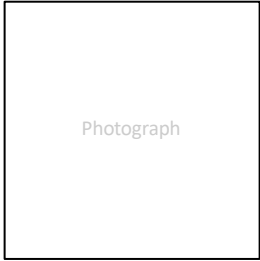


FUND SWITCH, TOP UP AND OTHER FINANCIAL FORM

Important Information:

- Processing of the requests will be initiated on receipt of this form at any of our Company's touch points
- PNB MetLife (PMLI) can call for additional documentation if required
- At the time of request submission original ID Proof of the Policyholder to be mandatorily presented and all supporting proof/s & document/s submitted along with the request should be self-attested by the Policyholder
- For third party submissions (anyone other than Policyholder), authorization letter from the Policyholder in PMLI format, Self-attested ID proof of the person submitting the request is required
- Please submit a self-attested PAN Card copy for updation of PAN No. Form 97 needs to be in PNB MetLife format if submitted in lieu of PAN Card
- In case of Auto-Vesting, the request to be signed by the new Policyholder. Signed valid ID proof (like Driving License, Passport, PAN Card, etc.) of the new Policyholder should be taken for updation in records
- If application for Unit Linked Investment Product (ULIP) is received up to 15:00 hrs IST on a business/ working day, the same day's unit value will be applicable while processing the request. However, if the application is received after 15:00 hrs, then the next declared Net Asset Value (NAV) will be applicable
- **Kindly fill the request form in Block letters**



Policy Details:

*Policy Number 1: *Policy Number 2: Date:

D	D	M	M	Y	Y	Y	Y
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*Name of the Policyholder:

*Contact Number: Email ID:

PAN No./ Form 97: **Aadhaar Card No:

X	X	X	X	X	X	X	X				
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*Is there a Change in Address: Yes No If yes, please submit separate request for address change along with valid proof

***All fields are mandatory**
****Only last 4 digits of Aadhaar No. to be mentioned.**

Fund Switch/Premium Redirection:

Name of Fund (depends upon availability of funds in Plan)	Fund Switch From (In Units/ Percentage/ Amount)	Fund Switch To (In Units/ Percentage/ Amount)	Premium Redirection (In Units/ Percentage/ Amount)
Preserver II			
Preserver			
Protector II			
Protector			
Balancer II			
Balancer			
Multiplier II			
Multiplier			
Virtue II			
Virtue			
Moderator			
Accelerator			
Flexi Cap			
Others (If Any)			
Total			

Note: Charges for switches/redirection shall be charges as stated in the policy document. The total percentage in Fund Switch/ redirection should add to a total of 100%, else request would be rejected. The premium redirection proportion should be at least 20% of the premium. The request should be received at least one month prior to the renewal premium due date and would be applicable for all future premiums.

Allocation of Top Up Premium : I wish to pay an amount of Rs. towards Top up premium with respect to the above Policy by Cash/ Demand Draft/ Credit Card in the favor of PNB MetLife India Insurance Co. Ltd.

Bank Name Cheque/ DD Number Cheque/ DD Date

In case of Self-Managed Option (Choose the below Allocation Proportion):

Fund Options	Allocation %	Fund Options	Allocation %
Accelerator		Preserver	
Balancer		Preserver II	
Balancer II		Protector	
Flexicap		Protector II	
Moderator		Virtue	
Multiplier		Virtue II	
Multiplier II			
Total			

Note: • Minimum amount eligible for Top Up is Rs. 5000/-. Top Up is eligible only for active ULIP policies. Minimum allocation in any fund should be 20%. Top up credit to the policy may increase its base Sum Assured as per terms and conditions of the product. It is advised that cash payments be made only at PMLI branches and other authorized cash collection agencies against a valid discharge/ receipt. For cash deposits >=50000/-, copy of PAN card to be submitted. For Top up Premium > = Rs. 99999/-, income proof to the satisfaction of PMLI need to be provided.

- Credit Card should be in the name of the Policyholder Only

In case of Auto Rebalancing Option (Choose the Allocation Proportion %):

Flexi Cap		Protector II		Total * (in %)	
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Please note- Minimum Allocation in any fund has to be 20% and *Total should always add up to 100%

Choose the rebalancing Trigger event (as % of Fund Value): 10% 15% 20% 25%

- Systematic Transfer Option (STO):** (only with Met Smart Platinum) Opt In* Opt Out

For Opt In option, Premiums in Protector II fund (Debt Oriented Fund) is automatically transferred to the Flexi Cap fund (Equity Oriented Fund) systematically, every month "Free of Cost". *Minimum allocation in Protector II should be 50% for choosing Systematic Transfer Option. In case, the current premium allocation and Fund Value (FV) is less than 50% in Protector II, please raise a request for Fund Switch for existing funds and premium redirection for future premiums so as to ensure minimum FV in Protector II is 50% and Premium allocation in Protector II is 50% of the future renewal premium. Please fill in the Fund Switch & Premium Redirection boxes as above.

Note: Switch between all other funds will be allowed except Flexi Cap and Protector II. STP will get triggered on next policy anniversary. In case Premium Payment Mode is changed from Annual to any other mode, STO will be deactivated automatically. In case of Partial Withdrawal request while STO is active, the withdrawn amount will reduce the Fund Value of other Funds except Flexi Cap and Protector II Fund proportionately.

- Portfolio Balancing:**

I. AUTO REBALANCING RELATED

- Opt In Option:** In case you wish to opt in for Auto Rebalancing Option, choose the fund allocation proportion and Rebalancing trigger event below:

Flexi Cap		Protector II		Total * (in %)	
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Please note- Minimum Allocation in any fund has to be 20% and *Total should always add up to 100%

Choose the rebalancing Trigger event (as % of Fund Value): 10% 15% 20% 25%

- Opt Out Option:** In case you wish to opt out of Auto Rebalancing Option, choose any one of the following:

- Do you wish to keep existing fund value and allocation proportion (%)? Yes No
- Do you wish to change the existing fund value and allocation proportion (%)? Yes, as indicated below

Name of Fund (depends upon availability of funds in Plan)	Fund Switch % (New %)	Premium Redirection (New %)
Preserver II		
Protector II		
Balancer II		
Multiplier II		
Virtue II		
Flexi Cap		
Total		

- Modification:** In case you wish to modify the existing Allocation Proportion and trigger events for rebalancing, please indicate below:

Flexi Cap		Protector II		Total * (in %)	
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Please note- Minimum Allocation in any fund has to be 20% and *Total should always add up to 100%

Choose the rebalancing Trigger event (as % of Fund Value): 10% 15% 20% 25%

II. STOP LOSS RELATED

- Opt In Option:** In case you wish to opt in for Stop Loss Option, choose the trigger event below:

Choose the Trigger event (% of Net Asset Value (NAV) of Flexi Cap Fund): 10% 15% 20% 25% 30%

- If current fund value and allocation is less than 50% in Flexi Cap Fund, please fill the following details:

Fund Options	Fund Switch From (Minimum Allocation in any fund has to be 20%)	Fund Switch To
Preserver II		
Protector II		
Balancer II		
Multiplier II		
Virtue II		
Flexi Cap		
Total		

Premium Redirection details:

Fund Options	% Allocation
Preserver II	
Protector II	
Balancer II	
Multiplier II	
Virtue II	
Flexi Cap	
Total	

Please Note: If the Fund Value % age / Premium allocation (redirection) % age of Flexi cap fund is less than 50 % then stop loss will not be allowed

- If current fund value and allocation is more than 50% in Flexi Cap fund and you wish to make changes to the same, please fill the above provided Fund Switch and Premium Redirection grids.

Opt Out Option: Do you wish to opt out of Stop Loss Option? Yes No If Yes, choose any one of the following:

- Do you wish to keep existing fund value and allocation proportion (%)? Yes No
- Do you wish to change the existing fund value and allocation proportion (%)? Yes, as indicated below

Name of Fund (depends upon availability of funds in Plan)	Fund Switch % (New %)	Premium Redirection (New %)
Preserver II		
Protector II		
Balancer II		
Multiplier II		
Virtue II		
Flexi Cap		
Total		

Modification: In case you wish to modify the trigger event for stop loss option, please indicate below:

Choose the Trigger event (% of Net Asset Value (NAV) of Flexi Cap Fund): 10% 15% 20% 25% 30%

Stopping of Systematic Withdrawal Fund: Please tick as applicable: (v):

SWF End Date:

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-contactability.

Signature/Left Hand Thumb Impression of Policyholder/Assignor

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: _____

Vernacular Declaration: To be filled incase Applicant/Policyholder/Assignee 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/signatures 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: _____

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

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