



PNB MetLife India Insurance Company Limited.
(Insurance Regulatory and Development Authority Life Insurance Registration No. 117) Registered Office: 'Brigade Seshamahal',
5, Vani Vilas Road, Basavanagudi, Bangalore - 560 004, www.pnbmetlife.com, Fax: +91-80-4150 6969

Beneficiary and Appointee Change Request Form

Policy Number

Date

Name of the Policy Owner

Mobile no.:

Email ID:

Beneficiary Change Request:

	Existing Beneficiary 1	Existing Beneficiary 2	Existing Beneficiary 3	Revised Beneficiary 1	Revised Beneficiary 2	Revised Beneficiary 3
Title						
Name						
Gender						
Marital Status						
Relationship with PI						
Address of Beneficiary (with contact no. & State Details)						
Date of Birth						
Nationality						
% share						

I, _____ declare that I am proposing this change of beneficiaries after fully understanding the legal implications of such a change.

*Note: Beneficiary change request can be processed only if the PI & PO are the same.
In case of multiple beneficiaries, multiple beneficiary form should be filled,
Acceptance of beneficiary is subject to the fulfillment of insurable interest.*

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Appointee Change Request:

	Existing Appointee 1	Existing Appointee 2	Existing Appointee 3	Revised Appointee 1	Revised Appointee 2	Revised Appointee 3
Title						
Name						
Gender						
Marital Status						
Relationship with PI						
Address of Beneficiary (with contact no. & State Details)						
Date of Birth						
Nationality						
% share						

I, _____ declare that I am proposing this change of appointee after fully understanding the legal implications of such a change.

Note: In case of multiple appointee, multiple appointee form should be filled

I hereby confirm having read and understood all the policy terms and conditions including those applicable to this request. I understand and accept that my request shall be processed in accordance with the terms and conditions of the policy and that I shall be solely responsible for all the consequences arising out of this request including any incorrect or incomplete information contained herein.

Signature of Policy Owner

(Signature of Assignee), only in case of Assignment

Place: _____

Place: _____

Date:

Date:

Please Note: In case of Absolute Assignment Beneficiary/Appointee change request cannot be processed.



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Acknowledgement Slip

Received a request for _____ against Policy Number

On _____ at _____ am/pm

Received By:

Employee Name _____

Employee Code _____

Date and time Stamp / Seal of Branch