

Death Benefit Option Change Request Form

Policy Number

Date

Name of the Policy Owner

Mobile no.: _____

Email ID: _____

1. Product Type:

I wish to change the death benefit option of my below mentioned product:

Met Smart

Met Ultimate

2. Death benefit option change request: I wish to change the death benefit option:

Change from		Change to	
Option Type	Tick the option	Option Type	Tick the option
Option A	<input type="checkbox"/>	Option A	<input type="checkbox"/>
Option B	<input type="checkbox"/>	Option B	<input type="checkbox"/>

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*

Place: _____

Date:

Signature of Assignee (only in case of Assignment)

Place: _____

Date:

*PO signature is not required in case of Absolute Assignment



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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