

Customer Details and Policy Feature Change Request Form

**How to fill the
Customer Details and Policy Feature Change Request Form**

Step 1: Affix your recent photograph on Page 1 of the Form (Important Information)

Your photograph is mandatory only if opting for Change in Signature



PNB MetLife India Insurance Company Limited

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**Affix your recent
photograph here**

Customer Details and Policy Feature Change Request Form

Important Information:

- Processing of the requests will be initiated on receipt of this form at any of our Company's touch points
- All the supporting proof/s & document/s submitted along with the request should be self-attested by the Policy Owner
- For acceptable Age /ID and Address proof, please contact any of our Company's touch points
- The original ID Proof of the Policy Owner to be mandatorily presented at the time of request submission to avoid non-acceptance of request
- PNB MetLife can call for additional documentation if required
- For absolutely assigned policy, Request should be signed by the Assignee
- For conditionally assigned policy, Request should be signed both by the Assignee & Assignor
- In case of Auto Vesting, the request to be signed by new Policy Owner. Signed valid ID proof (like Driving License, Passport, PAN Card etc.) of the new Policy Owner should be taken for updation in records
- For request received from anyone other than the Policy Owner, a duly signed authorization letter from Policy Owner and ID proof of the person submitting the request has to be presented to PNB MetLife, failing which such request will not be accepted
- **Kindly fill the application form with a black ball point pen in Block letters**
- The relevant column/s needs to be ticked and the irrelevant columns needs to be strike off as not applicable (N/A)

Photograph

Step 2: Enter your Policy details as per below Instructions

**Enter your
Policy No.**

**Enter the Current Date i.e.
the date of filling the form**

Policy Details:

Policy Number:

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*Solution ID:

[illegible]

Solution Policy Number (Primary):

[illegible]

Solution Policy Number (Secondary):

[illegible]

Name of the Policy Owner:

[illegible]

Mobile Number: **9810012345**

PAN No: **ABCDE1234F**

Email ID: **nishant.sharma@yahoo.co.in**

Aadhar Card No: 548570008000

** (Note: Solution ID & Solution Policy No. will be applicable for Solution Products only)*

**In case you are a Group Policy Holder,
enter your Group Policy No. here**

Payment Details

Enter your Bank Account details in case you wish the disbursement of all future payouts through NEFT

The Bank account details mentioned here should match with the Proof submitted

Connecting all your Service needs...

For hassle free & Swift payouts, get your **BANK DETAILS** updated **NOW!!**

Bank Account Details:

- Policy owner name as per Bank records : **NISHANT SHARMA**
- Bank Name: **HDFC BANK**
- Branch Name: **SAKET, NEW DELHI**
- Bank Account No: **1234560000078901**
- IFSC Code: **H D F C 0 0 0 0 0 0 1** MICR Code: **1 1 0 2 4 1 3 4 5**
- Bank Account Type: Savings ☒ Current ☐ NRE* ☐ NRO ☐

**In case of NRI customer, please provide the Customer Declaration- Repatriation Request & Bank Certificate for Repatriation*

Note: Please submit a cancelled cheque/ Bank pass book copy / Bank Statement bearing pre-printed account number, policyholder name and IFSC code. Kindly carry original documents for verification at branch.

In case the request is being submitted through Third-Party, please submit cancelled cheque of the policy holder along with a Copy of Bank Statement reflecting premium paid to PNB MetLife **OR** Copy of Bank Statement having account number same as provided at the time of Proposal Login **OR** Original ID proof same as provided at the time of Proposal Login of the policy owner **OR** ID proof like Passport/ Adhaar Card/ Driving License in original of the policy owner. Copy of same ID proof which is self-attested by the policy owner needs to be carried and submitted.

Do you wish to update the above bank details for disbursing all future policy payouts through NEFT: Yes ☒ No ☐

Select the appropriate option in case you wish disbursement of all future payouts via NEFT

For updation and /or Change in Address or Contact details in your policy, select the below option

Section A: Change in Personal Details

No ☐

Version 1.0
Page 1 of 4

Change Of Name

For Correction and /or Change in Name in your policy, select the below option

Select from the applicable options
whose name is to be changed

☒ **Change of Name:** Please tick as applicable: (✓):

Policy Holder ☒

Policy Insured ☐

Father Name ☐

Beneficiary ☐

Appointee ☐

Name to be changed from: Nishant Sharma To: Nishant Verma

***Note:** If you are a married woman with a change in surname, please submit a copy of your marriage certificate. For any other request involving significant changes in the name, please submit a Gazette notification or Newspaper Advertisement along with the request. In case of minor name correction please submit Self-Attested ID proof like Driving License, Valid Passport, Aadhar Card, PAN card or any other standard proof acceptable to PMLI. For Name change of multiple clients, kindly submit separate request form.*

Change in Date Of Birth (DOB)

For Correction and /or Change in DOB in your policy, select the below option

Do submit a Self-Attested valid standard age proof of the new requested DOB

Enter the new requested
Date of Birth

☒ **Change in Date of Birth:** Please tick as applicable: (v):

Policy Holder ☒

Policy Insured ☐

Appointee ☐

Beneficiary ☐

New DOB:

D	D	M	M	Y	Y	Y	Y
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Note: Please submit a Self-Attested proof like Driving License, Valid Passport, PAN Card, or any other standard age proof acceptable to PMLI for the new DOB. (For Solution Products, changes will be applicable for all the policies under the solution). Any Date of Birth Correction shall be subject to underwriting guidelines of PNB MetLife and the age eligibility criteria, if any, of the concerned insurance product. For DOB change of multiple clients, kindly submit separate request form. Any change in DOB may result in an increase or decrease of premium or Sum Assured.

Select from the applicable options
whose DOB is to be changed

Beneficiary Change Request

For Correction and /or Addition of Single or Multiple beneficiaries in your policy, select the below option

☒ **Beneficiary Change Request:** I, **Nishant Sharma** declare that I am proposing this change of beneficiaries fully understanding the legal implications of such a change.

From	To	Relationship	Date of Birth (DDMMYY)	% share
Lalita Sharma	Neha Sharma	Spouse	14/01/1986	100%

Gender: **Female** Marital Status: **Married** Nationality: **Indian**

***Note:** Beneficiary change request can be processed only if the PI & PO are the same. In case of more than three beneficiaries, multiple beneficiary form should be filled. Acceptance of beneficiary is subject to the fulfillment of insurable interest. In case of Absolute Assignment Beneficiary/Appointee change request cannot be processed. If beneficiary or nominee is minor, please fill appointee details below.*

Appointee Change Request

Appointee details to be provided only if the Beneficiary under your Policy is a Minor
i.e. less than 18 years of age

For Correction and /or Addition of Single or Multiple Appointees in your policy, select the below option

☒ **Appointee Change Request:** I, **Nishant Sharma** declare that I am proposing this change of appointee fully understanding the legal implications of such a change.

From	To	Relationship	Date of Birth (DDMMYY)	% share
Lalita Sharma	Neha Sharma	Spouse	14/01/1986	100%

Gender: **Female** Marital Status: **Married** Nationality: **Indian**

Note: In case of more than three appointees, multiple appointee form should be filled. In case of Absolute Assignment Beneficiary/Appointee change request cannot be processed.

Automatic Vesting

This option can be chosen to change the person insured to become the policy owner
Of the policy on the Person Insured attaining 18 years

- This option to be opted if the Policy Owner has selected the auto-vesting option at the time of Policy Issuance and in case the same has not been changed automatically in Policy records

☒ **Automatic Vesting:**

☒ Insured is below the age of 18 years

Note: At the time of placing the request, the policy should not be absolutely assigned. Auto vesting request to be accepted only if the Insured is below the age of 18 years. Beneficiary request form should accompany with this request. Please submit self-attested signature proof and Bank details along with the request.

Pan Card Updation

For getting your Pan Card details updated in the policy, select the below option

Do submit a Self-Attested Pan Card copy for updation of Pan Card No. in Policy records



Pan Card No. Updation:

A	B	C	D	E	1	2	3	4	F
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(Please submit a Self-Attested PAN Card copy)

Change in Signature

- You have the option to change your signatures any time during the policy tenure from the existing signature done at the time of policy issuance

☒ **Change in Signature:** I/We, **Nishant Sharma**, the Policy Owner/ Person Insured hereby declare that the below mentioned specimen boxes contain my/ our signatures as affixed on **21** day of **May** **20 17**. I/ We further state that henceforth, the signature as appended below should be considered for all future requests received for this/ these policies. I/ We hereby agree to defend and hold harmless PNB MetLife India Insurance Co. Ltd., on account of any claim, liability, charge, demand, action or proceedings initiated against PNB MetLife by anyone, including any statutory, governmental or regulatory body, on account of PNB MetLife processing any future requests received for this/ these policies bearing the signatures contained herein below:

Signature (Old) as per PNB MetLife records	Signature (New)
Place your OLD signatures here	Place your NEW signatures here

To be filled in case of Bank Attestation: (I hereby confirm that the above signature has been verified by me and is matching as per our bank)

- Name of the Bank : **HDFC BANK**
- Bank Account No: **1234560000078901**
- Name of Bank Employee: **RAM KUMAR**
- Bank Employee Code: **12345**
- Branch Name: **SAKET, NEW DELHI**

Bank Employee Signature and
Bank Seal

Note: Any of the following documents reflecting the new signature will be accepted as photo identity proof and a copy of same is required to register the new signature.

☐ Driving License ☒ Passport ☐ Pan Card ☐ Any Govt. issued ID and signature proof ☐ Banker's Certificate

Note: Policy Owner Walk-in is mandatory for submission of Signature change request. Original Policy Document is to be presented by the Policy Owner only if old signature does not match with PNB MetLife records. Any alterations/ corrections made in the form need to be duly signed by Person Insured/ Policy Owner.

Premium Payment Mode Change

- If you wish to change your future mode of premium payment, select the below option

Section B: Change in Policy Features

☒ **Premium Payment Mode Change:** Please tick as applicable: (v):

From: ☐ Monthly ☒ Quarterly ☐ Semi-Annual ☐ Annual To: ☐ Monthly ☐ Quarterly ☒ Semi-Annual ☐ Annual

Note: Any Change in Mode can be done 15days prior to the Policy Anniversary Year. Premium Payment Mode change from lower to high frequency mode is effective from next policy anniversary.

Premium Payment Type Change

- If you wish to change the method of Policy Premium payment, select the below option

☒ **Premium Payment Type Change:** ☒ Cash/ Cheque/ DD ☐ Direct Debit ☐ ACH ☐ Auto Debit (for Axis Bank Customer Only)

Note: If the chosen Premium Payment Type is Direct Debit / ACH / Auto Debit, the required Standing Instruction mandate needs to be attached. On effecting the change in mode, the amount deducted would be changed as per the changed premium wherever applicable.

Change in Sum Assured

- If you wish to Increase or Decrease the Sum Assured of your policy, select the below option

☒ **Change in Sum Assured:** ☒ Increase ☐ Decrease From Rs. 1,00,000 To Rs. 2,00,000

Note: Any Change in Sum Assured can be done 15days prior to the Policy Anniversary Year. For increase in Sum Assured, additional documents may be called for. Please refer product Terms and Conditions for applicability.

Change in Premium

- If you wish to Increase or Decrease the Premium of your policy, select the below option

☒ **Change in Premium:** ☒ Increase ☐ Decrease From Rs. 10,000 To Rs. 20,000

Note: Any Change in Premium can be done 15days prior to the Policy Anniversary Year. Please refer product Terms and Conditions for applicability.

Addition/Deletion of Riders

- Addition/Deletion of Rider is an option available to change the riders during the tenure of the policy subject to Terms and Conditions of the Policy

☒ *Addition/Deletion of Riders:	☒ Addition	☐ Deletion	<i>* Please refer product Terms and Conditions for applicability</i>	
☐ Accidental Death Benefit Rider	☐ Critical Illness Rider	☐ Death Benefit Rider	☐ Waiver of Premium Rider	☐ Others _____
Revised Sum Assured of the Rider (Only in case of Addition):		<u>2,00,000</u>		

Cover Continuance during Premium Discontinuation

- You can opt for this option post 3 years from the Issuance date of the policy and only if the policy is in Premium Discontinuation status

☒ <u>Cover Continuance during Premium Discontinuation:</u>	Opt In ☒ Opt Out ☐
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Note: Cover Continuance can be opted only if the Policy is in premium Discontinuation status. During Cover continuance period, all charges as mentioned in the Terms and conditions would be deducted. Policy may be foreclosed as per the foreclosure conditions mentioned in the T&C.

Change in Non-Forfeiture Option

- If you wish to change the Non-Forfeiture Option in your policy , select the below option

☒ **Change in Non-Forfeiture Option:** ☒ **Automatic Premium Loan (APL)** ☐ **Reduced Paid Up**

Note: NFO change request is subject to conditions; refer to the 'terms & conditions' as mentioned in the Policy Document.

Death Benefit Option Change:

- If you wish to change the Death Benefit Option in your policy , select the below option

☒ **Death Benefit Option Change:** I wish to change the death benefit option of my below mentioned product:

☐ Met Smart

☒ Met Ultimate

Change from		Change to	
Option Type	Tick the option	Option Type	Tick the option
Option A		Option A	
Option B		Option B	

Don't forget to place your Signatures on the Form

Declaration by the Policyholder:

The Declaration, Agreement and Authorization, as annexed to this letter shall be deemed as the necessary declarations and authorization required by PNB MetLife India Insurance Company Limited ("PNB MetLife") for the purpose of processing the request as given above and that the same shall not be contested by me in the future. I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request.

I understand and accept that my request shall be processed in accordance with the terms and conditions of the policy and that I shall be solely responsible for all the consequences arising out of this request including on account of any incorrect or incomplete details contained herein.

I understand that PNB MetLife will be communicating through telephone calls, SMS, or emails for providing details of transactions, payment reminders, etc. and that these shall not be construed as unsolicited commercial calls/ e-mails and my request can be rejected in case of non-contactability.

**Place your
signatures here**

Signature/Thumb Impression of Policy Owner

**To be signed by Person
Insured in the Policy**

Signature/Thumb Impression of Person Insured
(If different from Policy Owner)

**To be signed by the Assignee only
if the Policy is assigned**

Signature/Thumb Impression of Assignee
(Required in case of Absolute assignment of Policy)

Date: DD-MM-YYYY

Place: **NEW DELHI**

**Enter the Current Date i.e.
the date of signing the form**

Get the Vernacular declaration filled only if your signatures are in any language apart from English

Vernacular Declaration: To be filled incase policyholder's signatures is in the form of a thumb impression (left thumb) or in a vernacular language:

The contents of the document have been read over to the illiterate/vernacular literate applicant who is personally known to me and *he has filled up the contents and affixed his signature/I have filled up the contents as per the applicant's instruction as his scribe and the applicant has affixed his *left hand thumb impression/ signature in vernacular after completely understanding the contents hereof in my presence.

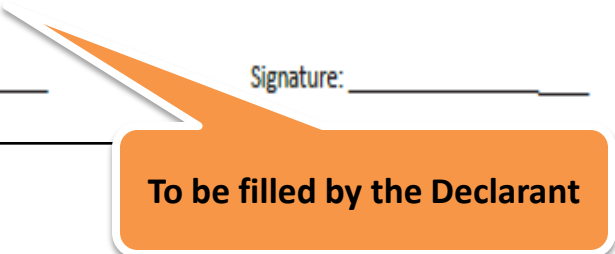
*Strike out whichever is not applicable.

Name of Declarant: _____

Date: DD-MM-YYYY

Place: _____

Signature: _____



To be filled by the Declarant

Don't enter any details in the Section below

For Branch Use Only: To be filled by Branch Services - Mandatory

Request received from: ☐ IA ☐ Sales personnel ☐ Specified Person (SP) ☐ Customer ☐ Customer Representative ☐ Bank ☐ Courier

Form Received By: Employee Name: _____ Employee ID: _____ Employee Signature: _____

Request Received date at Branch: DD-MM-YYYY

Request received Time at Branch: HH:MM

Branch Stamp

To be filled by PNB MetLife
Employee only

Do collect the Request acknowledgement slip if Request is being handed over at any PNB MetLife Branch/Bank Branch/CAMS Branch in person or through Third Party

Acknowledgement Slip

Received a request for _____ against Policy No: _____

Solution No _____ Containing Policy No's _____

On _____ at _____ am/pm

Received By: Employee Code _____ Employee Name _____

Date and Time Stamp / Seal of Branch

Branch Stamp

**To be filled by PNB MetLife
Employee only**

THANK YOU
