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		Generic Proposal Form												
information provided by yo required. This is in your ow rights, obligations, and liab	ou will form the basis for issuance in interest. All documents submitte ilities arising thereunder, shall be co	of the policy. Please ensure that you affect along with this the Proposal form sho construed, determined, and enforced in a	acts, within your knowledge as on the date of the submission of this application. fix your signature in all the places as stated. In certain places more than one signatur uld be attested by the Proposed Insured and Proposed Holder. The Proposal form and ccordance with the laws of India. State code and Country code to be updated as per In- bear full signature of the Applicant. Proposal Form needs to be filled in BLACK Ink of	re is d all dian										
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Relationship Branch Name of CA/Broker/ Referral Company/ M I A  PNB Employee J&K Bank Employee  Account Type: Normal Simplified Small (For low risk customers)														
i) Standalone Annuity ii) Standalone Annuity 1.1 If (ii), (iii) or (iv) is chosen, p 1.2 If (iii) or (iv) is chosen, p 1.3 If (i) is chosen, please p a) Premiums will be paid by If other, please provide the b) PAN No. of Third F c) Purchase Price Payment b e) Cheque/DD no: *In case where premium is received at any office of PN	1.0 Please choose the Source of Funds – (for Immediate Annuity option Only):  i) Standalone Annuity - Lumpsum													
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2.1 Please select your Annu			(As per your chosen produ	ict)										
2.2 To be filled up only in o	rm Single Pay 5 Pay			early										
<b>3.</b> What is the frequency of	annuity payment? Annual	Semi Annual Quarterly Mon	nthly											
4. Do you want your policy	in de-materialised (Demat) format	? Yes No (If yes, please fill the d	lemat application form separately)											
5. Details of proposer/annui	tant/primary annuitant (if joint life	is chosen) All fields are mandatory												
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b) Maiden Name (Ms./Dr	:/Other): FIRST		M I D D L E L A S T											
c) Father's Name (Mr./Dr	r./Other): F I R S T		M I D D L E L A S T											
d) Mother's Name (Ms./N	Mrs./Dr./Other): F I R S	Т	M I D D L E L A S T											
e) Spouse Name (Mr./Mr	s./Dr./Other): FIRST		M I D D L E L A S T											
f) Date of Birth:	M M Y Y Y Y g	Place of Birth:	(Include Country Name)											
h) Gender: M-M	Iale F- Female T-	Transgender i) Citizenship: IN- l	Indian Others-ISO 3166 Country Code											
j) Are you Tax resident of	any other country other than India	Yes No [If Yes, please fill u	p FATCA/ CRS questionnaire and fill point m (iii)]											
k) Residential Status:	Resident Individual Non R	esident Indian Person of Indian Or	rigin Foreign National COUNTRY NAME											
l) Marital Status: Ma	rried Unmarried Others (S	Specify)												
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Address Proof: Passpor	t Driving Licence Voter	Identity Card NREGA Job Card	Simplified Measures Account – Document Type Code											
Others		(Ce	rtified copy of anyone of the following Proof of Address [PoA] needs to be submitted	)										

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13. Relat	ionship w	ith No	omine	e			—		—																											

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):
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 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, 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 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 authorized to propose on their behalf. I/We understand that the information provided by me/us are true and complete in all respects to the best of my/our knowledge and that I/we am authorized to propose on their behalf. I/We understand that the information provided by me/us are true and complete in all respects to the best of my/our knowledge and that I/we am authorized to propose on their behalf. I/We understand that the information provided by me/us for the insured/proposer and seeking information from any doctor or hospital who/which at any time has attended on person to be insured/proposer and seeking information may insure whom a proposal for insurance on the person to be insured/proposer and seeking information my insure whom a proposal for insurance on the person to be insured/proposer and seeking 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 office over available with PNB MetLife (whether contained in this proposal or obtained otherwise) which may include KYC documents to any individual/organisation/institution as authori by the Authority or entity associated or affiliated with or engaged by PNB MetLife to use and disclose any of the personal and sensitive information in the insured/proposer for by the Authority or entity associated or affiliated with or engaged by PNB MetLife to use and disclose any of the personal and sensitiv
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 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 adverse circumstances connected with the general health of the Proposed Insured/Proposed Holder or (ii) If an application for 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 this 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 happe 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 of the proposal by 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 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 been derived from any criminal or illegal activity or any unknown sources. 7. I/We hereby accepted by PNB MetLife in surance Agent/Broker/Corporate Agent for this purpose is active purpose underwriting this Proposal and for prov
x
Name of Witness: Address of witness:

Declaration by the person filling in the Proposal. (Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language) I hereby declare that I have fully explained the contents of the Proposal form and all other documents incidental to availing the insurance from PNB Metlife to the Application in the language understood by him/her. The same have been fully understood by him/herand 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 same. Signature / Left Thumb Impression of Proposed Holder/ Proposed Insured Date Place Signature of Declarant In case the Applicant is illiterate, a person of standing, unconnected with the Company, 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 Proposal 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 answers 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: Left Thumb Impression of Applicant Signature of Declarant 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. 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 IA/SP/BROKER/DM/ISP (Insurance Sales Person) Code IA/SP/Broker/DM/ISP Mobile No Name of the IA/SP/Authorised Person of the Broker/DM/ISP 1. Name of the Proposed Insured Are you related to the Proposed Insured / Proposed Holder? Yes No If yes, nature of relationship Name of Plan opted by PI/PH 3. Is this Proposal on your own life? ∏Yes ∏No 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 (b) Are you satisfied with the Identity of the (c) Does the Proposed Insured have any physical (d) What is the estimated income of Proposed Insured / Proposed Holder? Proposed Insured? deformity/defect or mental retardation? the Proposed Insured/ Proposed Holder? Years Months Yes No Yes No 10. What is the Proposed Insured's state of health at the time of completion of this Proposal? 11. Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES: Height in cms or Weight in kgs or Pounds 12. Is this Proposal a replacement for an existing policy of the Applicant\*? If Yes, please complete the Replacement Questionnaire. 13. Has the Applicant\* been informed about the following? (a) Charges | Yes | No (b) Surrender charges Yes (c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. (d) Is the product recommended suitable for the applicant keeping in mind his/her need, Income (e) The investment risk in the investment portfolio in the Unitrisk appetite and long term financial goal? Yes Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit - Linked Policies only). (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 Proposal considering all the factors, including moral hazard? ACKNOWLEDGEMENT pnb MetLife Milkar life aage badhaein PNB MetLife India Insurance Company Limited Registered Oim ce:: 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@pnbmetlite. co.in or write to us at 1st Floor, Techniplex -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 : Insurance	e Agent/Broker/ Specifi	ed Person Name And Code :									
Amount (In figures): A	amount (In Words) :										
Premium Payment Option: Cheque Bank	Premium Payment Option: Cheque Bank Draft Others										
Cheque/Draft No. :	Bank Name:		Cheque/Draft Date :								

15. Was any negative custo information? If yes, please provide of	omer behavior observed relating to Custome	er insisting on anonymity, reluctance to prov	ide identifying information, or providin	ng minimal, seemingly fictitious yes No
I .	ly ascertained the above information and re correct to the best of my knowledge and be			of the IA/SP/DM/ISP/ person of the broker
	nt (CA) or Micro Insurance Agent (MI), Spe	ecified Person (SP) to sign/stamp & provide		
1	ised person to sing & provide their details.  ified above to authenticate all documents lil	xe KYC, BI etc. with their signature & Original		CA/Broker/IMF/Micro Insurance Agent n where business in being solicited)
To be filled by the Sales M	•			
1. Was the Financial Adviso	ust, wherever necessary, verify and certify the licenced to write personal life insurance of		ou personally reviewed this Proposal?	Yes No
the Proposal was signed? 3. Whether you are satisfied	with the identity of the Proposed Insured?	Applie	otal premium exceeds 30% of the annu- int*, are you satisfied that the product in al capacity of the Applicant*?	
5. Is the product recommend capacity? If No, please g	ded suitable for the Applicant* keeping in m			rm premium paying Yes No
	informed about the following?	6. Has the Applicant	been informed about the following?	
(a) Charges			m and benefits under the policy are sub	oject to taxes and Yes No
(b) Surrender charges		Yes No (d) The in	as per the applicable laws.  vestment risk in the investment porfolion	
7. Do you recommend acce	ptance of this Proposal considering all the fa		ice Product is borne by the Proposed H filled for Unit - Linked Insurance Production	
Based on the review as ab	pove I am satisfied that the product is suitable	e to the costomer and may be placed subjec	to other underwriting guidelines.	
Name	Designation	Signature	Date	Place
			DDMMYYYY	
Document Receive  Date: Emp Name: Emp Code: Emp Designation: Emp Branch:	Certified Copies  /C VERIFICATION CARRIED OUT BY	Name: Code:	INSTITUTION DET	AILS
2. Acceptance of Risk is subje 3. For Unit Linked Policies, to information is received before. 4. Premium paid before policies. 5. Premium paid within 180 do 6. Premium paid in lapsed points. 7. All Premium payment in case. 8. This can be used only for conservations of spurious phone call RDA of India clarifies to publications.	specified Person:  Customer Service Toll Free Number	y's NAV is applicable and for other's NAV ate. usiness day of premium paid date. eated on completion of all re-instatement reanch. Our agents are not authorized to colle used for renewal premium collection.	for the next business day shall be appl quirements and reviewed by PMLI. ct the premium in cash.  Public receiving such phone calls are regent:	equested to lodge a police complaint.  Date:
	Toll Free Number 1-800-425-6969	indiaservice@pnbmetlife.co.in	PNB MetLife India Insurance Co Unit No. 101, 1st Floor, Tech Techniplex complex veer Savar Off S V Road Goregaon (	niplex-1, kar Flypver, West)