POLICY OWNER CHANGE REQUEST FORM

Policy 1: | | | | | | | | | | Policy 2: | | | | | | | | | | Date of request submission: D D M M Y Y Y Y

Policy 3: | | | | | | | | | |

Name of the Existing Policyholder: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Contact Number (Mandatory): _____ Email ID: _____

Proposed Policyholder	
Title (Mr./Mrs./Ms./Dr.)	
Name	
Father's Name (Mr./ Dr.)	
Spouse Name (Mr./ Mrs./ Dr.)	
Gender	
Marital Status	
Relationship with Life Assured	
Relationship with existing policyholder	
Complete Address of Proposed Policyholder	
Date of Birth	D D M M Y Y Y Y
Nationality	☐ Indian ☐ Non-Resident Indian ☐ Foreign National If a Non-Resident Indian or Foreign National, please mention the country you reside in_____
PAN/ Form 97	
Occupation details including Annual Gross Income	
Income Proof (only if annual premium is > 5Lacs)	
Contact No.	

RECENT COLOUR SELF-ATTESTED PHOTO

I _____declare that I am proposing this change of Policyholder after fully understanding the legal implications of such a change.

☐ Are you or your family member/ close associate is politically exposed person (PEP)*? If yes, please fill PEP Questionnaire

*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. Please Note:

1. Walk-in is mandatory for submitting request for change of Policyholder and the same should be received only from the legal heirs or proposed policyholder only at PNB MetLife branches
2. Mandatory documents to be submitted along with this form:
   - Death certificate of the existing policyholder (Original to be shown at the time of request submission for verification)
   - ☐Succession Certificate / ☐Legal heirship certificate issued by Court/ ☐ Indemnity bond in the prescribed format of PMLI
   - Self-attested copies of Know your Customer (KYC) documents - Age proof, signature proof, address proof, identity proof of the proposed policyholder. Originals to be shown at the time of request submission for verification
   - Income proof of the proposed policyholder if annual premium is > Rs. 5,00,000/-
   - Original policy document. In case original policy document is not available, original KYC of the deceased PO to submitted in original

3. In case the policy is absolutely / conditionally assigned, the request for change of policyholder should be received only from the legal heirs of the assignee. In case of conditional assignment, a confirmation from assignee also needs to be attached with this request stating his/ her confirmation to abide by condition mentioned during assignment of such policy

ACKNOWLEDGEMENT-SLIP

Received a request for _____against Policy Number _____
on _____at _____am/pm

Employee Code _____Employee Name _____

Date and time Stamp / Seal of Branch.

Bank Account Details:

- **Proposed Policyholder/ Claimant name as per Bank records:** _____
- **Bank Name:** _____
- **Branch Name:** _____
- **Bank Account No:** _____
- **IFSC Code:** _____**MICR Code:** _____
- **Bank Account Type: Savings ☐ Current ☐ NRE* ☐ NRO ☐**

***Note**: Please submit a cancelled cheque/ Bank pass book copy / Bank Statement bearing pre-printed account number, policyholder name and IFSC code. Kindly carry original documents for verification at branch. *In case of NRE customer, please provide the Customer Declaration - Repatriation Request & Bank Certificate of all premiums being paid through NRE account for Repatriation OR Bank statement reflecting all premium paid entries.*

Details of Nominee

Particulars	Nominee 1	Nominee 2	Nominee 3	Nominee 4
(a) Name (Mr./Mrs./Ms./Dr./Master)				
(b) Father's / Husband's Name (Mr./ Dr.)				
(c) Date of Birth				
(d) Gender	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
(e) Nationality (Indian/ NRI Foreign National)				
If a Non-Resident Indian or Foreign National, please mention the country you reside in				
(f) Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Widowed	☐ Single ☐ Married ☐ Divorced ☐ Widowed
(g) Relationship with proposed Policyholder				
(h) % Nominee Share				
(i) Mobile #				
(j) E-mail id				
(k) Mailing Address with City, State, Country and Pin code				
(l) Occupation/ service / Business / Self Employed / Professional Student / Retired / Homemaker / other (specify)				

Details of Appointee (To be filled only if the Nominee is a minor). Appointee must not be the Proposed Policyholder

a) Name (Mr./Mrs./Ms./Dr.)		b) Date of Birth	D D M M Y Y Y Y
c) Marital Status	☐ Single ☐ Married ☐ Divorced	d) Gender	☐ Male ☐ Female
e) Relationship with Nominee		f) Mobile #	
g) Nationality (☐ Indian/ ☐ Non-Resident Indian/ ☐ Foreign National) If a Non-Resident Indian or Foreign National, please mention the country you reside in			
h) Mailing Address			

I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the policy and that I shall be solely responsible for all the consequences arising out of this request including any incorrect or incomplete information contained herein. I also understand that PNB MetLife may try to contact on the registered number and the request may get rejected in case of non-contactability. I understand and I agree that the decision of PNB MetLife in this regard shall be final and binding on me.

Signature of Legal Heir/ Proposed Policyholder

Place: _____

(Signature of Legal Heir of Assignee), only in case of assignment

Place: _____

Vernacular Declaration - To be filled in case Policyholder's signature is in vernacular or in the form of a Left-hand thumb impression:

I hereby declare that, I have fully explained the contents of the Application to the Applicant/Policyholder in the language understood by him/ her. The same have been fully understood by the Applicant/ Policyholder and the replies have been recorded by the Applicant/ Policyholder in _____ language. I have recorded the replies as per the information/ instruction provided by the Applicant/ Policyholder and the replies have been read out to, fully understood and confirmed by him/ her.

Name of Declarant: _____

Date: DD-MM-YYYY Place: _____ Signature: _____

To be filled by Branch Services (Mandatory)

Request received from: ☐ Walk-in customer/ ☐ CAMS/ ☐ Bank