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		Prop	sal Form
Please fill	Code	Name	Policy Type: Rural Urban
IA/FPC/CSO			Channel Type: Agency Broker BABP DM IMF PROPOSED
/DM/ARM/ISP			Type of Cover: Individual Employer-Employee INSURED
Specified Person			MWP HUF General Partnership Paste here (do not
PNB MetLife			Key Person Key Partnership Solution pin or staple)
Branch			* A recent passport
Dalationalia Dana	1.		Employee Discount: PNB MLI Employee stze photograph PNB Employee J&K Bank Employee (not more than 6)
Relationship Branc Name of CA/Broke	n er		months old)
/Referral Company /M I A			Account Type: Normal Simplified (For low risk customers)
IN LINIT-LINKED	INSURANCE PRODUCT THE	NVESTMENT RISK IN INVESTMENT PO	TFOLIO IS BORNE BY THE POLICYHOLDER
Please read all the	questions carefully and complete	the details required truthfully in relation to	our health and habits, within your knowledge as on the date of the submission of this proposal. The
information provid	ed by you will form the basis for is	suance of the policy. Please ensure that you af	x your signature in all the places as stated. In certain places more than one signature is required. This is a lalong with this the Proposal Form should be attested by the Proposed Insured and Proposed Holder, determined, and enforced in accordance with the laws of India. State code and Country code to be over writing, if any, must bear full signature of the Applicant. The life insurance policy is neither a
The Proposal Form	t. Proposal Form needs to be filled and all rights, obligations, and li	In BLACK ink only. All documents submitt abilities arising thereunder, shall be construe	d along with this the Proposal Form should be attested by the Proposed Insured and Proposed Holder., determined, and enforced in accordance with the laws of India. State code and Country code to be
updated as per Indi	an motor vehicle, 1988 and ISO	166 country code respectively. Corrections	over writing, if any, must bear full signature of the Applicant. The life insurance policy is neither a and not a pre-condition for opening a bank account/availing a loan or locker facilities etc. Participation
	rance policy is purely on voluntary		and not a pre-condition for opening a bank account availing a loan of locker facilities etc. Farticipation
A. Proposed Ins	sured Details (To be filled in BI	OCK LETTERS and all FIELDS are ma	datory)
	rs./Ms./Dr./Master/Other):		
,	as ID Proof) (Ms./Dr./Other): F R		
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	e (Mr./Dr./Other): F I R		MITININITE I I I I I I I I I I I I I I I I I I
4. Mother's Nam	e (Ms./Mrs./Dr./Other):	RISIT	
5. Spouse Name	(Mr./Mrs./Dr./Other): F I	RIST	MIDDLE LAST
6. Date of Birth:		7. Place of Birth:	
<u> </u>			(Include Country Name)
		_ ·	
9. Citizenship:	IN- Indian Others-IS	O 3166 Country Code	Are you Tax resident of any other country other than India Yes No [If Yes, please fill up FATCA/ CRS questionnaire and fill point 13 (iii)]
II. Residential St	tatus: Resident Individual	Non Resident Indian Person of Indian	Origin Foreign National COUNTRY NAME
		Others (Specify)	origin 1 orongii Automai Cocovita i india
		_ `` '/	C. CALL FD. A3 J. c. b b b b b.
	`	Certified copy of anyone of the following Pro- esidential Business Registered C	
			ard NREGA Job Card Simplified Measures Account – Document Type Code
			ard MREGA Job Card Simplified Measures Account – Document Type Code
Others	Please provide	the number for the proof submitted	
LAN	D M A R K		
	TRICTP		
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Same	as Current/Fermanent/Overseas A	address (in case of multiple Correspondence	Local Address, please in annexure AT)
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DIS	T R I C T P	JIN / POSTC	
(iii) Addre	ess in the Jurisdictions details who	ere applicant is Resident Outside India for ta	purposes
Same	as Current/Permanent/Overseas A	Address Same as Correspondence/I	ocal Address
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IN MARKET 14 YEARS AND		cate date: *(Backdation can be done up to 180	lays within the same financial year only). This option is not applicable for Unit-Linked Insurance Product.
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18. Educational Q	M M Y Y Y Y ualification: Post Gradua and Above	te Graduate Diploma 12t	☐ 10th ☐ Below ☐ Illiterate ☐ Others ☐ (Specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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No	ominee details	ino /Ma /De	:/Master/Other	FIRS										AS	1171
2.	Date of Birth		M M Y Y	Y Y 3. Gen	der Male	Female		Franso	gender 4. Marit	al Status	Single	Married	d Divorced	T w	idowed
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1.	-		./Master/Other) F I R S	T				MID	DI	E			A S	Т
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6.	PAN No.				7. Signature A	Accepting	he Appo	ointmer	nt		8. Relations	hip with No	ominee		
D.	Details of Insur	ance polic	ies & previou	s Proposal forms of	the proposed insu	red with	PNB M	letLif	e India Insurance	compan	y and other life in	surance c	ompanies. Please do	specify	in
				n includes details of											
	case the Propose Relationship with	1		ent provide the follow	ving details for the	entire far Existing	<u> </u>		İ		fe provide the foll In force/ lapsed/		ails of husband. Acceptance term	s (Std./	
I	Proposed Insured If, family memb	i , 1	ame of the ance Company	Policy/Proposal Number	Type of Policy	Face Ai Base +	nount (Rs.)	Annualised Premium	Year of Issue	of revival, da revival/pend	te of	with extra/ postponed withdrawn/restricted	1/ declir	
E.	Medical Detail	s & Famil	y History of t	he Proposed Insure	i										
1.	Height in cms		or F	t. Inches	Weight in	n Kgs			or Pounds						
2.	Family Histo	ry	_				ving						Deceased		
Pro	Relation to oposed Insured	Age	I r	Details of present healt aised cholesterol, can	th and full particular cer, multiple scleros	s of any m is, Alzhei	ajor illn mer, Par	ess (H kinsor	eart, diabetes, strol or any hereditary	ke, hyperte disease)	ension,	Age	Cause of	Death	
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req	uest you to disclo	se all disor	ders, disease or	other health condition	s, which are, or migl	Т		iswer f	for any of the questi	ons in this	section is "Yes" ple	ase provide	provided as examples e all medical reports, if		
1.			Thest Pain, Ang r Circulatory Sy	gina, Heart Attack or ystem?	any other ailment	Yes	No	11.					her Psychological or ness or symptoms of	Yes	No
2.			rsis, Epilepsy, ain or Nervous S	Parkinson's, Multiple System?	e Sclerosis or any			12.		itment in c	onnection with HI		any medical advice, Hepatitis B/C or any		
3.	Tuberculosis, Respiratory D		Bronchitis, Avia	an Flu, Shortness of E	Breath or any other			13.	During the past fi	ve years,					
4.	Cancer, Tumo	our, Cyst, L	eukemia, Grov	vth, Lump or other Ma	lignancy?			(a)			octor or health pra fever, common col		for illness lasting for ?		
5.	Any Kidney, Urine?	Liver, Bla	dder Disorder	or Prostate Disease	, Blood/Protein in			(b)			x-rays, blood test of				_
6.	Ulcers or any	Stomach o	r Intestinal Dis	order?				(c)	Have been admi medical facility?	tted/advis	ed to be admitted	to any ho	ospital or any other		
7.	Diabetes, Thy	roidorany	other Gland R	elated Disorders?				14.	Do you have any	ohysical de	eformity/defector	iny congen	uital condition?	П	\Box
8.	Any Disorder	related to	Ear, Nose and T	hroat?									gs) in the past year?		
9.	Any Back, Ar	thritic, Joi	nt or Bone Diso	rders or Skin Lesion?				15.						<u>'</u>	<u> </u>
10	,	Anaemia, L	eukaemia or ar	ny other blood related	disorders			16.	major organ trans		on advised to unde	igo surgery	y of any kind or any		
4.	work for more	e than 7 da	ys? If yes, plea	se provide details of t	he illness and the tro	eatment /n	nedication	on take	en or being taken.			•	ue to which you have		ed from
Г	For each 'Yes Ouestion No.	' in point 3	please identify Details	the question and pro-	vide full details, cor	ditions, d	ates, dur	ation a	and results. Kindly	provide th	e full name and ad	dress of Do	octor/ Hospital/ Clinic	etc.	\neg
	Question 140.		Details												\exists
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5.	For Female Proposed Insu	red O	nly –	_								_	_			
	Are you Pregnant? If any complications relating	_	Yes regnancy	_		e mention curre	ent months o	of pregi	nancy.	Less	than or equal	to 6 months	More tha	an 6 months		
	2) Have you delivered, under In last 3 months	rgone o	_	section, had 6 months	· —	n or miscarriage More than 6 m	_	1	No		If yes, pleas	se mention the per	iod elapsed	since the last occa	sion	
	3) Have you suffered/are s	ufferir	ng from	any disorde	r of the breas	st or reproduct	ive organs?		Yes	N	o If	yes, please prov	ide details			
6.	Additional medical details	- Plea	ise fill oi	nly when 'Pl	NB MetLife	e Mera Heart	and Cancer	r Care	'- Cancer Cov	er OR	Heart and C	ancer Cover is	hosen			
1.	Have you suffered from o treated for any form of Car for example Barrett's est leukoplakia?	ncer, s	sarcoma,	, tumor, or p	re-cancerou	us conditions	Yes	No	(a) past 12 Recurre	month	s?	ess of voice, or	•	of the following in swallowing		No
2.	Are you suffering from or disease due to alcohol, Bar Ulcerative Colitis?								(c) Weight (d) Any ulo	loss m	ore than 5kg v	within 6 months dule, cyst or lum	o in any pa			
3.	Have you had abnormal fin months - Ultrasound Endo: Smear, Mammography, Blo	scopy,	Colono	scopy CT S	CAN,MRI,	Biopsy, PAP			Glome Anaem	rulone _l ia?	phritis, Chron	nic Kidney Dise	ase, Polyc	HIV/AIDs, Chrystic Kidney Dis	sease, 🔲	
\subseteq									Oesoph	ageal	Reflux?					<u> </u>
18	Life Style & Personal Detail Life Style Information: 1) Have you smoked or chewable tobacco like G 2) Please give the following	consi utkha	umed to	obacco or i	nicotine pr	oducts in an	ny form* in Yes	n the	last 5 years'	? (*To	bacco produ	uct includes bu	t not lim	ited to Cigarett	tes, Bidis,	Cigars,
	Substance Consumed	Yes	No		Cons	umed As			Qı	uantity	y	For No. of m	onths	If stopped consu since when		
				Pipe	□ Cigar	Cigarettes	Beedi		No. of sticks/d	ay				Years	M	onths
	Tobacco			Търс		utkha	Decar		No. of packets	/day				Years	M	onths
	Alcohol	П				ine Liquor			Pint / ml per v	veek				Years	M	onths
	Narcotics / Drugs	П		Manijyan		<u> </u>	D							Years	M	onths
3)	Is your occupation associated Corrosive Chemicals and H	with a	iny spec	Marijuan ific hazards (E.g. Mines,	Explosives,	Yes [$\frac{1}{1}$ No				on Questionnaire		k "No" if you are		
Po ab mo Fa	Occupation Questionnaire? Are you employed in Armed, I Armed Services Questionnair Have you ever been convice case or charge pending agains Have you flown in the last tw student Pilot, Pilot, Crew Mo Chartered Flight? ndividuals who are or have b ditical parties contested in ele ove), senior executives of stat embers of senior management mily members are individuals ose associates are individuals	ed of a t you? To year ember een en ections te own or ind	criminal rs or do y Passeng strusted v s of Loc aed corpo lividuals arc relate	offence or d you expect to ger in a Non- with promine al bodies/Le orations, imp who have be ed to a PEP e	o you have a of fly in future Commercia ent public fuegislature/Paportant politicen entruste (ther directly	any criminal re either as a l/ Personal / unctions dome arliament or N tical party offi d with equival y (consanguin	Nominated), cials. Individent function ity) or throu	y a fore senior duals w ns, i.e. d gh mar	7) Do you'ce Skydivii Avocatico 8) Are you exposed 9) Is the Prorganisa eign country, government (who are or haw directors, depu	ngage ng or on Ques (PI/PC person oposed tion rec which All Se e been ty dire	in Automobile Professional stionnaire. J/PP) or your (PEP*). If yes I Holder/Nom ceiving donati may include ceretary levels entrusted wit ctors and mer	e or Motor-cycle Sports? If yes, family member splease fill the PE inee/Premium P ons? Heads of State of s), judicial or mi ha prominent funbers of the boar	Racing, Ski please co /close asso P Question yer a Trus r of govern litary of fio nction by a	t, charity, NGO c ment, senior poli sials (Ranks Equi in international or	y Yes or Yes iticians (Merivalent to M	ajor and
G.	Product Details															
1.	Proc	luct N	lame			Policy	Term	Premi	ium Payment	Term	Mod	al Premium	Basic S	um Assured Pre	emium Mult	iple
	Plan/ Benefit Option:	ment:	Dat No (if Sin ium Pay KBL Au	e of Benefit f Joint life co gle	Payout: dd	Quarterly ash^ Checify)	of Premium e complete Half- neque**/DD*	ns: Joint L yearly	Yes No.ife Questions Yearly Online Payn *Pl	Othaire) An nent^^ ease fi	nnualised Pre Direct Il in the relev	option: Sum Assured mium Amount (Debit/ACH* eant Standing Ins	of Joint Li Rs.): PSP truction F	PNB-Auto	Yes Yes	No No no in cash
	Rider I	Name				Policy Te	rm		Premium Pa	yment	Term	Premium A	Amount	Sur	m Assured	=
	**The premium shall be adjusted the same for a may collect the same for a may collect the same for a may collect the same for a may be sam									one fin	ancial year is	being collected	in advanc	e in earlier financ	cial year, ins	urers
	i. Sum Assured Multiple Cho	sen: [ii. Ple	ase select p	ortfolio strate	gy: S	Self Ma	anaged	Aut	o Rebalancin	g S	ystematic	Transfer	Life-stage	
	iii. Please choose the allocati	on pro							I B	ond	Balanc	ed Premier	Leia	1 1	D.E.G.T.	
	Opportunities	Balan	cer II	Sustainable Equity Fund		Flexi Cap M			d Fund Oppo	rtunitio und	es Opportur Fund	nities Multi-ca Fund	Mid Ca Fund		Fund	otal 0%
	If Auto Rebalancing Strategy is Note: For the Segregated Fund https://www.pnbmetlife.com/1	d Ident	tification	Number (Sl	FIN) please	refer to the pro	oduct brochu	ıre / lea	aflet or the Elec	etronic	Benefit Illust	ration. You may		to our website		
L	iv. Choose rebalancing event	(as%	of Fund	l Value)	10% 🔲 15	% 20% [25%	v. (Choose Stop I	oss op	otion (as% of	Nav): 10%]15% [20% 25%	30%	
) TRADITIONAL a) Incase of PNB MetLife Mo	nthly l	Income l	Plan-10 Poss	Choose the	Monthly Rea	ular Income	e		ъ	Lump-Su	m Ontion	Guar	anteed Regular I	ncome	
(0	a) Incase of PNB MetLife Mo b) For MetLife Retirement S (1) Which Annuity Optio Please ask your advisor to e	Saving n* wo	gs Plan o	only: 1 like to cho	ose:			(2) Fre	equency of Ar	nuity	Payout:	•				etLife
$\overline{}$,		•	√ -r ^^		r >					,		,	J		

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Details of Initial Deposit Type of Deposit Crossed Cheque** Bank Draft* Cash Online Payment PNB-Auto Debit J&K Bank Auto Debit Instrument No. Instrument Date: Amount in (Rs.) Name of the Bank & Branch: Premiums will be paid by Proposed Insured Proposed Holder Others* (Specify) ** Please fill third party declaration form Relationship to Proposed Holder Annual Income of the Premium Payor
3. Form 60 of Third party PAN No. of Third party: 4. Account type of PO Saving Current NRE NRO
5. ^Account No. of PO:
I. E-Repository Details
If you already have an e-Insurance Account (e-IA) number, kindly provide If you don't have an e-Insurance Account (e-IA), please choose any one of the following CAMSRep - CAMS Insurance Repository & Services NDML - NSDL Data Management Services limited KARVY CIRL - Central Insurance Repository Limited
J. 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.
2. US place of birth:
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: 1.1f 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

RISK PROFILE

In addition to the insurance coverage, the Proposed Insured/Proposed Holder has the ability to control the allocation of premium, after deduction of charges into various funds, except in case Automatic option is chosen. In order to understand more about your risk tolerance levels, the Proposed Insured/Proposed Holder can discuss with PNB MetLife sales representative and use the risk profile questionnaire to select the ideal fund option/portfolio. The final decision is up to the Proposed Insured/Proposed Holder.

DECLARATION & AGREEMENT

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') 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 physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an 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 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/entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors and industry associations/federations, for the purpose of processing/underwriting this proposal and/or providing subsequent services which will include services arising out of the insurance contract, including claims settlement.

 $Optional\ Voluntary\ Declaration\ and\ Non-Mandatory:$

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. 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 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 to me/us as mentioned above herein and for the time period no longer than necessary for the purpose specified hereinabove. I/We are aware that PNB MetLife has a mechanism for the redressal of my/our grievances, if any, in respect of the usage and storage of my/our personal information.

AGREEMENT

- 1. I/We do here by 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 proposal for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an proposal 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-statement of material information or any untrue statement contained in the information provided here in above 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 proposal 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 to applicable laws from time to time.

Signature / Left Thumb Impression of t	the Proposed Holder	Signature / Left T	Thumb Impression of the Proposed	Insured (If different from Proposed Holder)
Name of the Proposed Holder:		Nan	ne of Proposed Insured	
Name of Witness				Ci ca Wi
Name of winess				Signature of the Witness (Witness should not be related to the Proposed Insured / Proposed Holder)
Address of witness				
Date			Place	
DECLARATION IN CASE OF VERN	ACULAR (Can not be signed by sales person	or nominee)		
Declaration by the person filling in the	Proposal. (In case the Proposal is filled	up / signed in a language different from	n that of the Proposal form.)	
I hereby declare that I have fully explained same have been fully understood by him/ho	the contents of the Proposal form and all of er and the replies have been recorded as per th	her documents incidental to availing the insi he information provided by the Applicant and	urance from PNB MetLife to the Appl the replies have been read out to, fully	cant in the language understood by him/her. The understood and confirmed by the Applicant.
Declarant's Name	Addre	ess		
The content of the form and documents	s have been fully explained to me and th	at I have fully understood the same.		
	Dat	e Place	Signature of Declarant	Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured
DECLARATION IN CASE THE APP	LICANT IS ILLITERATE (Can not be si	igned by sales person or nominee)		
In case the Applicant is illiterate, a perso impression of the Applicant	on of standing, unconnected with PNB Mo	etLife, but whose identity can easily be est	tablished, should give the following	leclaration after attesting left thumb
I hereby declare that I have explained the co	ontents of this Proposal in	language to the Applican	t. The same have been fully understood	1 by him/her and replies have been recorded as
per the information provided by the Applica	ant and the replies have been read out to and for	ally understood by and confirmed by the App	licant. The Applicant has affixed his/ho	er left thumb impression in my presence.
Declarantia Nama		A . L. L. A		
Deciarant's Name		Addr	ress	
Date	Place	Signature of Declarant	Signature/ Left Thumb Impre	ession of Proposed Holder/ Proposed Insured

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.

STATUTORY WARNING as per 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	Name of the IA/SP/Autho	orised Person of the Broker/DM/ISP	IA/SP/Broker/DM/IS	P Mobile No	
1.	Name of the Proposed Insured		2. Are you related to the Proposed In If yes, nature of relationship	sured/Proposed Holder?	Yes	☐ No
3.	Is this Application on your own life?	☐ Yes ☐ No	4. Name of Plan opted by PI/PH			
5.	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 re	eside in Rural area?	Yes	☐ No
9.		satisfied with the Identity of the d Insured?	(c) Does the Proposed Insured hadeformity/defect or mental ret	ave any physical (d) What is the esti ardation? the Proposed In	mated income of sured/Proposed H	older?
10.	_	Yes No No ompletion of this Application?	Please furnish exact physical meason. NON-MEDICAL CASES: Height in cms or ft.	surements of the Proposed Insured, in Inches Weight in kg	n respect of	
12.	Is this Application a replacement for an existing policy of th	Applicant? If Yes, please complete	e the Replacement Questionnaire.		Yes	☐ No
13.	(a) Charges Yes No (b) Surrender charged Is the product recommended suitable for the applicant need, Income, risk appetite and long term financial goal? (f) If the total premium exceeds 30% of the annual incoms attisfied that the product is sold within the financial capacity.	keeping in mind his/her Yes e of the applicant "are you city of the Applicant" Yes	No (e) The investment risk in Linked Insurance Pro (To be filled for Unit	s under the policy are subject to ta olicable laws. In the investment portfolio in the U duct is borne by the Proposed Hol - Linked Policies only).	nit- der Yes	No No
14.					Yes	∐ No
15.	Was any negative customer behavior observed relating to fictitious information? If yes, please provide details	Customer insisting on anonymity,	reluctance to provide identifying infori	nation, or providing minimal, seed	mingly Yes	☐ No
Cer are	rtification: I have carefully ascertained the above informatio true and correct to the best of my knowledge and belief.	and recorded them. All the answ	ers Date D D M M	Y Y Y Y Signatu authori	re of the IA/SP/I sed person of the	DM/ISP/ e broker
	Incase of Corporate Agent (CA) or Micro Insurance Agent (M Incase of Broker/IMF(Insurance Marketing Firm), authorised					
	Respective agent as specified above to authenticate all docum			Seal/Stamp of CA/Broker/IMF/ (from where business is		Agent
To	o be filled by the Sales Management					
	ne agency management must, wherever necessary, verify and co					
Th 1.			2. Have you personally reviewed	this Application?	Yes	☐ No
	Was the Financial Advisor licensed to write personal li insurance on the date the Application was signed?	fe Yes No	Have you personally reviewed If the total premium exceeds 3 Applicant, are you satisfied the financial capacity of the Applic	0% of the annual income of the at the product is sold within the	☐ Yes ☐ NA	☐ No
1.	Was the Financial Advisor licensed to write personal li insurance on the date the Application was signed? Whether you are satisfied with the identity of the Propose Insured?	fe Yes No	If the total premium exceeds 3 Applicant, are you satisfied the financial capacity of the Applic	0% of the annual income of the at the product is sold within the cant?	Yes	_
 3. 	Was the Financial Advisor licensed to write personal li insurance on the date the Application was signed? Whether you are satisfied with the identity of the Propose Insured? Is the product recommended suitable for the Applicant ke paying capacity? If No, please give the reason.	fe Yes No	4. If the total premium exceeds 3d Applicant, are you satisfied the financial capacity of the Applicarisk appetite, income, long term financial capacity. (c) Premium and benefits under the	0% of the annual income of the at the product is sold within the cant?	Yes NA	☐ No
 3. 5. 	Was the Financial Advisor licensed to write personal li insurance on the date the Application was signed? Whether you are satisfied with the identity of the Propose Insured? Is the product recommended suitable for the Applicant ke paying capacity? If No, please give the reason. Has the Applicant been informed about the following?	Yes No No Yes No reping in mind his/her age, needs,	4. If the total premium exceeds 3d Applicant, are you satisfied the financial capacity of the Applicarisk appetite, income, long term finance (c) Premium and benefits under the per the applicable laws.	0% of the annual income of the it the product is sold within the cant? ial goals and long term premium	Yes NA Yes Yes	☐ No
 3. 5. 	Was the Financial Advisor licensed to write personal li insurance on the date the Application was signed? Whether you are satisfied with the identity of the Propose Insured? Is the product recommended suitable for the Applicant ke paying capacity? If No, please give the reason. Has the Applicant been informed about the following? (a) Charges Yes (b) Surrender charges Yes	fe Yes No d Yes No eping in mind his/her age, needs, No No No	4. If the total premium exceeds 3 Applicant, are you satisfied the financial capacity of the Applic risk appetite, income, long term finance (c) Premium and benefits under the per the applicable laws. (d) The investment risk in the in Insurance Product is borne by the Linked Insurance Product only).	0% of the annual income of the at the product is sold within the cant?	Yes NA Yes Yes	No No No
 3. 6. 7. 	Was the Financial Advisor licensed to write personal li insurance on the date the Application was signed? Whether you are satisfied with the identity of the Propose Insured? Is the product recommended suitable for the Applicant ke paying capacity? If No, please give the reason. Has the Applicant been informed about the following? (a) Charges Yes (b) Surrender charges Yes	Yes No No Yes No reping in mind his/her age, needs, No No No No	4. If the total premium exceeds 3 Applicant, are you satisfied the financial capacity of the Applic risk appetite, income, long term finance (c) Premium and benefits under the per the applicable laws. (d) The investment risk in the in Insurance Product is borne by th Linked Insurance Product only).	0% of the annual income of the at the product is sold within the cant? ial goals and long term premium policy are subject to taxes and charge vestment portfolio in the Unit-Le Proposed Holder (To be filled for	Yes NA Yes Sees as Yes Sinked Unit- Yes	No No No No No
 3. 6. 7. 	Was the Financial Advisor licensed to write personal li insurance on the date the Application was signed? Whether you are satisfied with the identity of the Propose Insured? Is the product recommended suitable for the Applicant ke paying capacity? If No, please give the reason. Has the Applicant been informed about the following? (a) Charges Yes Do you recommend acceptance of this Application consider	Yes No No Yes No reping in mind his/her age, needs, No No No No	4. If the total premium exceeds 3 Applicant, are you satisfied the financial capacity of the Applic risk appetite, income, long term finance (c) Premium and benefits under the per the applicable laws. (d) The investment risk in the in Insurance Product is borne by th Linked Insurance Product only).	0% of the annual income of the at the product is sold within the cant? ial goals and long term premium policy are subject to taxes and charge vestment portfolio in the Unit-Le Proposed Holder (To be filled for	Yes NA Yes Sees as Yes Sinked Unit- Yes	No No No No
 3. 6. 7. 	Was the Financial Advisor licensed to write personal li insurance on the date the Application was signed? Whether you are satisfied with the identity of the Propose Insured? Is the product recommended suitable for the Applicant ke paying capacity? If No, please give the reason. Has the Applicant been informed about the following? (a) Charges Yes (b) Surrender charges Yes Do you recommend acceptance of this Application considerated on the review as above I am satisfied that the product is	Yes No No Yes No Yes No Peping in mind his/her age, needs, No No No No In No In No Suitable to the customer and may be a suitable to th	4. If the total premium exceeds 3 Applicant, are you satisfied the financial capacity of the Application of	0% of the annual income of the at the product is sold within the cant? ial goals and long term premium policy are subject to taxes and charge vestment portfolio in the Unit-Le Proposed Holder (To be filled for	Yes NA Yes ges as Yes inked Unit- Yes Yes	No No No No No
1. 3. 5. 6.	Was the Financial Advisor licensed to write personal li insurance on the date the Application was signed? Whether you are satisfied with the identity of the Propose Insured? Is the product recommended suitable for the Applicant ke paying capacity? If No, please give the reason. Has the Applicant been informed about the following? (a) Charges Yes (b) Surrender charges Yes Do you recommend acceptance of this Application considerated on the review as above I am satisfied that the product is Name Designation	Yes No No Yes No Yes No Peping in mind his/her age, needs, No No No No In No In No Suitable to the customer and may be a suitable to th	4. If the total premium exceeds 3 Applicant, are you satisfied the financial capacity of the Applic risk appetite, income, long term finance (e) Premium and benefits under the per the applicable laws. (d) The investment risk in the in Insurance Product is borne by the Linked Insurance Product only). hazard? be placed subject to other underwriting Date	0% of the annual income of the at the product is sold within the cant? ial goals and long term premium policy are subject to taxes and charge vestment portfolio in the Unit-Le Proposed Holder (To be filled for	Yes NA Yes ges as Yes inked Unit- Yes Yes	No No No No
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ACH Form (Automated Clearing House)
Please fill the following mandatory fields – (1) Date (2) Bank a/c number (3) Bank name (4) IFSC/MICR Code (5) Amount (6) Policy No./application No in "Reference 1 column" (7) Account holder signature (8) Account holder name (9) Date on which Debit to be initiated Date on which Debit to be initiated (Please select one) 1" 7" 15" 25"
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Sponsor Bank Code HDFC0000060 I/We hereby authorize PNB MetLife India Insurance Company Limited.
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with Bank Name of customers bank IFSC/MICR
an amount of Rupees ₹
DEBIT TYPE X Fixed Amount ✓ Maximum Amount FREQUENCY X Mthly X Qtly X H-Yrly X Yrly ✓ As & when presented
Reference 1 1. I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.
2. This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the User entity/ Corporate to debit my account. 3. I have understood that I am authorized to cancel/ amend this mandate by appropriately communication the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.
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To DD MM Y Y Y Y
Signature of Primary Account Holder Signature of account holder Signature of account holder
Phone No. 1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records
Phone No. 1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records Note-Please do not mention anything in Reference 2 and Period (From/ To) fields.
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Do's and Don'ts for filling an ACH Mandate

Do's

- Always use the latest version of ACH mandate
- Use only original form of the mandate

Signature of Policy Owner

- Signature should match with bank a/c signature
- Name should match with bank a/c name
- Account number should be correct
- Provide a cancelled cheque along with form
- Company stamp is mandatory in proprietor account

Don'ts

Policy Owner Name

- Don't use any old mandate
- Don't use Photocopy of the mandate
- Signature should not differ with bank a/c
- Name should not differ with bank a/c name
- Avoid mistakes while writing your a/c number
- Avoid cutting or overwriting on the form
- Avoid sending forms without company stamp

ACKNOWLEDGEMENT





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 1st Floor, Techniplex

"A/c Pa	ayee" Cheque/Dra	aft should be drawn in favour of PNB N	letLife India Insurance Com	pany Limited only.	
PI/PO Name:		Insurance Agent/ Broker/ Specifi	ed Person Name and Code:		
Corporate Agent Name:					
Amount (In figures) :	Amount (In	words) :			
Premium Payment Option: Cheque Bank	Draft 🗌				
Cheque/Draft No. :		Bank Name :		Cheque/Draft Date :	
2. Acceptance of Risk is subject to policy tee 3. For Unit Linked Policies, the NAV wou vendors. If the information is received be 4. Premium paid before policy due date will 5. Premium paid within 180 days of due date 6. Premium paid in lapsed policy after 180 c 7. All Premium payment in cash has to be m 8. This can be used only for collecting the in Beware of spurious phone calls and fictitio IRDA of India clarifies to public that 1. IRDA of India or its officials do not invol 2. IRDA of India does not announce any bot	Id be allocated as fore 3:00 PM on a be allocated on po e will be allocated days of due date, wade directly at our itial premium and as/fraudulent offer we in activities like	business day, the same day's NAV is applolicy due date. on next business day of premium paid da ill be allocated on completion of all re-in nearest branch. Our agents are not autho cannot be used for renewal premium col	icable and for other's NAV for te. statement requirements and r rized to collect the premium in lection.	r the next business day shall be app eviewed by PMLI. n cash.	



Signature of Agent/ Broker/ Specified Person: _



Seal/ stamp of the Broker/ Corporate Agent: _



Version 1.2

Date: ____