

Partial Withdrawal/ Full Withdrawal/ Surrender Request Form

Policy Number

Date (ddmmyyyy)

Name of the Policy Owner

Mobile no.: _____

Email ID: _____

Current mailing address of the Policy Owner

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. In case of a change in address, a valid address proof is mandatory.

I apply to, Please Tick (✓)

Partial withdrawal (in Rs.) _____ from the Unit Account of my policy

Or in case of %, as per the table below

Fund Option	%Withdrawal
Preserver	
Protector	
Moderator	
Balancer	
Accelerator	
Multiplier	
Virtue	

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

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.

Payment Details: Payout will be done through Direct Credit (Direct Transfer to your Bank Account)

Policyholder's name as per the Bank Account

Bank Name- _____

Branch Name- _____

Bank Account Number-

Bank Account Type- Savings Current

IFSC Code*-

(*You can get this code from your Bank)

Note- In case of NRI customer, please provide the Customer Declaration- Repatriation Request & bank certificate for Repatriation



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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.metlife.co.in, Fax: +91-80-4150 6969

MANDATORY- Please Attach: Copy of Signed Cancelled Cheque and Original Policy Document (in case of Surrender/ Full Withdrawal)

Note:

1. I understand that payout under the policy shall be strictly in accordance with the policy terms and conditions. Also, any payment shall be subject to the last payment realization.
2. If application for Unit Linked Product is received up to 15:00 hrs IST on a business/ working day, the same days' unit value will be applicable. However, if the application is received after 15:00 hrs, then the next declared NAV will be applicable.
3. I hereby declare that the particulars given in this form are true, correct and complete in all aspects.
4. I take full responsibility of genuineness and correctness of the details filled herein.
5. If the transaction is delayed or not effected at all for any reasons due to incomplete or incorrect information, I shall not hold MetLife responsible in any manner whatsoever. Further, I understand that MetLife shall not be held responsible for any non-receipt of payment on account of wrong/ incorrect/ incomplete information given by me in this form.
6. In case the Cancelled Cheque copy does not carry the A/C no./ account holder name, copy of bank statement copy shall be attached
I also understand and agree that MetLife reserves the right to use any alternative payout method (via cheque) incase the requisite information for Direct credit is not received.

"I also understand that MetLife will be communicating through telephone calls, SMS, or emails for providing details of transactions, payment reminders, etc. and that these shall not be construed as unsolicited commercial calls/ e-mails."

Signature of Policy Owner/ Assignee (**in case of absolute Assignment of the Policy)**