

KYC No.:

Proposal No.



Solution No.

Proposal Form

Form containing personal details (Name, Code, Relationship Branch), Policy Type (Rural/Urban), Channel Type (Agency/Broker), Type of Cover (Individual/Employer-Employee), Employee Discount (PNB MLI/J&K Bank), and Account Type (Normal/Simplified/Small).

PROPOSED INSURED

Paste here (do not pin or staple) * A recent passport size photograph (not more than 6 months old)

IN UNIT-LINKED INSURANCE PRODUCT, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER

Please read all the questions carefully and complete the details required truthfully in relation to your health and habits, within your knowledge as on the date of the submission of this proposal.

A. Proposed Insured Details (To be filled in BLOCK LETTERS and all FIELDS are mandatory)

Main form containing 16 numbered questions: 1-13. Name and Address details; 14. Telephone Office and Residence; 15. Form 60/PAN/Aadhaar/Virtual ID; 16. Backdate date; 18. Educational Qualification; 19. Occupation.

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

C. 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) F I R S T M I D D L E L A S T

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

Appointee details

1. Name (Mr./Mrs./Ms./Dr./Master/Other) F I R S T M I D D L E L A S T

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. Signature Accepting the Appointment _____ 8. Relationship with Nominee _____

D. Details of Insurance policies & previous Proposal forms of the proposed insured with PNB MetLife India Insurance company and other life insurance companies. Please do specify in Type of Policy column below if information includes details of existing standalone Cancer and/or Heart/Cardiac products

In case the Proposed Insured is a minor/student provide the following details for the entire family. In case Proposed Insured is house wife provide the following details of husband.

Relationship with Proposed Insured (Self, family member)	Name of the Insurance Company	Policy/Proposal Number	Type of Policy	Existing Policy SA/ Face Amount (Rs.) Base +Term Rider	Annualised Premium	Year of Issue	In force/ lapsed/in case of revival, date of revival/pending	Acceptance terms (Std./ with extra/ postponed/ declined/ withdrawn/restricted benefits)

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.)

1.	High Blood Pressure, Chest Pain, Angina, Heart Attack or any other ailment pertaining to the Heart or Circulatory System?	Yes	No	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?	Yes	No
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 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 _____

6. Additional medical details - Please fill only when 'PNB MetLife Mera Heart and Cancer Care'- Cancer Cover OR Heart and Cancer Cover is chosen

1.	Have you suffered from or been advised investigation/investigated or been treated for any form of Cancer, sarcoma, tumor, or pre-cancerous conditions for example Barrett's esophagus, atrophic gastritis, cervical dysplasia, leukoplakia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4.	Have you suffered from or been investigated for any of the following in the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are you suffering from or ever suffered from Hepatitis B, Hepatitis C, Liver disease due to alcohol, Barrett's Oesophagus, Crohn's Disease, Peptic Ulcer, Ulcerative Colitis?	<input type="checkbox"/>	<input type="checkbox"/>	(a)	Recurrent cough, hoarseness of voice, or difficulty in swallowing for a Continuous period of 15 days?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you had abnormal findings in any of the listed investigations in the last 6 months - Ultrasound Endoscopy, Colonoscopy CT SCAN, MRI, Biopsy, PAP Smear, Mammography, Blood test for cancer diagnosis (Tumor Marker)	<input type="checkbox"/>	<input type="checkbox"/>	(b)	Any persistent loss of blood or unusual discharge from any part of the body?	<input type="checkbox"/>	<input type="checkbox"/>
				(c)	Weight loss more than 5kg within 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
				(d)	Any ulceration, growth, nodule, cyst or lump in any part of the body?	<input type="checkbox"/>	<input type="checkbox"/>
				5.	Are you suffering from or ever suffered from HIV/AIDS, Chronic Glomerulonephritis, Chronic Kidney Disease, Polycystic Kidney Disease, Anaemia?	<input type="checkbox"/>	<input type="checkbox"/>
				6.	Are you suffering from or ever suffered from Fatty liver, Gastritis, Gastro-Oesophageal Reflux?	<input type="checkbox"/>	<input type="checkbox"/>

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 _____ 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

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:

Preserver II	Protector II	Balancer II	Multiplier II	Virtue II	Flexi Cap	Multiplier III	Liquid Fund	Bond Opportunities Fund	Balanced Opportunities Fund	Premier Multi-cap Fund	Mid Cap Fund	CREST Fund	Total
													100%

If Auto Rebalancing Strategy is chosen, then allocation must only be in Flexi Cap and Protector II. Minimum allocation in any fund has to be 20%

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) Incase 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.

H. Additional Information

1. Details of Initial Deposit Type of Deposit Crossed Cheque# Bank Draft# Cash Online Payment~ PNB-Auto Debit J&K Bank Auto Debit
Instrument No. _____ Instrument Date : _____ Amount in (Rs.) _____ Name of the Bank & Branch : _____
2. Premiums will be paid by Proposed Insured Proposed Holder Others* (Specify) _____ * Please fill third party declaration form
If other, please provide the following details. Name _____ Relationship to Proposed Holder _____ Annual Income of the Premium Payor _____
3. Form 60 of Third party PAN No. of Third party: _____ 4. Account type of PO Saving Current NRE NRO
5. ^Account No. of PO: _____ MICR Code: _____ IFSC Code: _____
PO bank & Branch Name : _____ ^Cheque/DD made payable to "PNB MetLife India Insurance Company Limited. Proposal/Policy no _____" Details will be used for all payouts by PNB MetLife
~Cheque subject to realization. ~Payment can be made through Debit/ Credit Card/ NEFT. ^Bank Proof (Pre-Printed Cancelled Cheque / Bank Account Statement) to be mandatorily submitted.

I. 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

J. 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 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
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

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) 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 physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an 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 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/entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors and industry associations/federations, for the purpose of processing/underwriting this proposal and/or providing subsequent services which will include services arising out of the insurance contract, including claims settlement.

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. 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 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 to me/us as mentioned above herein and for the time period no longer than necessary for the purpose specified hereinabove. I/We are aware 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.

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 proposal for insurance on the life of the Proposed Insured/Proposed Holder made to any other insurance company or an proposal 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 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 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. 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 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.

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 (Can not be signed by sales person or nominee)

Declaration by the person filling in the Proposal. (In case the Proposal is filled up / signed in a language different from that of the Proposal form.)

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:

(1) 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.

(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.