

## 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 <a href="https://www.pnbmetlife.com">www.pnbmetlife.com</a> Phone: +91-80-2643 8638. Fax: +91-80-41506969

Track your policy with ease. Log on to www.pnbmetlife.com, Generate our own user name/password by using your customer ID

			,
	Partial Withdrawal/ Full Withdrawa	al/ Surrender Request Form	
Policy Number		Date (ddmmyyyy)	
Name of the Policy Owner			
Contact number (Mandatory): (The Contact details mentioned at	pove will be updated for future correspondence)	Email ID:	
Is there a change in Address-	Yes No		
Current mailing address of the	Policy Owner (Mandatory) In case of a change in	address, please raise a request for addres	s change with valid proof.
•	be submitted by the Policy Holder- (requests rec	·	• /
<ul> <li>Original Policy Document/Certif Partial Withdrawal)</li> </ul>	icate of insurance (for Met Loan Assure) (for submi	ssion in case of Surrender/ Full Withdrawal	and OSV & photocopy in case
□ Self attested Identity Proof & Ac Owner would be required	ldress Proof Copy, as part of KYC requirement- in	case of auto vested policy, the KYC and ba	nk details of the new Policy
details for direct credit. In case i	n original cancelled cheque / Self attested passbool if the cancelled cheque doesn't carry the policy owr nber and name to be attached along with request for	ner's name and account number imprinted i	
☐ In case the request has been re request to be submitted	ceived from any one other than the customer, customer	omer authorization letter and id proof of the	person who submitted the
□ No objection certificate/Clearan	ce certificate from the bank to be submitted for Met	Loan Assure.	
I apply to, please tick ( $$ )			
□ Partial withdrawal (in Rs.) Or in case of %, as per the table		ne Unit Account of my policy	
	Fund Option	%Withdrawal	
	Preserver		
	Protector		
	Moderator		
	Balancer		

 $\hfill \Box$  Surrender/Full Withdrawal of my policy by withdrawing all the units/ full cash value of my policy.

Accelerator

Multiplier

Virtue

Note:

- 1. If the requested partial withdrawal value is greater than the maximum eligible partial withdrawal value, the maximum eligible value will be paid.
- 2. In the event that a partial withdrawal results in the surrender value (being the fund value less applicable surrender penalty) of the policy falling below the threshold limit#, policy will be terminated and applicable surrender value will be paid. (#Pls refer 'Auto Foreclosure clause' as mentioned in Product T&C)
- 3. Amount payable on Surrender/ Full Withdrawal of the units is as per policy terms & conditions. The Surrender/ Full Withdrawal of the units' results in termination of the contract and all rights/ title and interest under the policy shall stand extinguished.



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Payment Details: Payout will be done through Direct Credit (	Direct Transfer to your Bank A	Account)			
Policyholder's name as per the Bank Account					
Bank Name:					
Branch Name:					
Bank Account Number:					
Bank Account Type: ☐ Savings ☐ Current ☐ NF	RE* □ NRO				
Note- In case of NRE customer, please provide the Customer	r Declaration- Repatriation Re	equest & bank certificate for Repatria	tion		
3		Date	11 digit IFSC		
Pay		Who we will be a second or the			
ar James					
Citibanh.N.A. Delhi Payable at Par at all Citiban	k branches in India	TK .			
GODISA Suvidha	#5C CITI0000002				
	and the second s	Contractor (New 1)			
	*G52625* 000037000: 78	2636# 31			
IFSC Code*-					
(*You can get this code from your Bank)					
Note:					
I understand that payout under the policy shall be strictly realization.	in accordance with the policy	terms and conditions. Also, any payr	nent shall be subject to the last payment		
<ol><li>If application for Unit Linked Product is received up to 15: application is received after 15:00 hrs, then the next declar</li></ol>		rking day, the same day`s unit value	will be applicable. However, if the		
3. I hereby declare that the particulars given in this form are	·	all aspects.			
<ul><li>4. I take full responsibility of genuineness and correctness o</li><li>5. I understand that in case of a mismatch in address or vali</li></ul>		omitted My Surrender/Partial Withdra	awal request will get rejected		
Funderstand that in case of a mismatch in address of vali     I understand that incase of any change in my contact deta			, , ,		
New Business application would be affected only after pro- registered account in case of any contradictory on insuffic	oper updating of my contact d				
<ol> <li>If the transaction is delayed or not effected at all for any re whatsoever. Further, I understand that PNB MetLife shall information given by me in this form.</li> </ol>					
I also understand and agree that PNB MetLife reserves the is not received or if the request is rejected by the bank.	ne right to use any alternative	payout method (via cheque) incase t	the requisite information for Direct credit		
<ol><li>I understand that for Fund Transfer request to New Busin- would be processed as per the Bank Proofs Submitted.</li></ol>	ess Application, in case PNB	MetLife is not able to contact me at r	ny registered mobile number, payout		
<ol> <li>I also understand that PNB MetLife will be communicating that these shall not be construed as unsolicited commercial</li> </ol>		S, or emails for providing details of tr	ansactions, payment reminders, etc. and		
Signature of Policy Owner/Assignor In case of the policy being conditionally assigned, request be signed both by the Assignee & Assignor	should	Signature of Assignee In case of the policy being absolut signed by the Assignee	tely assigned, request should only be		
To be filled by branch Services (Mandatory)		oigned by the ribbightee			
1. Please tick the appropriate - □ Partial Withdrawal □ F	ull Withdrawal/ Surrender				
2. Request received from □ FA □ SM □ Sales pers	onnel   Specified Person	(SP) □ Customer □ Custome	r Representative		
3. For All Surrender/Partial Withdrawal requests, Branch Services person to mandatorily OSV the policy document for processing the request					
4. In case of thumb impression request to be witnessed by PNB MetLife employee					
<b>}&lt;</b>	·····} <b>&lt;</b> ···		····} <b>&lt;</b>		
<b>~</b> -	Acknowledgemer	nt Slip			
Received a request for	against Policy Number	er			
On at					
Employee Code					
Employee odde	_ Limpioyee Ivallie				