iii), (iv))]

1.2 If (iii) or (iv) is chosen, please choose the extent of commutation: % (Commuting upto 1/3rd of your vesting amount as cash lump sum is permitted) [(Only appear if responses are Yes to 1.0 - (ii i),(iv)]

1.3 If (i) is chosen, please provide Purchase Price**(Rs.): or Annuity Amount(Rs.): [NA if responses are Yes to 1.0 - (iii) & (iv)]

a) Premiums will be paid by: ☐ Primary Annuitant ☐ Secondary/Joint Annuitant ☐ 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 Payer

b) ☐ PAN No. of Third Party: Form 60 of Third Party:

c) Purchase Price Payment Details: Credit Card ☐ Cash* ☐ Cheque* ☐ Demand Draft# ☐ d) Amount: Bank name:

e) Cheque/DD no: Date Bank Account Number:

*In case where premium is paid in cash, the IA/FPC/Broker/SP is acting as an agent of customer and PNB MetLife shall not be in any way liable or responsible till such time the said amount is received at any office of PNB MetLife.

*Cheque/DD made payable to “PNB MetLife India Insurance Company Limited. Proposal/Policy no ”. Details will be used for all payouts by PNB MetLife. All Payments are subject to realization. **Exclusive of all taxes.

2. Which Annuity Option would you like to choose?

2.1 Please select your Annuity option (As per your chosen product)

2.2 To be filled up only in case of Deferred Annuity Product

a) Premium Paying Term ☐ Single Pay ☐ 5 Pay ☐ 7 Pay ☐ 10 Pay b) Premium Payment Mode ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

c) Deferment Period : d) Annuity Payout Date :

3. What is the frequency of annuity payment? ☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly

4. Do you want your policy in de-materialised (Demat) format? ☐ Yes ☐ No (If yes, please fill the demat application form separately)

5. Details of proposer/annuitant/primary annuitant (if joint life is chosen) All fields are mandatory

a) Name (Mr./Mrs./Ms./Dr./Master/Other):

(Same as ID Proof)

b) Maiden Name (Ms./Dr./Other):

c) Father's Name (Mr./Dr./Other):

d) Mother's Name (Ms./Mrs./Dr./Other):

e) Spouse Name (Mr./Mrs./Dr./Other):

f) Date of Birth: g) Place of Birth: (Include Country Name)

h) Gender: ☐ M-Male ☐ F- Female ☐ T- Transgender i) Citizenship: ☐ IN- Indian ☐ Others-ISO 3166 Country Code

j) Are you Tax resident of any other country other than India ☐ Yes ☐ No [If Yes, please fill up FATCA/ CRS questionnaire and fill point m (iii)]

k) Residential Status: ☐ Resident Individual ☐ Non Resident Indian ☐ Person of Indian Origin ☐ Foreign National

l) Marital Status: ☐ Married ☐ Unmarried ☐ Others (Specify)

m) (i) ☐ Current/Permanent/Overseas Address:

Address Type: ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Address Proof: ☐ Passport ☐ Driving Licence ☐ 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)

PNB MetLife India Insurance Company Limited

Registered Office : Unit No. 701, 702 & 703, 7th Floor, West Wing, Raheja Towers, 26/27 M G Road, Bangalore -560001, Karnataka. IRDA of India Registration number 117.
CI No. U66010KA2001PLC028883, Call us Toll-free at 1-800-425-6969, Website: www.pnbmetlife.com, Email: indiaservice@pnbmetlife.co.in or write to us at 1st Floor, Techniplex -1,
Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai – 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

CITY / TOWN / VILLAGE GRAM PANCHAYAT

DISTRICT PIN / POSTCODE STATE / UT COUNTRY

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

CITY / TOWN / VILLAGE GRAM PANCHAYAT

DISTRICT PIN / POSTCODE STATE / UT COUNTRY

(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

CITY / TOWN / VILLAGE GRAM PANCHAYAT

DISTRICT PIN / POSTCODE STATE / UT COUNTRY

n) Telephone Office: Country Code Area/STD Code Telephone Mobile: Email:

Alternate Contact No: Alternate Email:

Telephone Residence: Country Code Area/STD Code Telephone Fax: Country Code Area/STD Code Telephone

o) PAN No. Form 60:

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

q) Occupation: S-Service Private Sector Public Sector Government Sector
O-Others Professional Self Employed Retired Housewife Student B-Business X-Not Categorised

r) Occupation Details: s) Additional KYC#: t) Income Proof: u) 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.
* 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

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

v) Identity Proof: (Certified copy of anyone of the following Proof of identity [PoI] needs to be submitted)
☐ A-Passport No. Passport Expiry Date DDMMYYYY
☐ B-Voter ID Card C-PAN No. D-Driving License
☐ Driving License Expiry Date DDMMYYYY F-NREGA Job Card
☐ Z- Others (any document notified by the central government) S-Simplified Measures Account - Document type code
Identification No.

w) The Company will issue and send the policy document in electronic form". Do you wish to receive your policy document in physical form also?. Yes

6. Is the proposed Holder/Nominee/Premium Payer a Trust, Charity, NGO or organisation receiving donations? Yes No

7. Are you a "Politically Exposed Person"?*? 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.

8. Primary annuitant(if different from proposer)/Secondary annuitant details

Primary Annuitant	Secondary/Joint Annuitant										
Full Name (Mr./Mrs./MS.Dr.Master/Other): Father's Name (Mr./Dr.): Date of Birth: Place of Birth: Age Proof: Identity Proof: Residence Proof: PAN No. Form No.: Gender: Email: Telephone number: () STD Code Mobile: Mailing Address: Permanent address (if not same as above): Nationality: Indian Non-Resident Indian Foreign National (Country Name) (If Non-Resident Indian or Foreign National, please mention the country you reside in the space provided above and complete (NRI) questionnaire) Occupation: Service Business Self Employed Professional Student Retired Homemaker Others (Spotify) Occupation details: <table><thead><tr><th>Name & Address of the Organization/ Business</th><th>Exact Nature of Duties</th><th>Designation</th><th>Years of Service/ Business</th><th>Annual Gross Income (in Rs.)</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	Name & Address of the Organization/ Business	Exact Nature of Duties	Designation	Years of Service/ Business	Annual Gross Income (in Rs.)						Full Name (Mrs./Mrs./Ms./Dr./Master/Other): Father's Name (Mr./Dr.): Date of Birth: Place of Birth: Age Proof: Identity Proof: Residence Proof: PAN No. Form No.: Gender: Email: Telephone number: () STD Code Mobile: Mailing Address: Permanent address (if not same as above): Nationality: Indian Non-Resident Indian Foreign National (Country Name) Account Number: IFSC Code: 9-digit MICR Code: Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement Yes, I have attached a blank cancelled cheque
Name & Address of the Organization/ Business	Exact Nature of Duties	Designation	Years of Service/ Business	Annual Gross Income (in Rs.)							

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

9. Annuity Payment Details

a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.):

F	I	R	S	T						M	I	D	D	L	E					L	A	S	T				
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b) Account Number:

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 c) IFSC Code:

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d) 9-digit MICR Code:

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 e) Account Type:
 ☐ Savings

 ☐ Current

 ☐ Cash Credit

f) Name and Address of the Bank/Branch: _____

g) Bank Proof (to be Mandatorily Submitted):
 ☐ Pre-Printed Cancelled Cheque

 ☐ Bank Account Statement

☐ Yes, I have attached a blank cancelled cheque

[illegible]

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

Do you have an / a:

1. United States citizenship or resident status (resident status applies in the event of the Applicant being an individual or an entity 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.

DECLARATION, AGREEMENT & AUTHORISATION

DECLARATION: I/We have read this Proposal or got read/ explained the Proposal, and furnished the information, after fully understanding the contents thereof. 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/the Company) 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 declare that I/we 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 health of the person to be insured/proposer and seeking information from any insurer to whom a proposal for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement. I/We authorize the Company to share information pertaining to my/our 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 further consent, and authorize, PNB MetLife to use and disclose any of the personal and sensitive information of the insured/ proposer collected or available with PNB MetLife (whether contained in this proposal or obtained otherwise) which may include KYC documents to any individual/organisation/institution as authorised by the Authority or entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors, data analysts, Artificial Intelligence oriented softwares/ firms and industry associations/federations, for the purpose of processing/underwriting this proposal and/or providing subsequent policy related services as permitted under the Authority's regulation/circulars, as applicable and claims settlement. I/We hereby understand that the Company will send/issue me/us the insurance policy in electronic form in accordance with the Company's Board approved policy on 'Issuance of Insurance policies in Electronic Form' and as per the extant regulatory framework. I/We hereby consent and authorise PNB MetLife to deduct/levy/set off, etc. from the premium/policy funds/benefits, any cheque bouncing/credit card charges associated to my policy and if such deductions/levying/set off could put my policy in premium deficiency and termination.

Optional Voluntary Declaration and Non-Mandatory: If the customer has voluntarily provided his/her Aadhaar details along with this proposal, the below consent/undertaking/authorisation becomes applicable. I/We provide my/our below consent in accordance with the Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016, and regulations framed thereunder for: (a) collecting, storing and using, (b) validating/authenticating, and (c) updating my/our last 4 digits of Aadhaar number. I/We hereby state that I/We am/are voluntarily interested in conducting the authentication of my/our Aadhaar number and do hereby consent to provide my/our Aadhaar number, Virtual ID, Biometric and/or One Time Pin (OTP) data for Aadhaar based authentication for the purposes of availing of the policy from PNB MetLife and receiving its services arising out of the insurance contract. I/We understand that the Biometrics and/or OTP I/We provide for authentication shall be used only for authenticating my /Our identity through the Aadhaar Authentication system for rendering the services arising out of the insurance contract from PNB MetLife and for no other purposes. I/We understand that PNB MetLife shall ensure security and confidentiality of my/our personal identity data provided for the purpose of Aadhaar based authentication as required under the applicable laws and regulatory provisions. I/We understand that PNB MetLife shall retain/store the last four digits of my/our Aadhaar number or any document or database containing my Aadhaar number only for the purpose of the rendering its services arising out of the insurance contract to me/us as mentioned above herein and for the time period no longer than necessary for the purpose specified hereinabove. I/we also understand that PNB MetLife has a mechanism for the redressal of my/our grievances, if any, in in respect of the usage and storage of my/our personal information and the same is provided in detail in the Privacy Policy available on the website of PNB MetLife. I/We can raise my/our concerns to the Chief Information Security Officer of PNB MetLife and/or Data Protection Board in accordance with the Privacy Policy and Digital Personal Data Protection Act, 2023.

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. I/We do hereby agree that information provided by me/us shall be the basis of insurance contract between me/us and PNB MetLife. 3. If, after submission of this Proposal 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 Proposal. 4. If there is any suppression or mis-representation of material information or any untrue statement contained in the information provided hereinabove or in case of fraud or any material omission happens on my/our part in providing the information as required to be provided per item number three above, the insurance contract entered basis this Proposal shall be treated as null and void in accordance with the provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 and as amended from time to time. 5. 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 Proposal is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Proposal by me/us. I/We agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test. 6. I/We hereby declare that the money used by me/us to pay the premium under this Proposal has not been derived from any criminal or illegal activity or any unknown sources. 7. I/We hereby acknowledge that the information provided under this Proposal will be used for the purpose of underwriting this Proposal and for providing policy related services, in the event of the risk being accepted by PNB MetLife. 8. I/We understand that any premium if paid by cash has to be paid only in PNB MetLife branches. Suvidha outlets and other authorized cash collection agencies against an official Receipt and not to PNB MetLife's Insurance Agent/Broker/Corporate Agent. If it is paid to Insurance Agent/Broker/Corporate Agent for depositing with PNB MetLife, then the Insurance Agent/Broker/Corporate Agent for this purpose is acting as my/our authorized representative and not that of PNB MetLife and PNB MetLife shall not be liable for any loss incurred by me/us while doing so. 9. I/We further agree and consent to PNB MetLife receiving my/our updated address from CERSAI (which will happen on my/our updating the new address in my/our account maintained with any Bank or other financial Institution) and update the new address in my/our policy/ies with PNB MetLife. I/ We hereby agree and consent PNB MetLife to send future communication regarding my/ our policy and other services through its preferred communication channel (including but not limited to SMS, E-mail and physical letters). Such communication made by the Company shall override the Do not Disturb (DND) registrations, if any, made earlier or anytime herein after by me. 10. The policy will lapse in case the premium is not paid as per the payment terms opted. 11. I/We also understand that the premium and the benefits payable under the Policy are subject to variation basis the change in applicable taxation and other relevant in accordance with applicable laws from time to time.

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

x
Signature / Left Thumb Impression of the Proposed Owner

Name of the Proposed Owner: _____

Name of Witness: _____ Address of witness: _____

Date: _____ Place: _____

