



PNB MetLife India Insurance Company Limited
(Formerly known as MetLife India Insurance Company Limited)
(Insurance Regulatory and Development Authority Life Insurance Registration No.117, CI No. U6010KA200PLC028883)
(Insurance Regulatory and Development Authority Life Insurance Registration No.117)
Registered Office: 'Brigade Seshamahal', 5 Vani Vilas Road, Basavanagudi, Bangalore-560004 www.pnbmetlife.com Phone: +91-80-2643 8638. Fax: +91-80-41506969

REQUEST FORM FOR REFUND/ PAYMENTS

Policy Number:

Vesting Date:

Application number of Met Loan Assure:

Please paste recent color
passport size photograph

Full Name of Policy Owner:

Current Address:(include Pincode)

Contact Number(Mandatory): (including country code) Nationality: (Only applicable for Non-Indian Citizens)

Email ID: Country of Birth:

Customer Declaration for Revalidation Stop pay-reissue of refund cheque Stop pay-fund transfer to policy

MANDATORY Requirements to be submitted by the Policy - Owner (requests received without the specified documents would be rejected):

- Original Policy Document* / Indemnity for lost or misplaced policy **
- Self-attested Identity Proof Copy, as part of KYC requirement
- Bank Account Details along with original cancelled cheque / Self attested passbook copy / Self attested Bank statement authenticating Policy Owner account details for direct credit. In case if the cancelled cheque doesn't carry the policy owner's name and account number imprinted in it , passbook or bank statement bearing pre-printed account number and name to be attached along with request form.
- For Stop Pay & Reissue/ Direct Credit to customer bank account where policy Document is available and the request has been received from anyone other than the customer, customer authorization letter and id proof of the person who submitted the request to be submitted.

*The Policy Owner has to be physically present at the time of submitting the request if he/she has lost/misplaced the original Policy Document. PNB MetLife India Insurance Co. Ltd. will not accept such request under these circumstances if the Policy Owner is not physically present at the time of submitting the request.

** Indemnity is only required where the customer has lost/misplaced the original policy document and wishes to make a request for Stop Pay and fund transfer to a new insurance proposal.

Note:

1. I hereby declare that the particulars given in this form are true, correct and complete in all aspects.
2. I take full responsibility of genuineness and correctness of the details filled herein.
3. If the transaction is delayed or not effected at all due to incomplete or incorrect information, I shall not hold PNB MetLife responsible in any manner whatsoever. Further, I understand that PNB MetLife shall not be held responsible for any non-receipt of payment on account of wrong/ incorrect/ incomplete information given by me in this form.
4. In case the Cancelled Cheque copy does not carry the A/C no./ account holder name, copy of bank statement or preprinted passbook copy shall be attached
5. I also understand and agree that PNB MetLife reserves the right to use any alternative payout method (via cheque) incase the requisite information for Direct Credit is not received.
6. In case the request has been received from anyone other than the customer, customer authorization letter of the person who submitted the request to be submitted
7. I understand that PNB MetLife may reject my request in case of non contactibility
8. I understand, PNB MetLife can reject my request in case original identity proof is not displayed at the time of request submission

Reason for stop payment : Non receipt of cheque Reinstate Cheque validity over Others (please specify) _____

*Payment Details: Payout will be done through Direct Credit (Direct Transfer to your Bank Account will happen only if the Account details are correct and Policyholder's name matches with bank records and PNB MetLife records)

Policyholder's name as per the Bank Account: _____

Bank A/C #:

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IFSC Code:

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Bank A/C Type: Savings Current NRE* NRO Bank Branch Name: _____

Note- In case of NRE customer, please provide the Customer Declaration- Repatriation Request & bank certificate for Repatriation

Transfer of Funds details: (Please tick)

Top up Renewal Premium

In case of Refund Cheque Resubmitted, please provide the following details:

Cheque Number:

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 Cheque Amount:

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Application Number/ Policy Number to where funds will be transferred: _____

I hereby declare that I have read and understood the contents of this form. I have thereafter applied to the Company for carrying out the transaction indicated by me in the form of tick marks in the relevant boxes.

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Signature of Policy Owner/ Claimant

DECLARATION

Applicable when the Proposer/ Claimant is illiterate or suffering from disability due to which writing is restricted or the proposer has signed in vernacular language.

Note: Must be witnessed by someone other than the advisor/agent/employee of the Company.

I (Full name of Witness) _____ (Relation with customer) _____ adult and inhabitant
of (Address) _____ do hereby declare that I have read and explained the contents of this
form to the executant and he/ she/ they have understood the same.

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Signature of Witness

Place: _____

Date: _____



Acknowledgement Slip

Request received from FA SM Sales personnel Specified Person (SP) Customer Customer Representative Bank Courier

Received a request for _____ against Policy Number _____

on _____ at _____ am/pm

Employee Code _____ Employee Name _____

Date and time Stamp / Seal of Branch