**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-560004 www.pnbmetlife.com Phone: +91-80-2643 8638. Fax: +91-80-41506969

# Vesting Benefit Request Form

## Mandatory Fields (Annuitant Details)

Policy Number: ______________ Vesting Date: D D M M Y Y Y Y

Policy holders Name: ______________

Address: (Kindly update your latest contact details along with a valid address proof document to facilitate quick processing)

______________

______________

Contact Number: (Mandatory) S T D | R E S I D E N C E | S T D | O F F I C E | E X T N
M O B I L E

E-Mail ID: ______________

**Please tick (√) anyone of the options below:**

I. ☐ I wish to purchase Annuity for entire benefit amount

II. ☐ I wish to receive an amount as lumpsump (maximum 33.33% of the maturity amount allowed) and to utilize the balance maturity (the Purchase price) towards purchase of the annuity through another Insurance Company

If II option selected then option to be given as mention below (minimum of Rs 5000 as per eligibility)

☐ 10% ☐ 20% ☐ 33.33%

Name of the Insurance Company from whom Annuity is being purchased: ______________

**Payment Details for Lumpsum Amount**

Bank Name*: ______________ Bank Branch*: ______________

Account Number: ______________ IFSC Code*: ______________

Please tick (√) any one Bank Account Type*: ☐ Savings ☐ Current Account ☐ NRO NRE*

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

**Please submit Following list of documents along with mandatory requirements(*).**

☐ Original Policy Document

☐ Original Cancelled Personalized cheque (i.e. cheque bearing printed A/C number and name of A/C holder on it)*

OR

☐ Self-attested address and ID proof

☐ Self-attested copy of bank statement/ pass book copy, if personalized cheque is not attached*.

______________
Signature of the life assured/ annuitant

I______________(name of the annuitant/ beneficiary) understand and agree that PNB MetLife India Insurance Company shall be discharged of all liabilities in relation to the above claim upon the payment of the claims money. I also agree and will not hold PNB MetLife responsible for any delay in case of any incomplete information submitted by me.

______________
Signature
(Partly on/across revenue stamp)

Please affix Re 1/- revenue stamp &

D D M M Y Y Y Y

Place:______________

## DECRALATION FOR SIGNING IN VERNACULAR LANGUAGE OR AFFIXING THUMB IMPRESSION

I hereby declare that I have read out the contents of the Application form to Mr./Ms./Mrs.______________ & he/she has understood the same and replies has been recorded as per the information provided by the applicant. I also certify that Mr./Mrs.______________has signed/affixed his/her thumb impression/signature in vernacular language in my presence after I have explained the above contents to him/her. I declare that whatever I have stated herein is true & correct to the best of my knowledge & belief.

Name:______________ ______________

______________
Signature of the life assured/ annuitant

Request received from: ☐ FA ☐ SM ☐ Sales Personnel ☐ Specified Person ☐ Customer ☐ Customer Representative ☐ Channel Partner ☐ Courier

If received from 3rd party, authorization letter and ID proof required

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**Acknowledgement Slip**

**Received a request for** ______________ **against Policy Number** ______________

**on** ______________ **at** ______________ **am/pm**

**Employee Code** ______________ **Employee Name** ______________

**Date and time Stamp / Seal of Branch**

**Customer Service Toll free: 1800-425-6969 (8:00 am to 8:00 pm)**

**Mail us at indiaservice@pnbmetlife.co.in**

Version 1.0