

## Maturity Settlement/Survival Benefit Request Form

### Documents Required : (Mandatory )

1. Original cancelled cheque self attested by the customer
2. Copy of latest bank statement /passbook- In Case cheque is not personalized (preprinted customer name and account number)
3. Original Policy document (In case of Maturity Payout)
4. Self attested copy of photo identity proof of customer
5. Self Attested copy of address proof of customer

### SECTION A-POLICY DETAILS

**Policy Owner Name:**

**Policy Number:**

**Maturity Date/Survival Benefit Due date**

D	D	M	M	Y	Y	Y	Y
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**To enable us to get in touch with you and facilitate quick processing, kindly update your latest contact information**

(In case of change in communication address, a valid address proof of the new address is mandatory-refer below list for valid address proof)

**Current Address:**

**Contact Number(Mandatory):**

**Email Id:**

### SECTION B-PAYMENT DETAILS

Bank Name

Bank Branch

Account Number

11 Digit IFSC Code

Account Type       Savings       Current       NRE\*       NRO

**\*In case of NRE customer, please provide the customer declaration- repatriation request & bank certificate**

### SECTION C-MATURITY SETTLEMENT OPTIONS (Applicable for eligible products)

**Please tick relevant option**

A) Full Settlement Amount

B) Installment Option

**No of Years for Settlement \_\_\_\_\_ (Maximum up to 5 years)**

**Fixed \_\_\_\_\_ Percentage of Total Fund Value Per Payout**

Frequency of Payout  Annual  Half yearly  Quarterly  Monthly

C) Combination of option 'A' and 'B'  A) Lumpsum \_\_\_\_\_%(Minimum of 25%) B) Installment Payout amount \_\_\_\_\_%

**No of Years for Settlement \_\_\_\_\_ (Maximum up to 5 years)**

Frequency of Payout: Annual  Half yearly  Quarterly  Monthly

<p><b>I understand &amp; Agree:</b></p> <ul style="list-style-type: none"> <li>* Any payout under the policy shall be strictly in accordance with the policy terms and conditions, and shall be subject to realization of all the renewal premium payments.</li> <li>* The submission of this form by itself does not mean that the request will be processed.</li> <li>* If the transaction is delayed or not effected at all for any reasons beyond the control of the company including incomplete or incorrect information by me, I shall not hold the company responsible in any manner whatsoever.</li> <li>* PNB MetLife will not be liable for any loss arising from non-receipt of instruments or communication by me.</li> <li>* I take full responsibility for the genuineness and correctness of the details filled herein.</li> <li>* I hereby declare that the policy is not assigned to any one and no charge whatsoever is created upon it or attached by any Authority/ Court.</li> <li>* I understand that maturity value will be arrived at unit price of the day of policy maturity.</li> </ul>	<p><b>Important Guidelines:</b></p> <ul style="list-style-type: none"> <li>* <b>List of valid address proofs:</b> Telephone Bill, Bank letter/ Account Statement, Electricity Bill, Valid Passport, Valid Driving License, Ration Card, Voter's ID card, Credit card bill, Company Lease Agreement/Rental Agreement, Employer's Certificate, Aadhar Card..</li> <li>Statement/Receipt/Bill should not be more than six months old from the request submission date.</li> <li>* Please attach self-attested identity proof bearing photo (e.g. PAAN Card, Voter's ID, Passport, Driving License, Aadhar Card).</li> <li>* It is mandatory to fill in all the fields and sign any cancellation/ alteration</li> </ul>
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<p>The Declaration, Agreement and Authorization, as annexed to this letter shall be deemed as the necessary declarations and authorization required by PNB MetLife India Insurance Company Limited ("PNB MetLife") for the purpose of processing maturity payout request as given above and that the same shall not be contested by me in the future.</p> <p><b>Signature /Thumb Impression of the Policy Owner</b></p> <p>_____</p>	<table border="1" style="margin: auto;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

<p>Declaration and Attestation In case of Vernacular/Illiterate/disabled customers.</p> <p>The contents hereof have been read over and explained to the applicant by me in vernacular and the applicant has filled up the contents after completely understanding the contents hereof in my presence.</p> <p><b>Signature of the Witness:</b> _____</p> <p>Witness must be someone other than the advisor /agent/employee of the company</p>	<table border="1" style="margin: auto;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

<p><b>Name &amp; Address of the Witness:</b></p> <p>_____</p>	
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**Acknowledgement Slip (To be filled by PNB MetLife Services)**

Received a request for \_\_\_\_\_ against Policy Number \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_ am/pm

Employee Code \_\_\_\_\_ Employee Name \_\_\_\_\_

Date and time Stamp