

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.	Details

5. For Female Proposed Insured Only

- 1) Are you Pregnant? Yes No If yes, please mention current months of pregnancy. Less than or equal to 6 months More than 6 months
 If any complications relating to pregnancy please give details. _____
- 2) Have you delivered, undergone caesarian section, had any abortion or miscarriage? Yes No If yes, please mention the period elapsed since the last occasion
 In last 3 months 3 to 6 months More than 6 months
- 3) Have you suffered / are suffering from any disorder of the breast or reproductive organs? Yes No If yes, please provide details _____

E. Life Style & Personal Details of the Proposed Insured

1. Life Style Information:

- 1) Have you smoked or consumed tobacco or nicotine products in any form* in the last 5 years? (*Tobacco product includes but not limited to Cigarettes, Bidis, Cigars, chewable tobacco like Gutkha, flavored Pan masala etc.) Yes No
- 2) Please give the following details:

Substance Consumed	Yes	No	Consumed As	Quantity	For No. of months	If stopped consuming, state date since when you stopped
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pipe <input type="checkbox"/> Cigar <input type="checkbox"/> Cigarettes <input type="checkbox"/> Beedi	No. of sticks/day <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
	<input type="checkbox"/>	<input type="checkbox"/>	Gutkha	No. of packets/day <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor	Pint / ml per week <input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months
Narcotics / Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Addictive Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months

- 3) Is your occupation associated with any specific hazards (E.g. Mines, Explosives, Corrosive Chemicals and HTV Drivers, etc), please complete the respective Occupation Questionnaire? Yes No If yes, please complete Aviation Questionnaire. (Please tick "No" if you are a fare-paying passenger in domestic/international airline)
- 4) Are you employed in Armed, Para Military or Police Force, if Yes, please complete Armed Services Questionnaire? Yes No
- 5) Have you ever been convicted of a criminal offence or do you have any criminal case or charge pending against you? Yes No
- 6) Have you flown in the last two years or do you expect to fly in future either as a Student Pilot, Pilot, Crew Member Passenger in a Non-Commercial/ Personal / Chartered Flight? Yes No
- 7) Do you engage in Automobile or Motor-cycle Racing, Skin or Scuba Diving, Skydiving or Professional Sports? If yes, please complete respective Avocation Questionnaire. Yes No
- 8) Are you (PI/PO/PP) or your family member/close associate is politically exposed person (PEP*). If yes please fill the PEP Questionnaire. Yes No
- 9) Is the Proposed Holder/Nominee/Premium Payer a Trust, charity, NGO or organisation receiving donations? Yes No

* Individuals who are or have been entrusted with prominent public functions domestically or by a foreign country, which may include Heads of State or of government, senior politicians (Members of Political parties contested in elections of Local bodies/Legislature/Parliament or Nominated), senior government (All Secretary levels), judicial or military officials (Ranks Equivalent to Major and above), senior executives of state owned corporations, important political party officials. Individuals who are or have been entrusted with a prominent function by an international organization, refers to members of senior management or individuals who have been entrusted with equivalent functions, i.e. directors, deputy directors and members of the board or equivalent functions.
 Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership.
 Close associates are individuals who are closely connected to a PEP, either socially or professionally.

F. Product Details

1. Pension Plan Name

Policy Term	Plan Option	Premium Paying Term	Premium Paying Frequency	Sum Assured	Modal Premium	Annualized Premium

Rider name	Policy Term	Premium Paying Term	Premium Paying Frequency	Annualized Premium	Sum Assured

2. For Unit Linked Pension Plans

Please select Investment Strategy:

Investment Strategy:	Self-Managed Strategy <input type="checkbox"/>	Systematic Transfer Strategy <input type="checkbox"/>	Automatic Asset Rebalancing Strategy <input type="checkbox"/>
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Please choose the fund allocation proportion

Fund Name	Allocation	Fund Name	Allocation
Pension Midcap Fund		Pension Consumption Fund	
Pension Premier Multi-Cap Fund		Pension Dividend Leaders Index Fund	
Pension Bond Fund			
Pension Value Fund			

Note: For the Segregated Fund Identification Number (SFIN) please refer the product brochure/ leaflet or the Electronic Benefit Illustration. You may also logon to our website pnbmetlife.com for the same. If the Above-mentioned proportions are not clear, values from Signed Electronic Benefit Illustrations will be considered.

H. Annuity Payment details

a) Name of the Policyholder/Account Holder (Mr./Mrs./Ms./Dr.):

b) Account Number: c) IFSC Code:

d) 9-digit MICR Code: e) Account Type: Savings Current Cash Credit

f) Name and Address of the Bank/Branch: _____

g) Bank Proof (to be Mandatorily Submitted): Pre-Printed Cancelled Cheque Bank Account Statement

Yes, I have attached a blank cancelled cheque

I. Nominee details (To be filled if Proposed Insured and Proposed Holder are the same) and Appointee details - To be filled only if the Nominee is a minor. (The Appointee must not be the Proposed Insured)

Nominee details

1. Name (Mr./Mrs./Ms./Dr./Master/Other)

2. Date of Birth 3. Gender Male Female Transgender 4. Marital Status Single Married Divorced Widowed

5. Nationality: Indian Non-Resident Indian Person of Indian Origin Foreign National _____ (Country Name)
(If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National questionnaire)

6. Relationship with the Proposed Insured _____ 7. % Nominee Share** % **In case of more than one nominee, please fill respective share of nomination in multiple nominee form

8. Mobile Number 9. Email _____

10. Present Address

11. Permanent Address
 Same as Present Address

12. Account type Saving Current NRE NRO

13. Account No. MICR Code: IFSC Code:

14. Bank Name & Address _____

Contingent policyholder will assume the role of policyholder in case of original policyholder's death (Applicable only for Smart Invest Pension Plan Pro- Retire Secure Plus Plan Option)

Appointee Details - To be filled only if the Nominee is a minor. (The Appointee must not be the Proposed Insured)

1. Name (Mr./Mrs./Ms./Dr./Master/Other)

2. Date of Birth 3. Gender Male Female 4. Marital Status Single Married Divorced Widowed

5. Nationality: Indian Non-Resident Indian Person of Indian Origin Foreign National _____ (Country Name)
(If Non-Resident Indian or People of Indian Origin or Foreign National, please mention the country you reside in the space provided above and complete NRI/PIO/Foreign National questionnaire)

6. PAN No.

7. Mobile Number 8. Email _____

9. Account type Saving Current NRE NRO

10. Account No. MICR Code: IFSC Code:

11. Bank Name & Branch Address _____

12. Signature Accepting the Appointment _____ 13. Relationship with Nominee _____

J. E-Repository Details

1. If you already have an e-Insurance Account (e-IA) number, kindly provide

2. 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

K. 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 telephonenumber: 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
5. Standing instructions to transfer funds to a US account.

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 & AUTHORISATION

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/the Company) 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 health of the person to be insured/proposer and seeking information from any insurer to whom a 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/our 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/institution as authorised by the Authority or entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors, data analysts, Artificial Intelligence oriented softwares/ firms and industry associations/federations, for the purpose of processing/underwriting this proposal and/or providing subsequent policy related services as permitted under the Authority's regulation/circulars, as applicable and claims settlement. I/We here by understand that the Company will send/issue me/us the insurance policy in electronic form in accordance with the Board approved policy on "Issuance of insurance policies in Electronic Form" and as per the extant regulatory framework. In case of choice of availing physical policy document, I/We will request the Company by calling its Toll free no[1]80042569669 or by visiting its nearest branch. For downloading electronic policy document, I/We will download the same through Khushi app or by sending Hi to WhatsApp No - 7669800577. I/We hereby consent and authorise PNB MetLife to deduct/levy/set off, etc. from the premium/policy funds/benefits, any cheque bouncing/credit card charges associated to my policy and if such deductions/levying/set off could put my policy in premium deficiency and termination.

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 arising out of the insurance contract. 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 arising out of the insurance contract 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 arising out of the insurance contract to me/us as mentioned above herein and for the time period no longer than necessary for the purpose specified hereinabove. I/we also understand 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 and the same is provided in detail in the Privacy Policy available on the website of PNB MetLife. I/We can raise my/our concerns to the Chief Information Security Officer of PNB MetLife and/or Data Protection Board in accordance with the Privacy Policy and Digital Personal Data Protection Act, 2023.

I hereby acknowledge and consent that, in the event of any difference in my personal information including but not limited to my name, gender, father's name, date of birth, residential address, and PAN details as declared by me voluntarily in the proposal form, PNB MetLife shall have the authority to correct or rectify such information based on the KYC documents voluntarily submitted by me to PNB MetLife. Furthermore, I understand and agree that the revised information shall be duly updated in PNB MetLife's internal records and shall be accurately reflected in the policy document issued to me by PNB MetLife.

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. 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 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 Proposal. 4. If there is any suppression or mis-representation of material information or any untrue statement contained in the information provided hereinabove 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 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 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. Suvridha 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. 12. As per the IRDAI's directions, I hereby provide my express consent and authorize PNB MetLife India Insurance Company Limited to block an amount as quoted in this proposal form (including applicable taxes), for the purpose of premium payment towards insurance. I agree and understand that this mandate shall be valid for a period of (i) 14 days from the date of premium block mandate or (ii) date of acceptance of this proposal, whichever is earlier and that the blocked amount will be utilized towards premium payment upon proposal acceptance. I further authorize PNB MetLife India Insurance Company Limited to share information with the relevant entities for the purpose of blocking/releasing the premium amount. 13. Also agree that the Contingent Policyholder will assume the role of policyholder in case of unfortunate demise of Original Policyholder. (Applicable only for Smart Inv est Pension Plan Pro-Retire Secure Plus Plan Option)

AUTHORISATION: I/We hereby Irrevocably authorize any Organization, Institution, or Individual, that has any record or knowledge of any information significant for the issuance of the policy 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. I/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/organization/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 this Proposal and/or providing subsequent services arising out of the insurance contract, including claims settlement.

x _____
Signature / Left Thumb Impression of the Proposed Owner

Name of the Proposed Owner: _____

Name of Witness: _____ Address of witness: _____

Date: _____ Place: _____

Applicable where the Proposer is illiterate or is suffering from a disability due to which writing is restricted or where the Proposer has signed in vernacular language.

I hereby declare that I have fully explained the contents of the Proposal form and all other documents incidental to availing the insurance from PNB MetLife to the Applicant, in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the Applicant and the replies have been read out to, fully understood by and confirmed by the Applicant.

x _____
Signature of Declarant **Declarant's Name & Address:** _____

The contents of the form and documents have been fully explained to me and that I have fully understood the significance of the proposed contract.

x _____
Signature of Applicant

In case the Applicant is illiterate, a person of standing, unconnected with the Company, but whose identity can easily be established, should give the following declaration after attesting left thumb impression of the Applicant

I hereby declare that I have explained the contents of this Proposal in _____ language to the Applicant. The same have been fully understood by him/her and replies have been recorded as per the information provided by the Applicant and the answers have been read out to and fully understood by and confirmed by the Applicant. The Applicant has affixed his/her left thumb impression in my presence. _____

Declarant's Name & Address:

x _____
Signature of Declarant

x _____
Left Thumb Impression of Applicant

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.

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.

Code: _____ Name of IA/SP/BQP/AV/ISP/FLS: _____ Mobile No: _____

This is to certify and affirm that I have personally met the proposer / insured _____

(Name of the proposer /insured) who wish to apply for insurance coverage through product _____ (Name of the product). (Name of the proposer) _____ has duly filled up the proposal form in my presence and have paid the premium of Rs. _____ through cheque/ DD/ Credit Card/ Debit Card/ Cash/ Electronic Fund Transfer.

I have personally seen all the supporting documents submitted by the proposer and have compared / verified it with the originals and hereby certify all of it to be genuine. I have personally explained all the terms and conditions, features, benefits, charges, term and premium of the policy to the proposer /insured. I have conducted the primary underwriting, and I am convinced and satisfied with the identity, address, health, habits and legitimacy of the source of income and/or wealth of the proposer/insured as declared in the proposal form. I am satisfied that the proposer/insured is neither a convict, nor a politically exposed person (PEP). I have not found anything adverse against the issuance of the policy to the proposer/insured. Therefore, I recommend for the issuance of the policy as applied for (In case of disagreement to this declaration, the proposal should not be logged in by SP/Agent/Employee/intermediaries.)

Additional comments (If any)

I affirm and confirm that the above information are true and correct to the best of my knowledge and belief and if this is found to be false or incorrect, the Company may take appropriate action against me including the claw back of commission/incentives and the also cancel /declare the policy as null and void.

Date: _____

Signature: _____

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 at 1st Floor, Techniplex - 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 :		Insurance Agent/ Broker/ Specified Person Name and Code :	
Corporate Agent Name :		Insurance Agent/Broker/ Specified Person Name And Code :	
Amount (In figures) : _____		Amount (In Words) : _____	
Premium Payment Option: <input type="checkbox"/> Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/> Others			
Cheque/Draft No. :		Bank Name :	Cheque/Draft Date :

