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

Policy Owner Change Request Form

Policy Number | | | | | | | | | | | | | **Date** D D M M Y Y Y Y

Name of the Existing Policy Owner

F I R S T N A M E M I D D L E N A M E S U R N A M E

Mobile no.: _____ **Email ID:** _____

	New Policy Owner
Title	
Name	
Gender	
Marital Status	
Relationship with PI	
Address of New PO (with contact no. & State Details)	
Date of Birth	
Nationality	

I_____declare that I am proposing this change of Policy Owner after fully understanding the legal implications of such a change

Please Note:

1. The request for Policy Owner Change should be received only from the legal heirs.
2. Death Certificate of the existing Policy Owner should be provided.
3. Indemnity Bond in the prescribed format needs to be provided.
4. Identity proof and residence Proof of the New Policy Owner needs to be provided.
5. In case the policy is absolutely assigned, the request for Policy Owner change should be received only from the legal heirs of the Assignee.
6. In case of conditional assignment, request can be received from the legal heir(s) of both assignor and the assignee.

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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 Legal Heir

Place: _____

Date: D D M M Y Y Y Y

(Signature of Legal Heir of Assignee), only in case of Assignment

Place: _____

Date: D D M M Y Y Y Y

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Acknowledgement Slip

Received a request for _____against Policy Number _____

_____

On _____at _____am/pm

Received By:

Employee Name _____

Employee Code _____ Date and time Stamp / Seal of Branch