

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

DECLARATION OF GOOD HEALTH

1. Are you in good health

Yes No

2. Are you suffering/ suffered from any of the following ailments in the past - heart attack, stroke, cancer, kidney disease, diabetes, high blood pressure (more than 140/90), disorder of lungs or respiratory system, musculo – skeletal disorders, disorder of digestive system, or disorder of the nervous system and AIDS

Yes No

3. Have you received any treatment / consultation for alcohol or other substance abuse and do you consume drugs or any narcotics:

Yes No

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: _____

DECLARATION IN CASE OF THUMB IMPRESSION / SIGNATURE IN VERNACULAR

I, _____, do hereby declare that the contents of the above request form have been read over and explained to the Policy Owner in _____ language, who seems to have understood the contents thereof and has affixed his/her thumb impression / signed in vernacular.

Signature of Policy Owner

Signature of Witness