

**YOUR WELCOME LETTER**

[Mr./Ms.Name of the policyholder]  
 [Father/husband name]  
 [Address]

Date :dd-mm-yyyy

&lt;Policy No&gt; &lt;Sourcing Branch&gt;

Dear Mr./Ms. Valued Customer, (Client ID: XXXXXX)

Welcome to PNB MetLife Family. Thank you for purchasing a PNB MetLife product and showing your faith and confidence in us. At PNB MetLife, we believe in putting customer first. We endeavor to provide products that meet your needs and constantly support it with superior customer service.

PNB MetLife brings together financial strength, credibility and reliability of MetLife Inc, one of the leading global provider of insurance, annuities and employee benefit programs, serving more than 90 million+ customers for the last 140+ years and Punjab National Bank, a leading bank in India serving more than 80 million + customers in the last 120 + years. You can be Double Sure that you have chosen the right partner for life.

This booklet contains details of your Policy Document along with other related information, including a copy of your Application. Please keep this document in a safe place, so that your loved can refer to it if the need arises. Some key details of your Policy are:

|                  |                                 |                      |                       |
|------------------|---------------------------------|----------------------|-----------------------|
| Policyholder     | Mr./ Ms. [name of Policyholder] | Nominees/Nominee     | Mis. /Master. Nominee |
| Policy Number    | <policy no>                     | Premium Payment Term | <N Years>             |
| Name of the Plan | MetLife College Plan            | Policy Term          | <N Years>             |
| Payment Mode     | <Mode>                          | Premium Amount       | Rs. XXXXX.XX          |

**Free look Provision:** Please go through the terms and conditions of your Policy very carefully. If you have any objections to the terms and conditions of your Policy, you may cancel the Policy by giving a signed written notice to us within 15 days from the date of receiving your Policy, stating the reasons for your objection and you will be entitled to a refund of the premium paid, subject to a deduction of proportionate risk premium for the period of cover, stamp duty and/or the expenses incurred on medical examination (if any).

We value your patronage and are committed to offering you the best services always. For any queries or concerns you can contact us via the touch points given below, we are always there to help you. For easy reference details of Agent/Broker/Corporate Agent for your policy is also mentioned below.

|           |                                                                                    |                      |          |
|-----------|------------------------------------------------------------------------------------|----------------------|----------|
| Name      | Valued Advisor                                                                     | Code                 | XXXXXX   |
| E-Mail ID | <a href="mailto:valuedadvisor@pnbmetlife.co.in">valuedadvisor@pnbmetlife.co.in</a> | Mobile /Landline No. | XXXXXXXX |

Wishing you a healthy, secured and a prosperous life.

Yours Sincerely,  
 PNB MetLife India Insurance Co. Ltd.

**Shiva Kumar Nagaraj**  
**Deputy Director (Operations)**

Stamp Duty of Rs. XXX (Amount in words) paid to Karnataka Government through consolidated Stamp Duty via Challan No. XXXXXXXX dated XX/XX/XXXX

| In case of any queries / concerns, You can reach Us at:                                   |                                                                                                 |                                                                                                                                                              |                                                                                                                                                |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Call us at <b>1800-425-6969</b> (Toll Free)<br>Or <b>91-80-2650-2244</b><br>(8 am – 8 pm) | Email Us at<br><a href="mailto:indiaservice@pnbmetlife.co.in">indiaservice@pnbmetlife.co.in</a> | Visit <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a> to manage your policy online.<br><b>Register online</b> using your Customer ID & Policy No. | Visit your nearest <b>PNB MetLife Office</b> . Our address details are available on <a href="http://www.pnbmetlife.com">www.pnbmetlife.com</a> |

**POLICY PREAMBLE****[MetLife College Plan]**

This is a contract of insurance between You and PNB MetLife India Insurance Company Limited. This contract of insurance has been effected on receipt of the premium deposit and is based on the details in the Application received together with the other information, documentation and declarations received from You for effecting a life insurance contract on the life of the person named in the Policy Schedule below.

We agree to pay the benefits under this Policy on the occurrence of the insured event described in Part C of this Policy, subject to the terms and conditions of the Policy.

On examination of the Policy, if You notice any mistake or error, please return the Policy document to Us in order that We may rectify the mistake/error.

Signed by and on behalf of PNB MetLife India Insurance Company Limited

[Signature]  
[Shiva Kumar Nagaraj]  
[Deputy Director - Operations]

**POLICY SCHEDULE**

|                           |                                                      |
|---------------------------|------------------------------------------------------|
| <b>Name of the Plan</b>   | [MetLife College Plan]                               |
| <b>Nature of the Plan</b> | [Non-linked, deferred participating, endowment plan] |
| <b>UIN</b>                | [117N087V01]                                         |

|                           |  |                      |  |                      |  |                       |  |
|---------------------------|--|----------------------|--|----------------------|--|-----------------------|--|
| <b>Application number</b> |  | <b>Policy number</b> |  | <b>Date of issue</b> |  | <b>Issuing office</b> |  |
|---------------------------|--|----------------------|--|----------------------|--|-----------------------|--|

**1. Details of the Policyholder and Insured**

Name of the Policyholder

Gender

Name of the Insured

Proof of identification

Gender

Date of birth of Insured

Whether Age admitted

<Yes/No>

Age

**2. Policy Benefits**

|                   |        |
|-------------------|--------|
| Basic Sum Assured | Rs. <> |
|                   |        |
| Rider details     | NA     |

**3. Policy Details**

|                                  |        |
|----------------------------------|--------|
| Date of Inception of the Policy  |        |
| Date of Commencement of the Risk |        |
| Maturity Date                    |        |
| Policy Term                      |        |
| Policy currency                  |        |
| Annualized Premium               | Rs. <> |

**4. Details of Agent/Intermediary**

|                |  |
|----------------|--|
| Name           |  |
| License number |  |
| Phone number   |  |
| Address        |  |
| Email address  |  |

**5. Premium Details**

|                                   |        |
|-----------------------------------|--------|
|                                   |        |
| <b>Annualized Premium</b>         |        |
| Premium Installment               | Rs. <> |
| Service Tax/cess                  |        |
| Total premium installment amount* | Rs. <> |
| Premium Frequency                 |        |
| Premium due date                  |        |
| Last due date of premium          |        |
| Premium Payment Term              |        |

\* Includes service tax at prevailing rates. You will be responsible to pay any new or additional tax/levy or any changed amount of service tax/ cess being made applicable/ imposed on the premium(s) by competent authority.

|                                            |  |
|--------------------------------------------|--|
| <b>Special provisions/options (if any)</b> |  |
|--------------------------------------------|--|

**6. Nominee details**

| <b>Name(s) of the Nominee</b> | <b>Relationship</b> | <b>Share(s) %</b> |
|-------------------------------|---------------------|-------------------|
| 1)                            |                     |                   |
| 2)                            |                     |                   |

|    |  |  |
|----|--|--|
| 3) |  |  |
| 4) |  |  |

**7. Appointee details (Only in case Nominee is less than 18 years of Age)**

|                       |  |  |
|-----------------------|--|--|
| <b>Appointee name</b> |  |  |
|-----------------------|--|--|

**DEFINITIONS APPLICABLE TO YOUR POLICY**

The words or terms below that appear in this **Policy** in initial capitals and **bold** type will have the specific meaning given to them below. These defined words or terms will, where appropriate to the context, be read so that the singular includes the plural, and the masculine includes the feminine.

1. **Age** means age of the **Insured** as of his last birthday and is as shown in the **Schedule**.
2. **Annualized Premium** means the amount stated in the **Schedule** which is equal to one full year's **Regular Premium** less loading, if any, charged by **Us**.
3. **Application** means the proposal form and any other information given to **Us** to decide whether and on what terms to issue this **Policy**.
4. **Appointee** means the person named in the **Schedule** to receive payment under this **Policy**, if the **Nominee** is a minor at the time payment becomes due under this **Policy**.
5. **Basic Sum Assured** means the amount specified in the **Schedule**.
6. **Date of Commencement of Risk** means the date on which the risk under the **Policy** comes into effect and is as specified in the **Schedule**.
7. **Date of Inception of the Policy** means the date on which this **Policy** is issued after **We** have accepted the risk under the **Application**. The **Date of Issue** is shown in the **Schedule**.
8. **Date of commencement of the Policy** is the same of the **Date of Inception of the Policy**
9. **Death Sum Assured** means the higher of 10 times the **Annualized Premium** or the minimum guaranteed Sum Assured on maturity or absolute amount assured to be paid on death or 105% of all premiums paid; where Absolute amount paid on death is the **Basic Sum Assured** and the Minimum guaranteed Sum Assured on maturity is 40% of the **Basic Sum Assured**.
10. **Financial Year** means the twelve month period between April and March of each calendar year.
11. **Grace Period** means a period of 15 days from the premium due date if the **Regular Premium** is payable monthly and 30 days for all other frequencies for payment of **Regular Premium**. The **Policy** shall continue to be in force with the insurance cover during the **Grace Period**.
12. **Insured** means the person insured as named in the **Schedule**.
13. **IRDA of India** means the Insurance Regulatory and Development Authority of India.
14. **Maturity Date** means the expiry date of this **Policy** as shown in the **Schedule**.
15. **Maturity Sum Assured** means the 40% of the **Basic Sum Assured**
16. **Nominee** means the person named in the **Schedule** who has been nominated by **You** to receive the benefits under the **Policy**.
17. **Policy** means this contract of insurance, as evidenced by the **Policy Document**.

18. **Policy Document** means this document, any endorsements issued by **Us**, the **Schedule**, the Annexures and the **Application**.
19. **Policy Anniversary** means the period of one year from the **Date of Commencement of Risk** and every date falling one year thereafter, till the **Maturity Date**.
20. **Policy Term** means the period commencing on the **Date of Commencement of Risk** and concluding on the **Maturity Date**.
21. **Policy Year** means a period of twelve consecutive calendar months from the **Date of Commencement of Policy**.
22. **Premium Payment Term** means the period specified in the **Schedule** for which **Regular Premium** must be paid.
23. **Reduced Paid-Up Value** means the value that is calculated as follows:
- Higher of {[RPU Death Sum Assured + accrued Simple Reversionary Bonuses], minimum guaranteed sum assured on maturity, absolute amount assured to be paid on death, 105% of all premiums paid}
- Wherein; absolute amount paid on death is RPU Death Sum Assured defined as **Death Sum Assured** \* (Number of Installment Premiums paid/ Total number of Installment Premiums payable during the Premium Payment Term).  
And, minimum guaranteed sum assured on maturity is RPU Maturity Sum Assured defined as **Maturity Sum Assured** \* (Number of Installment Premiums paid/ Total number of Installment Premiums payable during the Premium Payment Term).
24. **Reduced Basic Sum Assured** means the value that is calculated as follows:
- Basic Sum Assured** x (number of **Regular Premiums** received/number of **Regular Premiums** payable during the Premium Payment Term)
25. **Regular Premium** means the regular payments to be made by **You**, to keep the **Policy** in force, in accordance with the frequency of payment chosen by **You** and is the amount as specified in the **Schedule**.
26. **Revival Period** means a period of 2 consecutive years from the date of discontinuance of the **Policy** due to non payment of **Regular Premium**, during which **You** are entitled to revive the **Policy**.
27. **Rider** means the rider terms and conditions that are attached to and form a part of the **Policy**. The **Schedule** will specify if any **Riders** are available and in force under the **Policy**.
28. **Schedule** means the policy schedule set out above that **We** have issued, along with any annexure, tables or endorsements attached to it from time to time.
29. **Simple Reversionary Bonus** means the amount, if any, calculated in accordance with **Part C** which is payable in accordance with the terms of the **Policy**.
30. **Surrender Value** means the amount that is calculated in accordance with Part D.
31. **Terminal Bonus** means the amount, if any, calculated in accordance with **Part C** which is payable in accordance with the terms of the **Policy**.
32. **We, Us or Our** means PNB MetLife India Insurance Company Limited.
33. **You or Your** means the **Policyholder** as named in the **Schedule**.



## **POLICY FEATURES, BENEFITS & PREMIUM PAYMENT CONDITIONS**

### **1. Policy Features**

MetLife College Plan is the name of the product offered by Us. It is a non-linked traditional, regular premium, deferred-participating endowment plan. This plan offers the benefits listed below. The benefits will be payable subject to the terms and conditions of this **Policy**, including the Premium Payment Conditions set out below.

### **2. Policy Benefits**

#### **2.1. Death Benefit**

2.1.1. Upon the **Insured's** death when the **Policy** is in full force and effect, **We** will pay the **Nominee** or the **Appointee**, as the case may be, an amount equal to the higher of

**Death Sum Assured** together with the accrued **Simple Reversionary Bonus** and **Terminal Bonus** declared by **Us**, if any

2.1.2. In addition to the above, the no future premiums need to be paid and the policy shall remain in force for the remaining policy term. In such a case the Nominee shall be paid the following future Policy benefits, as and when due.

#### ➤ **Survival Benefit**

Survival Benefit is defined as a % of **Basic Sum Assured**, detailed below:

| <b>Policy Year</b>  | <b>Survival Benefit as % of Basic Sum Assured</b> |
|---------------------|---------------------------------------------------|
| Policy Term minus 1 | 20%                                               |
| Policy Term minus 2 | 20%                                               |
| Policy Term minus 3 | 20%                                               |

#### ➤ **Maturity Benefit**

At the end of the policy term, the Company shall pay **Maturity Sum Assured** plus the **Simple Reversionary Bonuses** accrued after the death of Person Insured plus Terminal Bonus, if any.

If the Nominee predeceases the policyholder, then the policyholder can continue the policy by adding another Nominee. However, in case the Nominee dies after the death of the policyholder, the policy shall be continued by paying benefits, as and when due, to the legal heir of the policyholder.

The policy cannot be surrendered after the payment of Death Benefit as defined above.

After the date of death of the **Insured**, the **Policy** shall not be eligible to participate in the **Simple Reversionary Bonuses** and **Terminal Bonus**, if any, declared by **Us** and the **Policy** and all benefits under the **Policy** shall terminate.

#### **2.2. Survival Benefits**

- (i) **We** will pay an amount equal to 20% of the **Basic Sum Assured** at the end of the **Policy Anniversary** for the 3 **Policy Years** immediately preceding the **Maturity Date** provided that **You/Insured** (as applicable) are alive on each such date when the payment becomes due and the **Policy** is in full force and effect.

#### **2.3. Maturity Benefits**

- (i) If the **Insured** is alive and the **Policy** is in force on the **Maturity Date**, **We** will an amount equal to 40% of the **Basic Sum Assured** plus accrued **Simple Reversionary Bonuses** plus the **Terminal Bonus** (if any) to **You** and the **Policy** and all benefits under the **Policy** shall terminate.



2.4. **Bonus**

The following 2 bonuses may be declared by **Us** under this **Policy** in **Our** sole and absolute discretion. None of these bonuses are guaranteed to be declared and declaration will depend on **Our** actual experience:

**Simple Reversionary Bonus**

- a. The **Policy** will be eligible for any **Simple Reversionary Bonus** declared by **Us**, only after the completion of the first 2 **Policy Years** and subject to the **Policy** being in force (other than a **Policy** on which the **Reduced Paid-Up Value** has become applicable in accordance with this **Part C**). At the end of each **Financial Year** **We** may declare a rate of **Simple Reversionary Bonus** expressed as a percentage of the **Basic Sum Assured**. **Simple Reversionary Bonus**, once declared, shall vest in the **Policy** and will be credited on each **Policy Anniversary** occurring immediately after the declaration of the **Simple Reversionary Bonus** provided all **Regular Premiums** until the date of accrual have been received. The **Simple Reversionary Bonus** shall be paid along with the Death Benefit, Surrender or Maturity Benefit, whichever is applicable. Once the **Simple Reversionary Bonus** has been declared, it will be guaranteed. In case of death of the Insured during the 3<sup>rd</sup> **Policy Year**, Simple Reversionary Bonus will be payable along with the **Death Benefit**.
- b. The **Simple Reversionary Bonus** will not accrue to the **Policy** after a death claim has been settled.

**Terminal Bonus**

- a. **We** may also declare a **Terminal Bonus**, starting from the end of the 5<sup>th</sup> **Policy Year**. **Terminal Bonus** is payable at the time of **Maturity Date** provided all **Regular Premiums** have been received till the date of the **Insured's** death or the **Maturity Date**.
- b. The **Terminal Bonus** will be expressed as a percentage of the accrued **Simple Reversionary Bonus**, and the same is not guaranteed to be declared.

2.5. **Suicide Exclusion**

If the **Insured's** death is due to suicide (whether sane or insane at the time of suicide) within one year from the **Date of Inception of the Policy**, **Our** liability to make payment under the **Policy** will be limited only to refunding 80% of the total **Regular Premium** received under the **Policy**. **We** shall not be liable to pay any interest on this amount.

If the **Insured's** death is due to suicide (whether sane or insane at the time of suicide) within one year from the date of the last revival of the **Policy**, **Our** liability to make payment under the **Policy** will be only limited to the higher of the **Surrender Value**, if any or 80% of the total **Regular Premium** received under the **Policy** till the date of death provided the **Policy** is in force. **We** shall not be liable to pay any interest on this amount.

3. **Premium Payment Conditions**3.1. **Payment of Regular Premium**

**You** must pay the **Regular Premium** on or before its due date specified in the **Schedule**. **Regular Premium** is due for the entire **Premium Payment Term**. All taxes, cess, surcharge and other levies, whether existing now or introduced in the future, will be levied, as and when applicable, on the **Regular Premiums** to be paid by **You**..

3.2. **Alteration of the Regular Premium Frequency**

**You** may change the frequency of **Regular Premium** payments provided that **You** give **Us** a written request and make payment of the Alteration Charges listed in Part E. The change in frequency will be applied only from the **Policy Anniversary** following the date of **Your** request.

3.3. **Grace Period**

**Regular Premium** that is not received in full by its due date may be paid in full during the **Grace Period**. Upon the **Insured's** death during the **Grace Period**, the **Death Benefit** shall be payable in full.

3.4. **Premium Discontinuance during the first 3 Policy Years**

If the **Regular Premium** for the first 3 **Policy Years** has not been received and the due **Regular Premium** is not received in full during the **Grace Period**, the **Policy** will lapse and no benefits shall be payable under the **Policy** on the occurrence of the **Insured's** death or otherwise. The lapsed **Policy** can be reinstated within the **Revival Period**. No benefits will be payable under the **Policy** if the **Policy** is not reinstated in accordance with the provisions stated in **Part D**.

3.5. **Premium Discontinuance after the completion of the first 3 Policy Years**

If all the **Regular Premiums** have been received for at least the first three (3) full **Policy Years** and any subsequent **Regular Premium** is not duly paid in full after the expiry of the **Grace Period**, **You** shall have the following options. During the **Revival Period**, **You** have an option to either revive the **Policy** by paying all due premiums together with interest and revival fee or covert the **Policy** to **Reduced Paid Up** ("RPU") or Surrender the **Policy**.

In case **You** do not choose from any of the three options set out above during the **Revival Period**, then **We** would convert **Your Policy** as **Reduced Paid Up** ("RPU") and benefits in accordance with below Clause above would be payable

3.6 The following benefits will be payable when the **Policy** is a Reduced Paid-up ("RPU") **Policy**:

- (i) Convert the **Policy** to a **Reduced Paid-Up Value**: The **Policy** will continue with a **Reduced Paid - Up Value** from the date of first unpaid **Regular Premium** which is calculated in accordance with the following:
  - a) **Death Benefit**: If the **Insured** dies during the **Policy Term**, when the **Reduced Paid - Up Value** is applicable, a reduced Death Benefit which is equal to the **Reduced Paid - Up Value** is payable to the **Nominee** or the **Appointee**, as the case may be. As the **You** have already opted to stop paying future premiums, the policy terminates with the settlement of Death Benefit.
  - b) **Survival Benefit**: **We** will pay an amount equal to 20% of the **Reduced Basic Sum Assured** at the end of the **Policy Anniversary** for the 3 **Policy Years** immediately preceding the **Maturity Date** provided that **You/Insured** (as applicable) are alive on each such date when the payment becomes due and the **Policy** is converted to a **Reduced Paid-Up Value**.
  - c) **Maturity Benefit**: If the **Insured** survives till the **Maturity Date**, and the **Reduced Paid-Up Value** is applicable on the **Maturity Date**, **We** will pay an amount equal to 40% of the **Reduced Basic Sum Assured** plus accrued **Simple Reversionary Bonuses** plus the **Terminal Bonus** (if any) to **You** and the **Policy** and all benefits under the **Policy** shall terminate

**OR**

- (ii) Surrender the **Policy** in accordance with the surrender provisions in **Part D**.

No Simple Reversionary Bonus or Terminal Bonus shall accrue to the **Policy** while the **Policy** is converted to a **Reduced Paid-up Value**. All Simple Reversionary Bonuses that have accrued before the **Policy** was converted to a **Reduced Paid-up Value** shall continue to vest in the **Policy**.

## **POLICY SERVICING CONDITIONS**

You are requested to refer to the Policy Servicing Conditions described below before making a request for Policy servicing to Us.

### **1. Free Look Period**

If **You** have any objections to the terms and conditions of this **Policy**, **You** may cancel the **Policy** by giving a signed written notice to **Us** within 15 days from the date of receiving this **Policy**, stating the reasons for **Your** objection and **You** will be entitled to a refund of the **Regular Premiums** paid subject to a deduction of proportionate risk premium for the period of cover in addition to the expenses incurred on medical examination (if any) and the stamp duty charges.

### **2. Procedure for Revival of a Lapsed/Reduced Paid-up Policy**

A **Policy** that has lapsed or that has been converted to a **Policy with a Reduced Paid-Up Value** in accordance with **Part C** may be revived during the **Revival Period** by giving **Us** written notice to revive the **Policy**, provided that:

- (a) Satisfactory evidence of insurability of the **Insured** in accordance with **Our** board approved underwriting policy is provided to **Us** at **Your** expense. **We** may charge extra premium for the continuance of the **Policy** in accordance with **Our** board approved underwriting policy;
- (b) The due **Regular Premium** and interest at the rate specified by **Us** is paid to **Us** in full. **We** may change the applicable interest rate from time to time with the approval of the **IRDA of India**;
- (c) The Revival Fee specified in Part E is received by **Us**.

### **3. Loan**

- (a) If the **Policy** is in force and **Regular Premium** for the first 3 **Policy Years** has been received in full and the **Policy** has attained a **Surrender Value**, then **We** may in **Our** sole and absolute discretion permit **You** to take a loan under the **Policy** provided that:
  - (i) The proposed loan amount does not exceed 90% of the **Special Surrender Value** at the end of the relevant **Policy Year** less any unpaid **Regular Premiums** for that **Policy Year** and loan interest (if any) accrued to the end of that **Policy Year**;
  - (ii) The **Policy** shall be assigned to **Us** absolutely, to the extent of outstanding loan on the **Policy**. It is understood and agreed that subject to the provisions of Section 38 and 39 of the Insurance Act 1938, as amended from time to time, this assignment will cancel all nominations and other assignments in force at the time, to the extent of the outstanding loan and interest.
- (b) If a loan is granted to **You** under then it is agreed and understood that:
  - (i) **You** shall re-pay the loan in the manner and in the amounts specified by **Us** at the time of disbursement of the loan;
  - (ii) **We** shall charge interest on the loan amount granted at such rates of interest prevailing at the time of disbursement of the loan;

- (iii) Interest on the loan is due at the end of each **Policy Year**. If the interest amount is not received in full within 30 days of it becoming due, the interest amount will be added to the loan principal amount. The revised loan principal amount (as on the due date of the interest amount) will bear interest at the same rate as the original loan principal;
- (iv) **You** may take any additional loan under the **Policy** provided that the proposed loan amount and the existing loan principal cumulatively do not exceed 90% of the **Special Surrender Value** at the end of the current **Policy Year** less any unpaid **Regular Premiums** for that **Policy Year** and loan interest (if any) accrued to the end of that **Policy Year**;
- (v) If the **Insured** dies before all outstanding loan amounts have been received by **Us**, then **We** will deduct an amount equal to the outstanding loan amount plus the interest due thereon from the **Death Benefit** payable under the **Policy**.

#### 4. Surrender

- (a)
- (b) **You** may surrender the **Policy** after the commencement of the 3<sup>rd</sup> **Policy Year** if all due **Regular Premium** during these years have been received in full. **We** will pay a **Surrender Value** which is equal to the higher of the **Guaranteed Surrender Value** or **Special Surrender Value** which are calculated as below.
- (c) **Guaranteed Surrender Value:** The **Guaranteed Surrender Value** is the minimum surrender value guaranteed to be paid by **Us** which is calculated in accordance with the to the **Policy** based on the percentage of the total **Regular Premiums** received (excluding taxes, cess and extra premiums paid) plus the surrender value of the accrued **Simple Reversionary Bonus** less any **Survival Benefit(s)** already paid. Please refer to the attached **Appendix** for the **Guaranteed Surrender Value Factors** applicable on the accrued **Simple Reversionary Bonus**. **Appendix**
- (d) **Special Surrender Value:** The **Special Surrender Value** is calculated by **Us** based on the **Reduced Paid up Value** which is discounted by the applicable special surrender value factor plus the accrued **Simple Reversionary Bonus**. The **Special Surrender Value** is not guaranteed and the special surrender value factors may be changed by **Us** from time to time with the approval of the **IRDA of India**. **You** may check the applicable **Special Surrender Value** with **Us** before surrendering the **Policy**.

#### 5. Claims Procedure

**We** will not be obliged to make any payment of the Death Benefit unless and until **We** have received all of the information and documentation **We** request, including but not limited to:

- (a) The original **Policy** document;
- (b) The claim form prescribed by **Us**, duly completed;
- (c) The official death certificate issued by a competent governmental authority;
- (d) First Information Report, police inquest report and a post-mortem report where the **Insured's** death is due to an unnatural cause;

- (e) Proof of title to the **Policy** where applicable;
- (f) **Nominee/Appointee**/legal heir identification and address proof as per regulatory requirements.

6. **Maturity Benefit payout procedure:** **We** will not be obliged to make any payment of the Maturity Benefit unless and until **We** have received all of the information and documentation **We** request, including but not limited to:

- (a) The **Policy** document.
- (b) The claim form prescribed by **Us**, duly completed;
- (c) The discharge voucher prescribed by **Us**, duly completed

7. **Termination of the Policy**

The **Policy** shall be terminated on the occurrence of the earliest of the following:

- (a) The date on which the **Policy** is surrendered.
- (b) On **Our** payment of the **Death Benefit**, **Surrender Value** or **Maturity Benefit**, whichever applicable.
- (c) On the expiry of the **Revival Period** provided that the **Policy** has not been converted to a **Policy** with a **Reduced Paid-up Value** in accordance with **Part C**.

**POLICY CHARGES**

The following fees/charges are applicable under this **Policy**:

1. Alteration Charges: This charge is payable for each request that **You** make to **Us** to change the applicable frequency for payment of the **Regular Premium** under the **Policy** in accordance with the Premium Payment Conditions in Part C. The Alteration Charges presently are Rs.100 for each request. This charge is subject to change with the approval of the **IRDA of India**.
2. Revival Fee: This fee is payable for each request that **You** make to **Us** to revive a lapsed/Reduced Paid-up Policy in accordance with the Revival provisions in Part D. The Revival Fee is presently Rs.250 for each request. This fee is subject to change with the approval of the **IRDA of India**.

## **GENERAL TERMS & CONDITIONS**

The following general terms and conditions are applicable to Your Policy.

If **You** wish to change the **Nominee**, assign the **Policy** or update **Your/Nominee's** address or other contact details in **Our** records, **You** should do so only through the forms prescribed by **Us** for these purposes. These forms are available at **Our** offices or may be obtained from **Your** financial advisor.

1. **Nomination:**

Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time. A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure to this **Policy** for your reference. Nomination of this Policy is not applicable if the Policy has been effected under Section 6 of the Married Women's Property Act 1874.

2. **Assignment:**

Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time. A leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure to this **Policy** for your reference. Assignment of this **Policy** is not applicable if the **Policy** has been effected under Section 6 of the Married Women's Property Act 1874.

3. **Taxation**

The tax benefits on the **Policy** shall be as per the prevailing tax laws in India and amendments thereto from time to time. In respect of any payment made or to be made under or in relation to this **Policy**, **We** will deduct or charge or recover taxes including service tax and other levies as applicable at such rates as notified by the government or such other body authorized by the government from time to time. Tax laws are subject to change.

4. **Currency & Place of Payment**

All amounts payable either to or by **Us** will be paid in the currency shown in the **Schedule**. Such amounts will be paid by a negotiable bank draft or cheque drawn on a bank in the country in which the currency of this **Policy** is denominated.

5. **Section 45 of the Insurance Act, 1938**

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy i.e. from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
  - a. the suggestion, as a fact of that which is not true and which the insured does not believe to be true;

- b. The active concealment of a fact by the insured having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specifically declares to be fraudulent.

Mere silence as to facts likely to affect the assessment of risk by the insurer is not fraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak.

3. Notwithstanding anything contained in sub section 2, no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the misstatement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer; provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the insurer.
4. A policy of life insurance may be called in question at any time within three years from the date of commencement of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued; provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based. In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on ground of fraud, the premiums collected on the policy till date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. The mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact, no life insurance policy would have been issued to the insured.
5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.
6. **Fraud, Misrepresentation and Forfeiture:** Fraud, Misrepresentation and Forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act 1938 as amended from time to time. A leaflet containing the simplified version of the provisions of Section 45 is enclosed as an Annexure to this **Policy** for your reference
7. **Proof of Age**
  - (a) Subject to Section 45 of the Insurance Act 1938, if the actual age of the **Insured** differs from the **Age** stated in the **Application** then:
    - (i) If the actual age proves to be higher than what is stated in the **Application**, the **Basic Sum Assured** will be adjusted to that which would have been purchased by the amount of premium paid, had the age been correctly stated. The **Policy** will continue to be in force;
    - (ii) If the actual age proves to be lower than what is stated in the **Application**, the premium paid in excess will be



refunded to **You** without interest or may be adjusted towards future premium at **Our** sole discretion. The **Policy** will continue to be in force.

- (b) If the **Insured's** actual age is such that it would have made him/her ineligible for the insurance cover stated in the **Policy**, **We** reserve the right at **Our** sole discretion to take such action as may be deemed appropriate including cancellation of the **Policy** upon payment of the **Surrender Value**, if any.

8. **Loss of the Policy Document**

If the **Policy** is lost or destroyed, **You** may make a written request for a duplicate **Policy** which **We** will issue duly endorsed to show that it is in place of the original document, as long as **You** first pay **Us** the Miscellaneous Fee specified in Part E. Upon the issue of a duplicate **Policy**, the original will cease to have any legal force or effect.

9. **Travel, Residence & Occupation**

This **Policy** does not impose any restrictions as to travel, residence or occupation.

10. **Governing Law & Jurisdiction**

The terms and conditions of the **Policy** shall be governed by and be subject to Indian law and be subject to the sole and exclusive jurisdiction of the Indian courts.

11. **Our Address for Communications**

All notices and communications in respect of this **Policy** shall be addressed to **Us** at the following address:

**PNB MetLife India Insurance Company Ltd.,**  
**'Brigade Seshamahal'**  
**5 Vani Vilas Road**  
**Basvangudi**  
**Bangalore – 560 004**  
**India.**

**GRIEVANCE REDRESSAL MECHANISM & OMBUDSMAN DETAILS****Grievance Redressal Mechanism**

In case **You** have any query or complaint or grievance, **You** may approach **Our** office at the following address:

**PNB MetLife India Insurance Company Ltd.,  
'Brigade Seshamahal'  
5 Vani Vilas Road  
Basvangudi  
Bangalore – 560 004  
India.**

**Toll Free Help line: 1-800-425-6969 (8am –8pm)**

**Phone: +91 80 2650 2244**

**Fax +91 80 41506969**

**Email: [indiaservice@pnbmetlife.com](mailto:indiaservice@pnbmetlife.com)**

**Web: [www.pnbmetlife.com](http://www.pnbmetlife.com)**

Please address **Your** queries or complaints to **Our** customer services department, and **Your** grievances to **Our** grievance redressal officer, who are authorized to review **Your** queries or complaints or grievances and address the same. Please note that only an officer duly authorized by **Us** has the authority to resolve **Your** queries or complaints or grievances. **We** shall in no way be responsible, or liable, or bound by, any replies or communications or undertakings, given by or received from, any financial advisor or any employee who was involved in selling **You** this **Policy**.

In case **You** are not satisfied with the decision of the above office, or have not received any response within 10 days, **You** may contact the **IRDA of India** by any of the following means for resolution:

**IRDA of India Grievance Call Centre (IGCC)**

**Toll Free No.: 155255**

You can register your complaint online at <http://www.igms.irda.gov.in>

You can write or fax your complaints to

**Consumer Affairs Department****Insurance Regulatory and Development Authority of India**

**9<sup>th</sup> Floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh**

**Fax No.: +91-40- 6678 9768**

**E-mail ID: [complaints@irda.gov.in](mailto:complaints@irda.gov.in)**

In case **You** are not satisfied with **Our** decision/resolution, **You** may approach the insurance ombudsman at the address in the list of ombudsman below, if **Your** grievance pertains to:

- (a) Insurance claim that has been rejected or dispute of a claim on legal construction of the **Policy**;
- (b) Delay in settlement of claim;
- (c) Dispute with regard to premium; or
- (d) Non-receipt of **Your Policy Document**.

The complaint should be made in writing duly signed by the **You, Nominee** or by **Your** legal heirs with full details of the complaint and the contact information of complainant

As per Rule 13(3) of the Redress of Public Grievances Rules 1998, the complaint to the insurance ombudsman can be made:

- (a) Only if the grievance has been rejected by the grievance redress machinery of the Insurer;
- (b) Within a period of one year from the date of rejection by the insurer; and
- (c) If it is not simultaneously under any litigation.

#### List of Insurance Ombudsman

| CONTACT DETAILS                                                                                                                                                                                                                                                                                                                             | JURISDICTION                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>AHMEDABAD</b><br>Sh. P.Ramamoorthy<br>Office of the Insurance Ombudsman,<br>2nd floor, Ambica House,<br>Near C.U. Shah College,<br>5, Navyug Colony, Ashram Road,<br>Ahmedabad – 380 014<br>Tel.: 079-27546150/139<br>Fax:- 079-27546142<br>Email:- <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a> | Gujarat, Dadra & Nagar Haveli, Daman and Diu.                      |
| <b>BENGALURU</b><br><b>Shri. M. Parshad</b><br>Office of the Insurance Ombudsman,<br>Jeevan Mangal Bldg., 2nd Floor,<br>Behind Canara Mutual Bldgs.,<br>No.4, Residency Road,<br>Bengaluru – 560 025.<br>Tel.: 080 - 26652048 / 26652049<br>Email: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a>     | Karnataka.                                                         |
| <b>BHOPAL</b><br>Sh.Raj Kumar Srivastava<br>Office of the Insurance Ombudsman,<br>Janak Vihar Complex,<br>2nd Floor, 6, Malviya Nagar, Opp. Airtel,<br>Bhopal – 462 011.<br>Tel.: 0755-2769201/202<br>Fax:- 0755-2769203<br>Email:- <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a>                          | Madhya Pradesh and Chattisgarh.                                    |
| <b>BHUBANESHWAR</b><br>Office of the Insurance Ombudsman,<br>62, Forest park,<br>Bhubneshwar – 751 009.<br>Tel.: 0674-2596461/2596455<br>Fax:- 0674-2596429<br>Email:- <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a>                                                                             | Orissa.                                                            |
| <b>CHANDIGARH</b><br>Sh.Manik B.Sonawane<br>Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd Floor,<br>Batra Building, Sector 17 – D,<br>Chandigarh – 160 017.<br>Tel.: 0172-2706196/6468<br>Fax:- 0172-2708274                                                                                                         | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Chandigarh. |

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| Email:- <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a>                                                                                                                                                                                                                                                                      |                                                                                                  |
| <b>CHENNAI</b><br>Sh. Virender Kumar<br>Office of the Insurance Ombudsman,<br>Fatima Akhtar Court,<br>4th Floor, 453 (old 312), Anna Salai, Teynampet,<br>CHENNAI – 600 018.<br>Tel.:- 044-24333668/24335284<br>Fax:- 044-24333664<br>Email:- <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a>                                      | Tamil Nadu and Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry). |
| <b>DELHI</b><br>Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Building,<br>Asaf Ali Road,<br>New Delhi – 110 002.<br>Tel.:- 011-23239633/23237539<br>Fax:- 011-23230858<br>Email:- <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>                                                                                  | Delhi.                                                                                           |
| <b>GUWAHATI</b><br>Sh.D.C.Choudhury<br>Office of the Insurance Ombudsman,<br>'Jeevan Nivesh', 5th Floor,<br>Nr. Panbazar over bridge, S.S. Road,<br>Guwahati – 781001(ASSAM).<br>Tel.:- 0361-2132204/2132205<br>Fax:- 0361-2732937<br>Email:- <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a>                                    | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.                     |
| <b>HYDERABAD</b><br>Sh. G.Rajeswara Rao<br>Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court"<br>Lane Opp. Saleem Function Palace,<br>A. C. Guards, Lakdi-Ka-Pool,<br>Hyderabad - 500 004.<br>Tel.:- 040-65504123/23312122<br>Fax:- 040-23376599<br>Email:- <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a> | Andhra Pradesh, Telangana, Yanam and part of the Territory of Pondicherry.                       |
| <b>JAIPUR</b><br>Shri. Ashok K. Jain<br>Office of the Insurance Ombudsman,<br>Jeevan Nidhi – II Bldg., Gr. Floor,<br>Bhawani Singh Marg,<br>Jaipur - 302 005.<br>Tel.: 0141 -2740363<br>Fax: 0141 - <a href="mailto:Bimalokpal.jaipur@gbic.co.in">Bimalokpal.jaipur@gbic.co.in</a>                                                                                  | Rajasthan.                                                                                       |
| <b>ERNAKULAM</b><br>Office of the Insurance Ombudsman,<br>2nd Floor, CC 27 / 2603, Pulinat Bldg.,<br>Opp. Cochin Shipyard, M. G. Road,<br>Ernakulam - 682 015.<br>Tel.:- 0484-2358759/9338<br>Fax:- 0484-2359336<br>Email:- <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a>                                                    | Kerala, Lakshadweep, Mahe-a part of Pondicherry.                                                 |
| <b>KOLKATA</b><br>Office of the Insurance Ombudsman, Hindustan Bldg.<br>Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072.                                                                                                                                                                                                                                       | West Bengal, Bihar, Sikkim, Jharkhand and Andaman and Nicobar Islands.                           |

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| <p>TEL : 033-22124340/22124339<br/>         Fax : 033-22124341<br/>         Email:- <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a></p>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>LUCKNOW</b><br/>         Office of the Insurance Ombudsman,<br/>         6th Floor, Jeevan Bhawan,<br/>         Phase-II, Nawal Kishore Road, Hazratganj,<br/>         Lucknow-226 001.<br/>         Tel.:- 0522-2231330/1<br/>         Fax:- 0522-2231310<br/>         Email:- <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></p>                     | <p>Districts of Uttar Pradesh :<br/>         Laitpur, Jhansi, Mahoba, Hamirpur,<br/>         Banda, Chitrakoot, Allahabad,<br/>         Mirzapur, Sonbhabdra, Fatehpur,<br/>         Pratapgarh, Jaunpur, Varanasi,<br/>         Gazipur, Jalaun, Kanpur, Lucknow,<br/>         Unnao, Sitapur, Lakhimpur, Bahraich,<br/>         Barabanki, Raebareli, Sravasti, Gonda,<br/>         Faizabad, Amethi, Kaushambi,<br/>         Balrampur, Basti, Ambedkarnagar,<br/>         Sultanpur, Maharajgang,<br/>         Santkabirnagar, Azamgarh,<br/>         Kushinagar, Gorkhpur, Deoria, Mau,<br/>         Ghazipur, Chandauli, Ballia,<br/>         Sidharathnagar.</p> |
| <p><b>MUMBAI</b><br/>         Sh.A.K.Dasgupta<br/>         Office of the Insurance Ombudsman,<br/>         3rd Floor, Jeevan Seva Annexe,<br/>         S. V. Road, Santacruz (W),<br/>         Mumbai - 400 054.<br/>         Tel.:- 022-26106552/6960<br/>         Fax:- 022-26106052<br/>         Email:- <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a></p> | <p>Goa,<br/>         Mumbai Metropolitan Region<br/>         excluding Navi Mumbai &amp; Thane</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>NOIDA</b><br/>         Office of the Insurance Ombudsman,<br/>         Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a></p>                                                                                                                                                                                                                           | <p>State of Uttaranchal and the following<br/>         Districts of Uttar Pradesh:<br/>         Agra, Aligarh, Bagpat, Bareilly, Bijnor,<br/>         Budaun, Bulandshehar, Etah, Kanooj,<br/>         Mainpuri, Mathura, Meerut,<br/>         Moradabad, Muzaffarnagar, Oraiyya,<br/>         Pilibhit, Etawah, Farrukhabad,<br/>         Firozbad, Gautambodhanagar,<br/>         Ghaziabad, Hardoi, Shahjahanpur,<br/>         Hapur, Shamli, Rampur, Kashganj,<br/>         Sambhal, Amroha, Hathras,<br/>         Kanshiramnagar, Saharanpur.</p>                                                                                                                  |
| <p><b>PUNE</b><br/> <b>Shri. A. K. Sahoo</b><br/>         Office of the Insurance Ombudsman,<br/>         Jeevan Darshan Bldg., 2nd Floor,<br/>         C.T.S. No.s. 195 to 198,<br/>         N.C. Kelkar Road, Narayan Peth,<br/>         Pune – 411 030.<br/>         Tel.: 020 -32341320<br/>         Email: <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a></p> | <p>Maharashtra,<br/>         Area of Navi Mumbai and Thane<br/>         excluding Mumbai Metropolitan<br/>         Region.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |