pnb MetLife
LIFE INSURANCE

VESTING BENEFIT REQUEST FORM

Mandatory Fields (Annuitant Details)

Policy Number: | | | | | | | | | |

Vesting Date: | D | D | M | M | Y | Y | Y | Y |

Policy Holders Name:

Please paste recent colour photograph

PAN#: **(Self-attested PAN copy to be submitted with PAN details)**

Nationality: (Only applicable for Non-Indian citizens) ……..Country of Birth: ……..

Address including PIN Code: (Kindly update your latest contact details along with a valid address proof document to facilitate quick processing)

……

……

Contact Number: (Mandatory)

C	O	U	T	R	Y	C	O	D	E		S	T	D	R	E	S	I	D	E	N	C	E				S	T	D	O	F	F	I	C	E
	M	O	B	I	L	E																													

E-Mail ID: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please tick (√) anyone of the options below:

I. ☐ I wish to purchase Annuity for entire benefit amount

II. ☐ I wish to receive an amount as lump sum (upto the maximum maturity benefit permitted under the policy terms and conditions) and to utilize the balance maturity (the Purchase price) towards purchase of annuity

If (II) option selected, then option to be given as mention below (minimum of Rs 5000 as per eligibility)

a) ☐ 33.33%

b) ☐ < 33.33% (_____%) Please mention the % if the option selected is "b"

c) ☐ 60% (Applicable to the MetLife Retirement Plan)

d) ☐ < 60% (Applicable to the MetLife Retirement Plan)

III. I wish to Purchase Annuity from PNB MetLife India Insurance Company ☐ Yes ☐ No

If 'No' is selected above, please share the name of the Insurance Company from whom Annuity is being purchased:_____

If 'Yes' is selected, please share PNB MetLife application number to which the annuity amount has to be transferred:_____

Purchase Price for Annuity Rs. _____

Payment Details for Lumpsum Amount (if applicable)

Bank Name*: _____ Bank Branch*: _____

Account Number: | | | | | | | | | | | | | | | | IFSC Code*. | | | | | | | | | | | | | | |

Please tick (√) any one Bank Account Type*: ☐ Savings ☐ Current Account ☐ NRO NRE* (*In case of NRE customer, please provide the Customer Declaration – Repatriation Request & bank certificate for Repatriation)

Please submit Following list of documents along with mandatory requirements (*).

☐ Original Policy Document

☐ Original Cancelled Personalized cheque (i.e. cheque bearing printed A/C number and name of A/C holder on it) *

OR

☐ Self-attested address and ID proof

☐ Self-attested copy of bank statement/ pass book copy, if personalized cheque is not attached*.

I_____(name of the annuitant/ beneficiary) understand and agree that PNB MetLife India Insurance Company shall be discharged of all liabilities in relation to the above claim upon the payment of the claim's money. I also agree and will not hold PNB MetLife responsible for any delay in case of any incomplete information submitted by me.

_____

Signature of Policy Owner/Assignor
In case of the policy being conditionally assigned**, request should be signed both by the Assignee & Assignor

_____

Signature of Assignee
In case of the policy being absolutely assigned, request should only be signed by the Assignee (**Assignor signature would not be required in case of conditional assignment done to secure a loan)

Place:_____ Date:_____

Ver 2.5/Jul'26/POS

Note: Purchase Price is based on the NAV on maturity date.
#. In accordance with Section **393(1)[Table: S.No. 8(i)]** of the Income Tax Act, 2025 If your policy is not exempt and payout exceeds 99,999 in financial year an amount equivalent to 2% on net income would be deducted at source and deposited into the Central Government treasury. A TDS certificate would be issued to you within the stipulated timelines. In case your PAN is not registered with PNB MetLife, a higher rate of TDS (20%) will be applicable as per the income tax regulations and therefore, we request you to submit a copy of your PAN in case of it not being submitted earlier. Tax is as per the Income Tax Act, 2025 & subject to any amendments made thereto from time to time.

DECLARATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION

I hereby declare that I have read out the contents of the Application form to Mr./Ms./Mrs._____ & he/she has understood the same and replies has been recorded as per the information provided by the applicant. I also certify that Mr./Mrs. _____ has signed/affixed his/her thumb impression/signature in vernacular language in my presence after I have explained the above contents to him/her. I declare that whatever I have stated herein is true & correct to the best of my knowledge & belief.

Name: _____ Signature of Declarant

Request received from: □ FA □ SM □ Sales Personnel □ Specified Person (SP) □ Customer □ Customer Representative □ Bank □ Courier

Acknowledgement Slip

Received a request for _____ against Policy Number _____

on _____ at _____ am/pm

Employee Code _____ Employee Name _____ **Date and time Stamp / Seal of Branch**

In case of request submission through a 3rd party, customer authorization letter for submission of request and a Self-Attested ID proof of the authorized representative to be submitted along with the request for further processing.