



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 -1,

Techniplex Complex, Off Veer Savarkar Flyover, Goregaon (West), Mumbai - 400062. Phone: +91-22-41790000, Fax: +91-22-41790203

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1.	Name (Mr./Mr	s./Ms./Dr./Master/O	ther) F I	RST					MI	D D	L E				A S	Т
2.	Date of Birth	D D M M Y	YYY	3. Gender	Male	Female	4.	Mari	al Status	Single	М	arried	Divorce	ed Wido	wed	
5.	Nationality:	Indian Non-	-Resident India	n Person o	of Indian Orig	rin 🔲 1	oreign	n Natio	nal				(Count	ry Name)		
	(If Non-Residen	t Indian or People of Ir	dian Origin or Fo	oreign National, p	olease mentior	the country					•	NRI/PIO/Fore	ign Nationa	l questionnaire)		
6.	PAN No.			7.	Signature A	Accepting th	ne Appo	ointmen	t		8.	Relationship	with Nomir	nee		_
=		ance policies & pre	•••		• •									•		
	lationship with	Insured is a minor/s	student provide	the following de	etails for the	entire fam			roposed Insu Policy SA/	red is house v	wife provid	In force/ laps			arme (S	td /
Pro	oposed Insured family member	Name of the Insurance Compar	Policy Number	Application Number	Login Date	Type of Po	licy F	Face Ai	nount (Rs.)	Annualised Premium	Year of Issue	of revival/p	, date of	with extra/ postp	oned/d	eclined/
	·															,
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E.A		& Family History														
1.	Height in cms		r Ft.	Inches	Weight i				or Pounds							
2.	Relation t	0	Details of	f present health a olesterol, cancer,	ınd full partiç		v ing / major	rillness	(Heart diabe	tes, stroke, hy	pertension	,		Deceased		
	Proposed Ins	ured Ag	e raised che	olesterol, cancer,	, multiple scie	erosis, Alzi	neimer,	, Parkin	son or any ne	ereditary disea	ise	Age		Cause of Dea	th	
	Father															
		Father														
1	Mother															
	Mother Brothers/Sis	ters														
	Brothers/Sis	ters														
		ters														
	Brothers/Sis															
3	Brothers/Sis Spouse Children															
3. Have	Brothers/Sis Spouse Children Medical Detail	ls	ted for, been adv	ised to receive tr	reatment or ha	ive undergo	one any	y invess	igations for a	iny of the follo	owing, (The	below condit	ions are pro	vided as examples	only an	d would
=	Brothers/Sis Spouse Children Medical Detail		ted for, been adv	rised to receive tr conditions, whice	reatment or ha	T		y invess nswer f	igations for a	iny of the folloquestions in th	owing. (The	below condit	ions are provide all	wided as examples medical reports, if		
=	Brothers/Sis Spouse Children Medical Detail e you ever had sy est you to disclos High Blood P	ls	Angina, Heart			ive undergo	one any	y invest nswer f	Depression Emotional I	, Stress, Anxie	ety, Attemp	t to Suicide or	r any other	vided as examples medical reports, if Psychological or or symptoms of	only and	d would le.)
Have	Brothers/Sis Spouse Children Medical Detai e you ever had sy est you to disclos High Blood P pertaining to tl Seizures, Stro	Is Imptoms of, been trea e all disorders, diseas ressure, Chest Pain, ne Heart or Circulato ke, Paralysis, Epile	Angina, Heart ry System? psy, Parkinson's	Attack or any o	ther ailment	T			Depression Emotional I the same?	, Stress, Anxie Disorder or Ne	ety, Attemp ervous Brea	t to Suicide on akdown or Me	r any other	Psychological or		
Have requi	Brothers/Sis Spouse Children Medical Detai e you ever had sy, est you to disclos High Blood P- pertaining to the Seizures, Stroother Disorder	Is Imptoms of, been trea e all disorders, diseas ressure, Chest Pain, ne Heart or Circulato ke, Paralysis, Epile of the Brain or Nerv	Angina, Heart ry System? psy, Parkinson's ous System?	Attack or any o	other ailment	T		12.	Depression Emotional I the same? Have you o counseling	, Stress, Anxie Disorder or Ne	ety, Attemp ervous Brea ever been in connecti	at to Suicide on akdown or Me tested of or re	r any other ental Illness	Psychological or or symptoms of		
Have requ	Brothers/Sis Spouse Children Medical Detai e you ever had sy, est you to disclos High Blood P- pertaining to the Seizures, Stroother Disorder	Is Imptoms of, been trea e all disorders, diseas ressure, Chest Pain, ne Heart or Circulato ke, Paralysis, Epile of the Brain or Nerv Asthma, Bronchitis,	Angina, Heart ry System? psy, Parkinson's ous System?	Attack or any o	other ailment	T		12.	Depression Emotional I the same? Have you o counseling any Sexuall During the I	, Stress, Anxie Disorder or Ne r your spouse or treatment i y Transmitted past five years	ety, Attemp ervous Brea ever been in connecti d Diseases?	nt to Suicide or akdown or Me tested of or re ion with HIV	r any other ental Illness exceived any	Psychological or or symptoms of medical advice, Hepatitis B/C or		
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1. 2. 3. 4. 5.	Brothers/Sis Spouse Children Medical Detail e you ever had syest you to disclos High Blood P pertaining to the Seizures, Strougher Disorder Tuberculosis, Respiratory Discrete, Tumore Any Kidney, In Urine? Ulcers or any Seizures, Thyropades or any S	Is Imptoms of, been trea e all disorders, disease ressure, Chest Pain, ne Heart or Circulato ke, Paralysis, Epile of the Brain or Nerv Asthma, Bronchitis, isorder? ur, Cyst, Leukemia, C Liver, Bladder Diso	Angina, Heart ry System? psy, Parkinson's ous System? Avian Flu, Sho Growth, Lump or rder or Prostat Disorder? nd Related Diso	Attack or any o s, Multiple Scler rtness of Breath or other Malignar e Disease, Bloo	or any other ncy? d/Protein in	Yes		12. 13. 14. (a) (b) (c)	Depression Emotional I the same? Have you o counseling any Sexuall During the I Have you C more than 4 Have you U Have been medical fac	, Stress, Anxie Disorder or Ne r your spouse or treatment is y Transmitted past five years Consulted any days except for ndergone EC admitted/advility?	ever been in connectid Diseases? doctor or or fever, co G, x-rays, leised to be	t to Suicide on akdown or Me tested of or retion with HIV health practit mmon cold or blood test or o admitted to	r any other ental Illness eccived any /AIDS or tioner for il r cough? ther tests? any hospi	Psychological or or symptoms of medical advice, Hepatitis B/C or llness lasting for tal or any other nicle accidents?		
Havvrequ 1. 2. 3. 4. 5. 6. 7. 8.	Brothers/Sis Spouse Children Medical Detai e you ever had sy, est you to disclos High Blood P, pertaining to the Seizures, Stroother Disorder Tuberculosis,, Respiratory D. Cancer, Tumor Any Kidney, J. Urine? Ulcers or any S. Diabetes, Thyr Is vision correct both eyes. Right	Is Imptoms of, been trea e all disorders, disease ressure, Chest Pain, ne Heart or Circulato ke, Paralysis, Epile of the Brain or Nerv Asthma, Bronchitis, isorder? Iur, Cyst, Leukemia, G Liver, Bladder Diso Stomach or Intestinal roid or any other Glar ected by glasses, if y th Eye	Angina, Heart ry System? psy, Parkinson! psy, Parkinson! ous System? Avian Flu, Sho Growth, Lump or der or Prostat Disorder? ad Related Diso res, please spec eff Eye	Attack or any o s, Multiple Scler rtness of Breath or other Malignar e Disease, Bloo	or any other ncy? d/Protein in	T		12. 13. 14. (a) (b) (c)	Depression Emotional I the same? Have you o counseling any Sexuall During the I Have you O more than 4 Have you U Have been medical fac In the past to	, Stress, Anxie Disorder or Ne r your spouse or treatment i y Transmitted anxiet five years Consulted any days except fi ndergone EC admitted/adv ility? wo years have	ever been in connectif Diseases? doctor or or fever, co G, x-rays, to its deformity deformity	to Suicide or akdown or Me tested of or reton with HIV health practif mmon cold or blood test or or admitted to nvolved in an /defect or any	r any other ental Illness seceived any /AIDS or //AIDS o	Psychological or or symptoms of medical advice, Hepatitis B/C or llness lasting for tal or any other nicle accidents?		
Havvrequ 1. 2. 3. 4. 5. 6.	Brothers/Sis Spouse Children Medical Detai e you ever had sy est you to disclos High Blood P pertaining to ft Seizures, Stro other Disorder Tuberculosis, Respiratory D: Cancer, Tumor Any Kidney, 1 Urine? Ulcers or any S Diabetes, Thyi Is vision corre both eyes. Rigi Any Disorder	Is Imptoms of, been trea e all disorders, diseas ressure, Chest Pain, ne Heart or Circulato ke, Paralysis, Epile rof the Brain or Nerv Asthma, Bronchitis, isorder? Int, Cyst, Leukemia, Chiver, Bladder Diso Stomach or Intestinal roid or any other Glar exted by glasses, if y	Angina, Heart ry System? psy, Parkinson! psy, Parkinson! psy, Parkinson! Avian Flu, Sho Growth, Lump of rder or Prostat Disorder? nd Related Diso res, please spec eff Eye nd Throat?	Attack or any o s, Multiple Scler rtness of Breath or other Malignar e Disease, Bloo	or any other ncy? d/Protein in	Yes		12. 13. 14. (a) (b) (c) 15. 16.	Depression Emotional I the same? Have you o counseling any Sexuall During the I Have you U Have been medical fac In the past to Do you have Has there be	Stress, Anxie Disorder or Ne Pryour spouse or treatment by Transmitted past five years Consulted any days except findergone EC admitted/advility? wo years have e any physical een drastic we	ever been in connectil Diseases? doctor or or fever, co G, x-rays, leised to be you been it deformity, ight loss or	to Suicide or akdown or Me tested of or retion with HIV health practiti mmon cold or plood test or or admitted to involved in an involved in	rany other ental Illness seceived any /AIDS or interest of the cough? ther tests? any hospi y motor vel congenital >=5 Kgs) i	Psychological or or symptoms of medical advice, Hepatitis B/C or llness lasting for tal or any other nicle accidents?		

Gen/08/2016/Version 2.6

4.	Have you been or are you suffering from any other illness, injury, disease condition or have undergone medical examination not mentioned in the above questions due to which you have abstained from work for more than 7 days? If yes, please provide details of the illness and the treatment /medication taken or being taken. For each 'Yes' in point 3 please identify the question and provide full details, conditions, dates, duration and results. Kindly provide the full name and address of Doctor/ Hospital/ Clinic etc.										
	Question No.	Detail	s					7.1			
5.	For Female Proposed In	sured O	only 1)	Maiden Name							
	2) Are you Pregnant? If any complications rela		Yes regnanc		ease mention curren	nt months of p	regnancy. Les	s than or equa	l to 6 months	More than 6 month	s
	3) Have you delivered, un In last 3 months			section, had any abor 6 months	tion or miscarriage? More than 6 mo		No	If yes, plea	se mention the period	elapsed since the la	st occasion
	4) Have you suffered / ar		_	_	_		Yes N	lo I	f yes, please provide	details	
F. 1.	Life Style & Personal Det Life Style Information:	ails of t	he Prop	osed Insured							
1.	•	Ghutka	, flavore		products in any	form* in t	he last 5 years? (*T	obacco prod	duct includes but i	not limited to C	igarettes, Bidis, Cigars,
	Substance Consumed	Yes	No	C	onsumed As		Quantit	ty	For No. of mon		consuming, state date when you stopped
	m.1			Pipe Cigar	Cigarettes	Beedi	No. of sticks/day			Ye	ears Months
	Tobacco				Gutkha		No. of packets/day			Ye	ears Months
	Alcohol			Beer	Wine Liquor		Pint / ml per week			Ye	ears Months
	Narcotics / Drugs			Marijuana Co	caine Addictive					Ye	ears Months
) Is your occupation associat Corrosive Chemicals and Occupation Questionnaire: Are you employed in Armed	HTV D	rivers,	ific hazards (E.g. Minetc), please complete	nes, Explosives, the respective	Yes Yes	fare-paying pa	ssenger in don in Automobil	ion Questionnaire. (Finestic/international alle or Motor-cycle Race	irline) eing, Skin or Scuba	Diving, Yes No
5	Armed Services Questionn Have you ever been convi- case or charge pending agai	aire? cted of a nst you?	crimina	l offence or do you ha	ve any criminal	Yes	No 8) Are you (PI/P exposed person	estionnaire. O/PP) or you n (PEP*). If yo	Sports? If yes, plur family member/cles please fill the PEP	ose associate is po Questionnaire.	litically Yes No
	Student Pilot, Pilot, Crew Chartered Flight?						organisation re	ceiving donat			
P	Individuals who are or have olitical parties contested in bove), senior executives of s	e been en election state owr	trusted s of Loc red corn	with prominent publical bodies/Legislatur orations, important r	e/Parliament or No olitical party offic	tically or by a ominated), sei ials. Individua	nior government (All Solls who are or have been	nay include ecretary level entrusted wi	Heads of State or of ls), judicial or milita th a prominent funct	government, seni ry officials (Rank ion by an internati	or politicians (Members of s Equivalent to Major and onal organization, refers to
n	nembers of senior manageme amily members are individu	ent or ind	lividual	s who have been entru	ısted with equivale	nt functions, i	.e. directors, deputy dire	ectors and me	mbers of the board o	r equivalent function	ons.
\succeq	close associates are individual. Product Details	als who a	re close	ly connected to a PEI	P, either socially or	professionally	у.		•		
1											
	Todace rame Toney 1cm Tennum rayment 1cm instantient Flemum Amount Dasie 3um Assured Flemum Multiple										
	Frequency of premium	paymen	ıt: S	ingle Month	ly Quarterly	/ Half-y	yearly Yearly	Annualised	Premium Amount (I	Rs.):	
	** Preferences for Ren J&K Bank Auto D		_		Cash^	eque##/DD#	Online Payment		ect Debit/ECS/ACI		PNB-Auto Debit
	in cash has to be made	_	_			orized to colle			_		
	Rio	der Nam	e		Policy Ter	m	Premium Paymen	t Term	Premium Am	ount	Sum Assured
	**The premium shall be insurers may collect the	adjuste same fo	d on the	due date even if it h	as been received i	n advance &	If premium due in one date of the premium.	financial year	r is being collected	n advance in earli	er financial year,
2	. (a) UNIT - LINKED										
-	i. Sum Assured Multiple C	ation pro	•	:	ct portfolio strateg	· <u> </u>	Anaged Auto Reb		Is Systematic Tran	•	
	Preserver II	Protector	r II	Balancer II	Multiplier II	Virtue	II Flexi Cap	Mı	ıltiplier III	Liquid Fund	Total 100%
	If Auto Rebalancing Strate	gy is cho	sen, the	n allocation must on	y be in Flexi Cap a	nd Protector I	f. Minimum allocation i	n any fund ha	s to be 20%		
╽┟	iv. Choose rebalancing eve	ent (as%	of Fund	l Value): 10%	15% 20%	25%	v. Choose Stop Loss o	ption (as% of	f Nav): 10%	15% 20%	25% 30%
(b) TRADITIONAL			100 01			a> 🗆				
	(a) Incase of MetLife Mor (c) For MetLife Family	-		•	Monthly Regular	Income	(b)	Lump - Sum	Option []	Guaranteed Regula	ır Income
	(1) Monthly Income:	=		Rs.25,000	= 1			Rs.1,00,000			
	(2) Policy Term:(d) For MetLife Retirem	10 Y ent Sav		15 Years	20 Yea	ars (3) Re	turn of Premium:	Yes No			
	(1) Which Annuity C	ption*	would '	ou like to choose:	ou have the optio	n to modify	2) Frequency of Annu your choice in future t	ity Payout: _ ill 90 days b	efore the vesting da	ate by intimating	the same to PNB MetLife.
=	. Additional Informatio										
1.	Details of Initial Deposit Instrument No.	Тур	e of De	posit Cro Instrumen	ssed Cheque##	1	Cash* Count in (Rs.)	Online Paymo	ent** PNB of the Bank & Bran	_	J&K Bank Auto Debit
2.	Premiums will be paid by		Г	Proposed Insured	Propos	ed Holder	Others* (Specify) * F	Please fill third party	declaration form	
	If other, please provide the	e followi	ng detai	s. Name	<u> </u>		Relationship to Propos			nnual Income of th	ne Premium Payor
3.	Permanent Account Num	her (DA)	V)·				4. Acc	ount type	Saving	Current	NRE NRO
5.		oci (rAl	٠٠).			MICR Co		оан турс	IFSC Code		I NRU I NRU
	PO bank & Branch Name "Cheque subject to realizati		vmoet -	*Ch	neque/DD made payble	to "PNB MetLi	fe India Insurance Company	Limited. Applica			d for all payouts by PNB MetLife
$\overline{}$	Cheque subject to realizati	on. ra	yment C	m oc mauc unough D	Com Cicum Caru/ N	P1.1					

I. E-Repository Details
I. I would like to receive my insurance policy and all the information related to the proposed insurance policy through insurance repository? Yes No 2. If yes, choose any one Insurance Repository: CAMSRep - CAMS Insurance Repository & Services NDML - NSDL Data Management Services limited KARVY SCHIL - Stock Holding Corporation of India Limited CIRL - Central Insurance Repository Limited
3. If you already have an e-Insurance Account (e-IA) number, kindly provide
J. Tax Status Questionnaire (To be filed by Proposed Holder)
Do you: 1. Have an United States citizenship or resident status (resident status applies in the event of the Applicant being an entity being created, incorporated or governed by United States Laws): 2. US place of birth: 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 to 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

DICK DDOEH E.

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: Based on my investment goals, risk tolerance level and personal financial situation as discussed and explained to me, the fund option exercised by me is in accordance with my risk portfolio.

Section 45 of the Insurance Act, 1938:

5. Standing instructions to transfer funds to a US account.

- 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.

Please refer to the Insurance Act, 1938 or our sales literature to review the complete provisions of Section 45. STATUTORY WARNING as per Section 41 of the Insurance Act, 1938:

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person 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.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

$\begin{tabular}{ll} \textbf{DECLARATION}, \textbf{AGREEMENT \& AUTHORISATION} \\ \textbf{DECLARATION:} \end{tabular}$

I/We have read this Application or got read/explained the Application, and furnished the information, after fully understanding the contents thereof, and I/we have also understood the terms and conditions of the plan that I/we have applied for. 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 and/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 further declare that I/we will notify PNB MetLife in writing of any change occurring in the occupation, financial health or general health of the Proposed Insured/Proposed Holder after the proposal has been submitted but before communication of the risk acceptance by PNB MetLife.

I/ We hereby acknowledge that pursuant to any law, in force in India or any other country, or any agreement that PNB MetLifeand/ or its' affiliates/ group entities have entered into, or may enter into, with any governmental agency/ regulatory body/ organization in furtherance of any such law, PNB MetLife and/ or its' affiliates/ group entities may be required, or obligated, to furnish, transfer or disclose all and any information that PNB MetLife and/ or its' affiliates/ group entities may possess about me, and/or my affairs (including, without limitation, information provided by me under and in relation to my application for an insurance product/policy from PNB MetLife or any other information received or collected by it/ in the usual course of business) to such person or entity or authority, as is required pursuant to such laws or such agreement. I/ We hereby consent, and authorize, PNB MetLife and/ or its' affiliates/ group entities to furnish, transfer or disclose all and any information that it and/ or its' affiliates/ group entities may possess about me, and/or my affairs, in accordance with such laws or any such agreement, to such person or entity or authority, within or outside India, as is required pursuant to such laws or such agreement, without there being the need of any further consent from me.

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. Any untrue statement contained in the application shall render the policy contract as null and void and the premium/premiums paid by me shall be refunded to me within 90 days of such repudiation. In case of fraud, the policy shall be treated in accordance with Section 45 of the Insurance Act.
- 3. If, after submission of this Application 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 application for insurance on the life of the Proposed Insured/Proposed Holder made to any other 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 Application. Any omission on my/our part to do so shall render the contract based on this Application invalid and the policy shall be cancelled immediately and the premium/premiums paid by me shall be refunded to me within 90 days of such cancellation. In case of fraud, the policy shall be treated in accordance with Section 45 of the Insurance Act.
- 4. The payment made along with the application 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 Application is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Application by me/us. I/we agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test.
- 5. I/we agree that the terms and conditions including the premium and benefits under the policy are subject to tax/duties/charges as per the applicable law.
- $6. \quad In \ Unit-Linked \ In surance \ Product, \ I/we \ have been \ explained \ and \ have \ understood \ all \ the \ applicable \ charges \ payable \ under \ the \ product.$
 - . I/We hereby declare that the money used by me/us to pay the premium under this Application has not been derived from any criminal or illegal activity or any unknown sources.

- I/We hereby acknowledge that the information provided under this Application will be used for the purpose of underwriting this Application and for providing policy related services, in the event of the
- risk being accepted by PNB MetLife.

 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 Financial Advisors/Broker/Corporate Agent. If it is paid to Financial Advisor/Broker/Corporate Agent for depositing with PNB MetLife, then the Financial Advisor/Broker/Corporate Agent. $for this purpose is acting as my/our authorized representative and not that of PNB \, MetLife and \, PNB \, MetLife shall not be liable for any loss incurred by me/us while doing so.$
- 10. The life insurance policy is not a pre-condition of opening bank account/availing loan. Participation by bank's customer is purely on voluntary basis.
- $11. \ \ The life insurance policy is underwritten by PNB \ MetLife and is not fixed/recurring deposit/mutual fund or surrogate of any of the loan products applied with the bank.$
- 12. The policy will lapse in case the premiums are not paid as per the frequency and policy term opted in this form.
- $13. \ \ In case of non-standard age proof being submitted, I/we agree to pay the extra premium @ 2.50 per thousand sum assured in lieu of the standard age proof.$
- 14. Tax deducted at Source rates as applicable under section 194D of Income Tax Act, 1961.

I/We hereby Irrevocably authorize any Organization, Institution, or Individual, that has any record or knowledge of my/our health and medical condition or about any treatment or advice that has been given or may hereafter be provided or other personal information, to disclose to PNB MetLife, such information. This authorization shall bind my/our successors and assigns and remain valid not withstanding my/our death or incapacity, in so far as legally possible. 1/We hereby consent, and authorize, PNB MetLife to use and disclose any personal information collected or available with PNB MetLife (whether contained in this application or obtained otherwise) to any individual/organisation/entity associated or affiliated with or engaged by PNB MetLife, within or outside India, including reinsurers, claim investigative agencies, and industry associations/federations, for the purpose of processing/underwriting this Application and/or providing subsequent services arising out of the insurance contract, including claims settlement.

Signature / Left Thumb Impression of the Proposed Ho	older		• •	osed Insured (If different from Proposed Holder
Name of the Proposed Holder:		IN:	ame of Proposed Insured	
Name of Witness				Signature of the Witness (Witness should not be related to the Proposed Insured / Proposed Holder)
Address of witness		Date	Place	Troposed insured / Troposed froider)
DECLARATION IN CASE OF VERNACULAR (Ca				
Declaration by the person filling in the Application. (In I hereby declare that I have fully explained the contents of the same have been fully understood by him/her and the replies have		0 0	**	,
	Address			
The content of the form and documents have been fully that I have fully understood the significance of the proportion				
	Date	Place	Signature of Declarant	Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured
DECLARATION IN CASE THE APPLICANT IS I	LLITERATE (Can not be signed by sales per	rson or nominee)		
In case the Applicant is illiterate, a person of standing, unimpression of the Applicant	connected with PNB MetLife, but whose	identity can easily be es	stablished, should give the followi	ing declaration after attesting left thumb
I hereby declare that I have explained the contents of this Appl				
per the information provided by the Applicant and the replies h				
Declarant's Name		Add	ress	
Date	Place Signate	ure of Declarant	Signature/ Left Thumb In	npression of Proposed Holder/ Proposed Insured
AGENT'S REPORT				
IA/SP/BROKER/DM/ISP (Insurance Sales Perso	on) Code Name of the IA/SP/Auth	norised Person of the E	Broker/DM/ISP IA	A/SP/Broker/DM/ISP Mobile No
1. Name of the Proposed Insured			to the Proposed Insured / Proposed of relationship	
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 l	ру РІ/РН	
7. Have you explained fully the terms and conditional plan to the Applicant?	s of the Yes No		licant currently reside in Rural a	
	Are you satisfied with the Identity of the Proposed Insured?	(c) Does the I deformity/	Proposed Insured have any physical defect or mental retardation?	(d) What is the estimated income of the Proposed Insured/Proposed Holder?
Years Months	Yes No	Yes	☐ No	
10. What is the Proposed Insured's state of health at the ti	me of completion of this Application?	NON-MEDIC		•
		Height in cms	or ft. Inches	Weight in kgs or Pounds
12. Is this Application a replacement for an existing police	cy of the Applicant? If Yes, please comple	te the Replacement Qu	estionnaire.	Yes No
13. Has the Applicant been informed about the following	<u>;</u> ?			
(a) Charges Yes No (b) Surrer (d) Is the product recommended suitable for the ap need, Income, risk appetite and long term financial		cha	mium and benefits under the policies as per the applicable laws. investment risk in the investment	
(f) If the total premium exceeds 30% of the annual satisfied that the product is sold within the financial	l income of the applicant "are you	Lini (To	ked Insurance Product is borne b be filled for Unit - Linked Police	y the Proposed Holder \Box 105 \Box 110
14. Do you recommend acceptance of this Application of	onsidering all the factors, including moral	l hazard?		Yes No
15. Was any negative customer behavior observed rela fictitious information?	ting to Customer insisting on anonymity	, reluctance to provide	identifying information, or prov	riding minimal, seemingly Yes No
If yes, please provide details Certification: I have carefully ascertained the above info		Y/OPG		
are true and correct to the best of my knowledge and beli		vers Date D		Signature of the IA/SP/DM/ISP/

Gen/08/2016/Version 2.6 (5) (from where business is being solicited)

To l	be filled by the Sales Management											
The 1.	agency management must, wherever necessary, verify and certify the following: Was the Financial Advisor licensed to write personal life									☐ No		
3.	Whether you are satisfied with the idea Insured?	ntity of the Proposed	Yes	□ No 4	4.	If the total premium exceeds 30% of the annua Applicant, are you satisfied that the product is financial capacity of the Applicant?		=	Yes NA	☐ No		
5.	Is the product recommended suitable for the Applicant keeping in mind his/her age, needs, risk appetite, income, long term financial goals and long term premium paying capacity? If No, please give the reason.											
6.	Has the Applicant been informed about (a) Charges	et to taxes and charges	sas 🔲	Yes	☐ No							
	(b) Surrender charges	Yes	No No	(6	(d)	The investment risk in the investment portfol Insurance Product is borne by the Proposed Hold Linked Insurance Product only).	olio in the Unit-Lind er (To be filled for Un	ked nit -	Yes	☐ No		
7.	Do you recommend acceptance of this A	Application considering	g all the factor	s, including moral haz	zard	?			Yes	☐ No		
Base	Based on the review as above I am satisfied that the product is suitable to the customer and may be placed subject to other underwriting guidelines.											
	Name	Designation		Signature		Date		Place				

Standing Instruction Mandate- Direct Debit/ ECS/ PNB-Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit Tick the applicable payment option to pay your Initial premium and renewal insurance premium: Direct Debit ECS (Electronic Clearing Service)																						
PNB Auto Debit-SI Including	ng Initia	l Premiu	m		J	&K Ba	ınk Auto	Debit-I	nclu	ıding l	∟ nitial Pr	emium	ı			_	•	Auto D		Jican	ng oe	(VICE)
Mandate Reference Number (T DC No. (To be incorporated by		•	•	•					ank,	, after	updatin	g their	system	ו)								
Mandatory Fields for all opti		ara ra		Daint, o	iito: upo	.ca.i.i.g		o.co, <u> </u>														
Proposed Holder Name						T			Ī													
Policy/Application Number							1				PAN (Pe	ermane	ent Acc	ount No	o.)							
Mobile Number										Ema	nil									-		
Payment Frequency		Mont	hly		Quarte	rly	Ha	alf Yearly	/		Annual		ount in "IN oplication		nentione	ed						
	Standing Instruction Start Date:// (DD/MM/YY) Standing Instruction End Date:// (DD/MM/YY) (Note - Start and end date for PNB Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit for first premium will be date of creation of mandate in bank records)																					
Please fill the following infor	mation	if the ch	osen	Standi	ng Inst	ructio	n optio	n is Dire	ect [Debit	or ECS	or PI	NB-Au	to Deb	it or J	&K E	3ank-	Auto [Debit	or K	BL-A	uto Debit
Yes, I have attached a	сору	of cance	elled	bank c	heque	for D	irect D	ebit/ E	CS				oit/ J&I	K Ban	k-Aut	o De	ebit/ k	KBL-A	Auto	Deb	it	
Bank Account Number:	\perp									* (0	NK SOL only for F		ccount)	1								
Name of the Account Holder a per bank records:	s							Ac (PI	cou eas	_	ct one)		Savin	_		_		edom			Over	
(Mr./Mrs./Ms./Dr./M/s.) Name and Address of the Ban	k/Brand	ch								<u> </u>	alary		Cash	Credit	L] Lo	an Ac	count			Othe	rs
9 Digit MICR Code			T				Da	ate on w	hich	n Debi	t to be i	nitiated	d (Pleas	se sele	ct one	e)	1si		7 th		5 th	
Direct Debit, please tick opera			_		_			Baroda	_ =	=	nk of In	_					al Ban			ICI B		
IDBI Bank Karnataka Others	Bank	Kota	ak Ma	hindra E	Bank [Sta 	ite Banl	of India	a L	Un	ion Ban	k of In	dia [_	Jamr	nu and	d Kas	shmir I	Bank [P	unjat	Natio	nal Bank
Declaration by the Policy Owne I hereby declare that the partic authorized service provider/Ba proposal(s)/ policy(ies), and Ri tax structure, counter offers, re premium directly to the Compa	ulars giv ank to c der(s) (vised pi	ollect the if any), as remiums,	amo s issu addit	unts as ed by the ional ins	may be e Comp surance	due d any. I / rider:	n accou underst s. In the	int of pa and and event of	yme agr my	ent for ee tha bank l	· life insu It premiu being ur	urance um am	premiu	ım(s) p be deb	ayable	e on a	and/oi y acco	r pursi ount m	ıant t ay va	o the iry du	life ins e to ch	surance ange in
** Amounts may vary due to ta Please Note: Standing Instru																		ıl insur	ance	/ ride	rs.	
Please Note: Standing Instruction Debit Date will be the Premium Due date or the next banking day, if the due date is a banking holiday Terms and Conditions The Proposer/ Policy Owner confirms, understands and agrees that: 1. Without prejudice to any rights of the Company/ its authorised service provider/ the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorised service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorised service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorised service provider / the Bank shall in the Proposer/ Policy Owner. 2. In case the customer intends to cancel the ECS or Direct Debit mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ECS / Direct Debit mandate and the same shall be processed by PNB MetLife at no extra charges. 3. The Company / its authorized provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control. 4. The Company is authorized to enable the Direct Debit/ ECS/ CC SI / PNB-Auto Debit/ J&K Bank Auto Debit / KBL Auto Debit / KBL Auto Debit for the premium payments and in the instance of Direct Debit/ ECS/ CC / PNB-Auto Debit/ J&K Bank Auto Debit / KBL Auto Debit (Policy Owner/ Account Holder's account with the mentioned bank to recover the premium payable. 5. The company does not they vany additional charges towards cancellation of the ECS mode/recover such additional charges from the benefits payable under the policy. 6. In order to validate Auto Debit Mandate, PNB MetLife is authorized to debit customers' account with Re. 1 which would be refunded back into customer's account. 7																						
mandate form to get it verified. Account Holder's Signature (A	and/ore	executed		•					•			⊔irect										
	Account Holder's Signature (As in Bank Record): Account Number :																					
Certificate of the Bank Named in the Mandate (to be filled in case of Direct Debit/ ECS/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit) It is certified that the particulars of the Mandate above are correct, and the Signature of the Bank Account Holder, is true, as per our records and that a copy of this form duly completed has been submitted to us																						

Date:_

Signature of the Authorized official of the Bank:

Bank's Stamp :

If the chosen option is PNB-Auto Debit, please also fill the below mentioned details. GBPA Code of signature verifying authority :

Place:_

ACH Form (Automated Cle	aring H	iouse)							
Please fill the following mandatory fields -	- (1) Date ((2) Bank a/c number (3) Bank name (4) IFSC/	MICR Code (5) An	mount (6) Policy No	./application No in "Reference 1 column"				
(7) Account holder signature (8) Account	holder nam	ne (9) Date on which Debit to be initiated							
Date on which Debit to be initiated (Pleas	e select on	ne) 1st 7th 15th 25th							
	}<								
Pnb MetLife UMRN	ТО	BE FILLED	ВҮ	B A N K	Date D D M M Y Y Y				
CREATE(√) MODIFY(X) Sponsor Bar	ık Code	HDFC0000060	Utility Code	HDI	-C00799000009657				
CANCEL(X) I/We hereby authorize	P۱	NB MetLife India Insurance Com	pany Ltd	to debit (tick√)	SB/CA/CC/SB-NRE / SB-NRO /Othe				
Bank a/c number									
with Bank Name of	with Bank Name of customers bank IFSC or MICR or MICR								
an amount of Rupees					₹				
FREQUENCY X Mthly X Qtly	X H-Y	∕rly X Yrly ✓ As & when present	ed DEE	BIT TYPE X F	ixed Amount 🛮 Maximum Amount				
Reference 1			Phon	ne No.					
Reference 2	XXXX	(XXXXXXXXXXX	Emai	IID					
I agree for the debit of Mandate processing charges by t	ne Bank whom	n I am authorizing to debit my account as per latest Schedule	of charges of the Bank.	L					
PERIOD									
From	ШI <u>.</u>	Signature Primary Account holder	Signature of Acco	ount holder	Signature of Account holder				
То									
Or Until Cancelled	1	Name as in bank records 2.	Name as in ban	k records 3	Name as in bank records				
 I have understood that I am authorized to cancel/ an I/We hereby declare that the above information is true 	nend this mand and correct a in the provide	derstood & made by me/ us. I am authorizing the User entit date by appropriately communication the cancellation/ am- and that the mobile number listed above is registered in m er customer preference register, or in any similar register n ur aforesaid account(s).	endment request to the y/our name(s) and/or is	User entity/ corporate or the number that I/we us	e in the ordinary course. I/We hereby declare that,				

Note - Please do not mention anything in Reference 2 and Period (From/ To) fields.

Terms and Conditions

 $The \, Proposer/\, Proposed \, Owner \, confirms, \, understands \, and \, agrees \, that: \,$

1. Without prejudice to any rights of the Company/ its authorized service provider/ the Bank the Proposed Owner will indemnify and hold the Company / its authorized service provider / the Bank harmless against any and all liability, costs and expenses that may be incurred by the Company / its authorized service provider / the Bank arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.

- 2. In case the customer intends to cancel the ACH mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of ACH mandate and the same shall be processed by PNB MetLife at no extra charges.
- 3. The Company / its authorized service provider / the Bank shall in no way be responsible for non-execution or delay in execution of direct debit instruction either on account of incomplete or inaccurate information or non-availability of sufficient funds in the account or for other reason beyond the Company's control.
- 4. The Company is authorized to enable the ACH facility for the premium payments and in the instance of ACH dishonor, to re-debit the Proposed Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- 5. The company does not levy any additional charges towards cancellation of the ACH mode/recover such additional charges from the benefits payable under the policy.
- 6. In case debit date is not selected, debit date would be based on policy effective date. For effective date from 2nd to 7th debit date is 7th, for 8th to 15th debit date is 15th, for 16th to 25th debit date is 25th and for 26th to 31st debit date is 1st. In case the debit date is a holiday, debit would be initiated for next working day.

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 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

- · 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 -1, 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 :	PI/PO Name : Insurance Agent/ Broker/ Specified 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 :							
IMPORTANT:									
1. All receipts/ Negotiable instruments are subject to realizati	on.								
Acceptance of Risk is subject to policy terms & conditions.									
	per the date and time of, premium payment information being receive business day, the same day's NAV is applicable and for other's NAV for								
4. Premium paid before policy due date will be allocated on p	olicy due date.								
5. Premium paid within 180 days of due date will be allocated	on next business day of premium paid date.								
6. Premium paid in lapsed policy after 180 days of due date, w	rill be allocated on completion of all re-instatement requirements and re-	eviewed by PMLI.							
7. All Premium payment in cash has to be made directly at our	nearest branch. Our agents are not authorized to collect the premium in	n cash.							
8. This can be used only for collecting the initial premium and cannot be used for renewal premium collection.									
Beware of spurious phone calls and fictitious/fraudulent offers									

Signature of Agent/ Broker/ Specified Person: ___ Seal/ stamp of the Broker/ Corporate Agent: Date: __

1. IRDA of India or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums.

2. IRDA of India does not announce any bonus. Public receiving such phone calls to lodge a police complaint along with details of phone call and number.



IRDA of India clarifies to public that





Version 1.2