

## 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, <a href="www.pnbmetlife.com">www.pnbmetlife.com</a>, Fax: +91-80-4150 6969

Top Up Request Form					
Policy Number		Date D D M M Y Y Y			
Name of the Policy Owner  FIRSTNAME MIDDLENAME SURNAME					
Permanent Account Number (PAN)					
Mobile no.:	Email ID	):			
Note- All fields are mandatory. Atleast one contact no. should be provided as required for request processing. The Contact details mentioned above will be updated for future correspondence.					
I wish to pay an amount of Rs towards Top up premium with respect to the above Policy					
by Cash/ Cheque/ Demand Draft/ Credit Card in the favor of PNB MetLife India Insurance Co. Ltd.					
Name of the Bank is		, Cheque Number Cheque Date			
Select (X) as applicable:					
( ) Incase of Self Managed Option (Choose the below Allocation Proportion#)					
Fund Options	% Allocation	Please Note 1. Cash deposits are accepted up to Rs.50, 000/ Cash payments are advised			
Accelerator		to be made at PNB MetLife Branches, Suvidha outlets & other authorized cash			
Balancer		collection agencies against an official receipt. PNB MetLife shall not be responsible / liable for any cash payments made to any Financial Advisor /			
Balancer II		Corporate Agent / any other person.  2. For any Top up request minimum amount payable is Rs. 5000*/- as per			
Flexicap		Product terms and conditions. (*subject to product terms and conditions)			
Moderator		The fund opted for the top up premium is applicable for ULIP product.     In case Top-up is credited in the policy, the base SA will increase by 1.25			
Multiplier		times (applicable as per terms and conditions of product).  5. If the Top up Premium is > = Rs 1Lakh, please provide acceptable income			
Multiplier II		proof (For e.g. – ITR, Pay in Slip, etc).			
Preserver		PNB MetLife can call for additional documentation if required.     Top Up premium is acceptable only for Active policies.			
Preserver II		The unit prices on the corresponding valuation date falling immediately on or after the date of receipt of this request at PNB MetLife's designated office			
Protector		will be used.			
Protector II		a) If the request is received before 15:00 hrs on a business/working day, the corresponding valuation date is the same business/working day.			
Virtue		b) If the request is received after 15:00 hrs on a business/working day, the corresponding valuation date is the next business/working day.			
Virtue II		c) If there is no valuation done on a business/working day, the above mentioned			
<u> Total</u>	100%	valuation date is the date when the next valuation is done			
( ) Incase of Auto Rebalancing Option (Choose the Allocation Proportion#)					
Flexi Cap Pro	otector II	Total * (in %)			
Choose the rebalancing event (as % of F	<del></del>	10%   15%   20%   25%			
*Total should always add up to 100%  #Minimum Allocation in any fund has to be 20%					



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DECLARATION OF GOOD HEALTH					
1. Are you in good health		Yes	N <mark>O</mark>		
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), diso of lungs or respiratory system, musculo – skeletal disorders, disorder of digestive system, or disorder of the nervous system and AIDS					
3. Have you received any treatment / consultation for alcohol or other substance abuse and do you consume drugs or any	narcotics:	Yes	<del>No</del>		
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 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 thump impression / signed in vernacular.					
Signature of Policy Owner	Signa	ature of Witne	SS		