

E. Medical Details & Family History of the Proposed Insured

1. Height in cms or Ft. Inches Weight in Kgs or Pounds

2. Family History		Living	Deceased	
Relation to Proposed Insured	Age	Details of present health and full particulars of any major illness (Heart, diabetes, stroke, hypertension, raised cholesterol, cancer, multiple sclerosis, Alzheimer, Parkinson or any hereditary disease)	Age	Cause of Death
Father				
Mother				
Brothers/Sisters				
Spouse				
Children				

3. Medical Details

Have you ever had symptoms of, been treated for, been advised to receive treatment or have undergone any investigations for any of the following. (The below conditions are provided as examples only and would request you to disclose all disorders, disease or other health conditions, which are, or might be relevant. If answer for any of the questions in this section is "Yes" please provide all medical reports, if available.)

	Yes	No		Yes	No
1. High Blood Pressure, Chest Pain, Angina, Heart Attack or any other ailment pertaining to the Heart or Circulatory System?	<input type="checkbox"/>	<input type="checkbox"/>	11. Depression, Stress, Anxiety, Attempt to Suicide or any other Psychological or Emotional Disorder or Nervous Breakdown or Mental Illness or symptoms of the same?	<input type="checkbox"/>	<input type="checkbox"/>
2. Seizures, Stroke, Paralysis, Epilepsy, Parkinson's, Multiple Sclerosis or any other Disorder of the Brain or Nervous System?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you or your spouse ever been tested of or received any medical advice, counseling or treatment in connection with HIV/AIDS or Hepatitis B/C or any Sexually Transmitted Diseases?	<input type="checkbox"/>	<input type="checkbox"/>
3. Tuberculosis, Asthma, Bronchitis, Avian Flu, Shortness of Breath or any other Respiratory Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	13. During the past five years,		
4. Cancer, Tumour, Cyst, Leukemia, Growth, Lump or other Malignancy?	<input type="checkbox"/>	<input type="checkbox"/>	(a) Have you Consulted any doctor or health practitioner for illness lasting for more than 4 days except for fever, common cold or cough?	<input type="checkbox"/>	<input type="checkbox"/>
5. Any Kidney, Liver, Bladder Disorder or Prostate Disease, Blood/Protein in Urine?	<input type="checkbox"/>	<input type="checkbox"/>	(b) Have you Undergone ECG, x-rays, blood test or other tests?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ulcers or any Stomach or Intestinal Disorder?	<input type="checkbox"/>	<input type="checkbox"/>	(c) Have been admitted/advised to be admitted to any hospital or any other medical facility?	<input type="checkbox"/>	<input type="checkbox"/>
7. Diabetes, Thyroid or any other Gland Related Disorders?	<input type="checkbox"/>	<input type="checkbox"/>	14. Do you have any physical deformity/defect or any congenital condition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any Disorder related to Ear, Nose and Throat?	<input type="checkbox"/>	<input type="checkbox"/>	15. Has there been drastic weight loss or weight gain (>=5 Kgs) in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any Back, Arthritic, Joint or Bone Disorders or Skin Lesion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Have you undergone or been advised to undergo surgery of any kind or any major organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have Anaemia, Leukaemia or any other blood related disorders	<input type="checkbox"/>	<input type="checkbox"/>			

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 _____

F. 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
- 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.

G. Product Details

1.

Product Name	Policy Term	Premium Payment Term	Modal Premium	Basic Sum Assured	Sum Assured on Death	Premium Multiple

Plan/ Benefit Option: _____ Accumulation of Survival Benefit payout: Yes No Cover Option: _____ Lump Sum %: _____ Build-Up option: Yes No
 Income Mode: _____ Date of Benefit Payout: dd/mm Return of Premiums: Yes No Other benefit / option: _____ Cash Bonus option: Yes No
 Cashback (%) _____ Income Payout Period (Years) _____ Income Start Year _____ Death Sum Assured Multiple _____
 Joint life cover: Yes No (if Joint life cover is chosen, then please complete Joint Life Questionnaire) Sum Assured of Joint Life : Rs. _____
 Frequency of premium payment: Single Monthly Quarterly Half-yearly Yearly Annualised Premium Amount (Rs.): _____

** Preferences for Renewal Premium Payment Mode: Cash^ Cheque/DD^ Online Payment^^ Direct Debit/ACH* PSP PNB-Auto Debit
 J&K Bank Auto Debit KBL Auto Debit Others (Specify) _____ *Please fill in the relevant Standing Instruction Form. ^All Premium payment in cash has to be made directly at our nearest branch. Our agents are not authorized to collect the premium in cash. ^^Payment can be made through Debit/ Credit Card/ NEFT.

Rider Name	Policy Term	Premium Payment Term	Premium Amount	Sum Assured

**The premium shall be adjusted on the due date even if it has been received in advance & If premium due in one financial year is being collected in advance in earlier financial year, insurers may collect the same for a maximum period of three months in advance of the due date of the premium.

2. (a) UNIT - LINKED

i. Sum Assured Multiple Chosen:

ii. Please select portfolio strategy: Self Managed Auto Rebalancing Systematic Transfer Life-stage

iii. Please choose the allocation proportion:

Fund	Allocation	Fund	Allocation
India Opportunities		Balanced Opportunities	
Protector II		Premier Multi-Cap	
Balancer II		Mid Cap	
Sustainable Equity		Small Cap	
Virtue II		CREST	
Flexi Cap		Bharat Manufacturing	
Multiplier III		Bharat Consumption	
Liquid		Nifty 500 Momentum 50 Index	
Bond Opportunities		Value Fund	
Dividend Leaders Index			
Total			

If Auto Rebalancing Strategy is chosen, then allocation must only be in Flexi Cap and Protector II.
Note: For the Segregated Fund Identification Number (SFIN) please refer to the product brochure / leaflet or the Electronic Benefit Illustration. You may also log on to our website <https://www.pnbmetlife.com/> for the same. If the above mentioned proportions are not clear, values from Signed Electronic Benefit Illustrations will be considered.

iv. Choose rebalancing event (as% of Fund Value) 10% 15% 20% 25% v. Choose Stop Loss option (as% of Nav): 10% 15% 20% 25% 30%

(b) TRADITIONAL

(a) In case of PNB MetLife Monthly Income Plan-10 Pay Choose the Monthly Regular Income (b) Lump-Sum Option Guaranteed Regular Income

(c) For MetLife Retirement Savings Plan only:

(1) Which Annuity Option* would you like to choose: _____ (2) Frequency of Annuity Payout: _____

*Please ask your advisor to explain your annuity options. You have the option to modify your choice in future till 90 days before the vesting date by intimating the same to PNB MetLife.

premium or on terms other than as originally proposed or (iii) if there is any change in my/our occupation or financial position, I/we shall forthwith intimate the same to PNB MetLife in writing to reconsider the terms of acceptance of this Proposal. 4. If there is any suppression or mis-statement of material information or any untrue statement contained in the information provided here in above or in case of fraud or any material omission happens on my/our part in providing the information as required to be provided per item number three above, the insurance contract entered basis this Proposal shall be treated as null and void in accordance with the provisions of Section 45 of the Insurance Laws (Amendment) Act, 2015 and as amended from time to time. 5. The payment made along with the proposal is a deposit with PNB MetLife to be adjusted towards premium in the event of acceptance of the risk sought to be insured by me/us. Unless accepted, no risk shall attach to PNB MetLife. In the event that the Proposal is found acceptable, PNB MetLife shall be entitled to issue the policy commencing from any date subsequent to the date of submission of the Proposal by me/us. I/We agree to undergo all medical tests required by PNB MetLife as per its guidelines, including HIV-Elisa Test. 6. I/We hereby declare that the money used by me/us to pay the premium under this Proposal has not been derived from any criminal or illogical activity or any unknown sources. 7. I/We hereby acknowledge that the information provided under this Proposal will be used for the purpose of underwriting this Proposal and for providing policy related services, in the event of the risk being accepted by PNB MetLife.

8. I/We understand that any premium if paid by cash has to be paid only in PNB MetLife branches. Suvidha outlets and other authorized cash collection agencies against an official Receipt and not to PNB MetLife's Insurance Agent/Broker/Corporate Agent. If it is paid to Insurance Agent/Broker/Corporate Agent for depositing with PNB MetLife, then the Insurance Agent/Broker/Corporate Agent for this purpose is acting as my/our authorized representative and not that of PNB MetLife and PNB MetLife shall not be liable for any loss incurred by me/us While doing so. 9. I/We further agree and consent to PNB MetLife receiving my/our updated address from CERSAI (which will happen on my/our updating the new address in my/our account maintained with any Bank or other financial Institution) and update the new address in my/our policy/ies with PNB MetLife. I/ We hereby agree and consent PNB MetLife to send future communication regarding my/ our policy and other services through its preferred communication channel (including but not limited to SMS, E-mail and physical letters). Such communication made by the Company shall override the Do not Disturb (DND) registrations, if any, made earlier or anytime herein after by me. 10. The policy will lapse in ease 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. 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. 14. In the event of any interpretational dispute arising out of the responses recorded in English and those in the vernacular language, the responses in the vernacular language shall prevail and be considered as final for all purposes and shall be binding upon the parties. Furthermore, in case of any interpretational dispute arising out of the terms and conditions of the application form, the English version shall take precedence over the version in the regional language.

Signature / Left Thumb Impression of the Proposed Holder _____

Signature / Left Thumb Impression of the Proposed Insured (If different from Proposed Holder) _____

Name of the Proposed Holder: _____

Name 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 _____

DECLARATION IN CASE OF VERNACULAR/DISABILITY (Can not be signed by salesperson or nominee)

Declaration by the person filling in the Proposal. (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 and confirmed by the Applicant.

Declarant's Name _____ Address _____

The content of the form and documents have been fully explained to me and that I have fully understood the same.

_____ Date

_____ Place

_____ Signature of Declarant

_____ Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured

DECLARATION IN CASE THE APPLICANT IS ILLITERATE (Can not be signed by sales person or nominee)

In case the Applicant is illiterate, a person of standing, unconnected with PNB MetLife, 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 replies 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 _____

_____ Date

_____ Place

_____ Signature of Declarant

_____ Signature/ Left Thumb Impression of Proposed Holder/ Proposed Insured

Section 45 of the Insurance Act, 1938 :

- 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.
- 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:
 - The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - The active concealment of a fact by the insured having knowledge or belief of the fact;
 - Any other act fitted to deceive; and
 - Any such act or omission as the law specifically declares to be fraudulent.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

STATUTORY WARNING as per Section 41 of the Insurance Act 1938:

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

AGENT'S REPORT

IA/SP/BROKER/DM/ISP (Insurance Sales Person) Code

Name of the IA/SP/Authorised Person of the Broker/DM/ISP

IA/SP/Broker/DM/ISP Mobile No

1. Name of the Proposed Insured _____ **2.** Are you related to the Proposed Insured / Proposed Holder? Yes No
 If yes, nature 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 by PI/PH _____

7. Have you explained fully the terms and conditions of the plan to the Applicant? Yes No **8.** Does the Applicant currently reside in Rural area? Yes No

9. (a) Since when do you know the Proposed Insured / Proposed Holder? _____ (b) Are you satisfied with the Identity of the Proposed Insured? Yes No (c) Does the Proposed Insured have any physical deformity/defect or mental retardation? Yes No (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 time of completion of this Application? _____ **11.** Please furnish exact physical measurements of the Proposed Insured, in respect of NON-MEDICAL CASES:
 Height in cms or ft. Inches Weight in kgs or Pounds

12. Is this Application a replacement for an existing policy of the Applicant? If Yes, please complete the Replacement Questionnaire. Yes No

13. Has the Applicant been informed about the following?
 (a) Charges Yes No (b) Surrender charges Yes No (c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. Yes No
 (d) Is the product recommended suitable for the applicant keeping in mind his/her need, Income, risk appetite and long term financial goal? Yes No (e) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit - Linked Policies only). Yes No
 (f) If the total premium exceeds 30% of the annual income of the applicant "are you satisfied that the product is sold within the financial capacity of the Applicant" Yes No

14. Do you recommend acceptance of this Application considering all the factors, including moral hazard? Yes No

15. Was any negative customer behavior observed relating to Customer insisting on anonymity, reluctance to provide identifying information, or providing minimal, seemingly fictitious information? Yes No
 If yes, please provide details _____

Certification: I have carefully ascertained the above information and recorded them. All the answers are true and correct to the best of my knowledge and belief.

Date

Signature of the IA/SP/DM/ISP/ authorised person of the broker _____

- Incase of Corporate Agent (CA) or Micro Insurance Agent (MI), Specified Person (SP) to sign/stamp & provide his / her details.
- Incase of Broker/IMF (Insurance Marketing Firm), authorised person to sign & provide their details.
- Respective agent as specified above to authenticate all documents like KYC, BI etc. with their signature & Original Seen Verified.

Seal/Stamp of CA/Broker/IMF/Micro Insurance Agent (from where business is being solicited) _____

To be filled by the Sales Management

The agency management must, wherever necessary, verify and certify the following:

1. Was the Financial Advisor licensed to write personal life insurance on the date the Application was signed? Yes No **2.** Have you personally reviewed this Application? Yes No

3. Whether you are satisfied with the identity of the Proposed Insured? Yes No **4.** If the total premium exceeds 30% of the annual income of the Applicant, are you satisfied that the product is sold within the financial capacity of the Applicant? Yes No NA

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. _____ Yes No

6. Has the Applicant been informed about the following?
 (a) Charges Yes No (c) Premium and benefits under the policy are subject to taxes and charges as per the applicable laws. Yes No
 (b) Surrender charges Yes No (d) The investment risk in the investment portfolio in the Unit-Linked Insurance Product is borne by the Proposed Holder (To be filled for Unit-Linked Insurance Product only). Yes No

7. Do you recommend acceptance of this Application considering all the factors, including moral hazard? Yes No

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
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date:

Emp. Name: _____
 Emp. Code: _____
 Emp. Designation: _____
 Emp. Branch: _____

INSTITUTION DETAILS

Name: _____
 Code: _____

Standing Instruction Mandate- 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: PNB Auto Debit-SI Including Initial Premium

J&K Bank Auto Debit-Including Initial Premium KBL-Auto Debit

Mandate Reference Number (To be incorporated by after updating their system) _____

DC No. (To be incorporated by Jammu and Kashmir Bank, after updating their system) _____

Mandatory Fields for all options

Proposed Holder Name	[Grid for Name]														
Policy/Application Number	[Grid for Policy No.]					PAN (Permanent Account No.)	[Grid for PAN]								
Mobile Number	[Grid for Mobile No.]					Email	[Grid for Email]								
Payment Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Annual	Amount in "INR" as mentioned in Application form	[Grid for Amount]									
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 information if the chosen Standing Instruction option is PNB-Auto Debit or J&K Bank-Auto Debit or KBL-Auto Debit

<input type="checkbox"/> Yes, I have attached a copy of cancelled bank cheque for PNB – Auto Debit / J&K Bank-Auto Debit / KBL-Auto Debit															
Bank Account Number:	[Grid for Bank Account No.]					BANK SOL ID * (Only for PNB Account)	[Grid for SOL ID]								
Name of the Account Holder as per bank records: (Mr./Mrs./Ms./Dr./M/s.)	[Grid for Name]					Account Type (Please select one)	<input type="checkbox"/> Savings	<input type="checkbox"/> Total Freedom	<input type="checkbox"/> Overdraft	<input type="checkbox"/> Salary	<input type="checkbox"/> Cash Credit	<input type="checkbox"/> Loan Account	<input type="checkbox"/> Others		
Name and Address of the Bank/Branch _____															
9 Digit MICR Code	[Grid for MICR Code]					Date on which Debit to be initiated (Please select one)	<input type="checkbox"/> 1 st	<input type="checkbox"/> 7 th	<input type="checkbox"/> 15 th	<input type="checkbox"/> 25 th					

Declaration by the Policy Owner
 I hereby declare that the particulars given above are correct and complete in all respects. I authorize PNB MetLife India Insurance Company Limited. (the "Company") and/or its authorized service provider/Bank to collect the amounts as may be due on account of payment for life insurance premium(s) payable on and/or pursuant to the life insurance proposal(s)/ policy(ies), and Rider(s) (if any), as issued by the Company. I understand and agree that premium amount to be debited from my account may vary due to change in tax structure, counter offers, revised premiums, additional insurance/ riders. In the event of my bank being unable to debit my account, for whatsoever reason, I will pay insurance premium directly to the Company. I will also inform the Company for any changes in my Bank Account.

** Amounts may vary due to taxes (including but not limited to any change in applicable tax rates), counter offer, revised premiums, additional insurance/ riders.
 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:

- Without prejudice to any rights of the Company/ its authorised service provider/ the Bank the Policy Owner will indemnify and hold 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 arising out of any acts of omission or commission or negligence on the part of the Proposer/ Policy Owner.
- In case the customer intends to cancel the Direct Debit mandate he/ she may do so by giving 15 days written notice to PNB MetLife prior to the due date of Direct Debit mandate and the same shall be processed by PNB MetLife at no extra charges.
- The Company / its authorised 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.
- The Company is authorized to enable the Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit facility for the premium payments and in the instance of Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit dishonor, to re-debit the Policy Owner/ Account Holder's account with the mentioned bank to recover the premium payable.
- 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.
- In case debit date is not selected, debit date would be based on policy effective date. In case the debit date is a holiday, debit would be initiated for next working day.

Please tick (✓) in case of : Vernacular Illiterate If Selected Please Complete The Additional Declaration Form

DECLARATION : The contents of this mandate has been read over and explained to me in vernacular. I have understood the contents completely and have furnished the information and instruction contained herein out of my free will and volition, after fully understanding the contents thereof, I hereby certify the contents hereof as true and correct.

Signature OR Left Thumb Impression of the customer _____ Date: _____

Name: _____ Place: _____

Name and Counter Signature of the person who have explained the contents to the customer in vernacular.....

Authorization of Policy Owner

This is to state that I have registered for the Direct Debit / PNB-Auto Debit/ J&K Bank Auto Debit and that my premium payment shall be made from the above mentioned Account with your bank. I hereby authorize the representative carrying this Direct Debit/ PNB-Auto Debit/ J&K Bank Auto Debit/ KBL Auto Debit mandate form to get it verified and /or executed.

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/ 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.

Bank's Stamp : _____ Signature of the Authorized official of the Bank: _____

Place: _____ Date: _____

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

ACH Form (Automated Clearing House)

Please fill the following mandatory fields – (1) Date (2) Bank a/c number (3) Bank name (4) IFSC/MICR Code (5) Amount (6) Policy No./application No in “Reference 1 column” (7) Account holder signature (8) Account holder name (9) Date on which Debit to be initiated
Date on which Debit to be initiated (Please select one) 1st 7th 15th 25th



UMRN **T O B E F I L L E D B Y B A N K**

Date

Utility Code **H D F C 0 0 7 9 9 0 0 0 0 0 9 6 5 7** CREATE MODIFY CANCEL

Sponsor Bank Code **HDFC000060** I/We hereby authorize **PNB MetLife India Insurance Company Limited.**

to debit (tick✓) SB/CA/CC/SB-NRE / SB-NRO /Other Bank a/c number

with Bank Name of customers bank IFSC/MICR

an amount of Rupees ₹

DEBIT TYPE Fixed Amount Maximum Amount FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented

Reference 1 Reference 2

- I agree for the debit of Mandate processing charges by the Bank whom I am authorizing to debit my account as per latest Schedule of charges of the Bank.
- This is to confirm that the declaration has been carefully read, understood & made by me/ us. I am authorizing the User entity/ Corporate to debit my account.
- I have understood that I am authorized to cancel/ amend this mandate by appropriately communication the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

From

To

Signature of Primary Account Holder

Signature of account holder

Signature of account holder

Phone No. 1. Name as in Bank Records 2. Name as in Bank Records 3. Name as in Bank Records

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:

- 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.
- 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.
- 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.
- 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.
- 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. Maximum amount not to exceed 200% of model premium amount. Higher amount is to be written to accommodate any increase in premium due to changes in service tax, scheduled increase as per product specification and changes in frequency payment.
- In case debit date is not selected, debit date would be based on policy effective date. In case the debit date is a holiday, debit would be initiated for next working day.

Declaration by Policy Owner

I/We hereby apply for PNB MetLife India Insurance Company Limited. Auto Debit facility after having read and accepted all the Terms and Conditions mentioned herein. I/We hereby declare that the particulars given in this form are correct and complete. I/We also authorise the above mentioned bank to debit my account for any charges applicable for to this service.

- Yes, I/We have enclosed Cancelled Cheque with Preprinted Account Holder Name & Bank Account Number
- Yes, I/We have enclosed Bank Account Statement / Pass Book Copy along with Cancelled Cheque (only if, A/C Details are not Preprinted on the Cancelled Cheque)

Signature of Policy Owner

Policy Owner Name

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



Application No.

Solution No.

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 :	Insurance Agent/ Broker/ Specified Person Name and Code :	
Corporate Agent Name:		
Amount (In figures) : _____ Amount (In words) : _____		
Premium Payment Option: Cheque <input type="checkbox"/> Bank Draft <input type="checkbox"/>		
Cheque/Draft No. :	Bank Name :	Cheque/Draft Date :

IMPORTANT:

1. All receipts/ Negotiable instruments are subject to realization.
2. Acceptance of Risk is subject to policy terms & conditions.
3. For Unit Linked Policies, the NAV would be allocated as per the date and time of, premium payment information being received by PNB MetLife from customer directly or through vendors. If the information is received before 3:00 PM on a business day, the same day's NAV is applicable and for other's NAV for the next business day shall be applicable.
4. Premium paid before policy due date will be allocated on policy 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, will be allocated on completion of all re-instatement requirements and reviewed 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 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

IRDA of India clarifies to public that

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.

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

**Customer Service
Toll Free Number
1-800-425-6969**

**E-mail us at
indiaservice@pnbmetlife.co.in**

**Write to us at
PNB MetLife India Insurance Co. Ltd., Office
Unit No. 101, 1st Floor, Techniplex-1,
Techniplex complex veer Savarkar Flyover,
Off S V Road Goregaon (West)**

