Declaration and Undertaking Regarding Lost Policy
Request Form

Instructions: Use this form to issue a duplicate copy of your original individual policy. Please complete this form in its entirety to avoid any delays in processing. If you need any assistance in completing this form, please contact our customer service representatives.

Requirements: (1) Declaration and undertaking regarding lost policy form; (2) Copy of valid I.D.

Note:
- 30 days to submit the original request from the signature date.

<table>
<thead>
<tr>
<th>Mobile no.</th>
<th>Country Code - Area Code - E-mail</th>
</tr>
</thead>
</table>

Please list all nationalities: 1) 2) 3)

<table>
<thead>
<tr>
<th>Residency*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) 2) 3)</td>
</tr>
</tbody>
</table>

* “Residency” is any place where you may be obliged to file income tax returns as a resident of that jurisdiction.

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>issued on the</td>
<td>Day</td>
<td>Month</td>
<td>Year</td>
</tr>
</tbody>
</table>

by American Life Insurance Company (MetLife) on the life

present beneficiary or beneficiaries in said policy being

<table>
<thead>
<tr>
<th>the undersigned, owner of</th>
</tr>
</thead>
</table>

I, First Name Middle Name Last Name, the undersigned, owner of the policy, hereby certify that said Policy.

☐ has been lost or mislaid beyond hope of recovery, although due and diligent search has been made for it.

☐ was destroyed.

The circumstances of loss / destruction being as follows:

and that said policy was not and is not now assigned or otherwise transferred to any person or persons whomsoever, or in any way pledged as security for moneys advanced or value received, except as:

<table>
<thead>
<tr>
<th>and having requested the American Life Insurance Company (MetLife)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ To pay me the surrender value of said policy.</td>
</tr>
<tr>
<td>☐ To change said policy in accordance with my request for change dated</td>
</tr>
<tr>
<td>but being unable to surrender said policy to the company as requisite since it is not now in my possession.</td>
</tr>
<tr>
<td>☐ To change said policy in accordance with my request for change dated</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Declarations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) I hereby accept any endorsement on the duplicate of said policy as being an endorsement on the original policy and undertake, should I find said policy, to return it promptly to the American Life Insurance Company (MetLife) and, in any case, to indemnify said Company against any loss or liability which it may incur by reason of my inability or failure to surrender said policy to the Company.</td>
</tr>
<tr>
<td>(b) I understand that coverage and / or payment under the insurance contract will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectoral Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country.</td>
</tr>
<tr>
<td>I also understand that the company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or benefit would expose the company to any sanction under any applicable laws.</td>
</tr>
<tr>
<td>(c) I hereby provide MetLife my unambiguous consent, to process, share, and transfer my personal data to any recipient whether inside or outside the country, including but not limited to MetLife headquarters in the USA, its branches, affiliates, reinsurers, business partners, professional advisers, insurance brokers and/or service providers where we believe that the transfer or share, of such personal data, is necessary for: (i) the performance of this policy; (ii) assisting MetLife in the development of its business and products; (iii) improving MetLife’s customers experience; (iv) for the compliance with the applicable laws and regulations; and (v) for the compliance with other law enforcement agencies for international sanctions and other regulations applicable to MetLife. MetLife will ensure that such recipients will have sufficient confidentiality obligations to procure the confidentiality of the personal information and provided that the company complies with applicable laws in respect of such processing, sharing and transferring of that personal data.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Irrevocable beneficiary’s signature (If Applicable)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy owner’s signature</td>
<td>Signature</td>
</tr>
</tbody>
</table>
*Personal Data* means all information relating to me (whether marked “personal” or not) disclosed to MetLife by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances / activities or any transactions undertaken with MetLife”.

(c) I hereby authorize MetLife to send me notifications and notices via short message service “SMS” and I accept receiving SMS and understand that MetLife makes no warranty that the SMS will be uninterrupted or error free and any such error or interruption shall not be deemed or treated in any way whatsoever to create any liability on MetLife and I acknowledge that I shall not file any complaint or claim against MetLife for any SMS error or interruption or for any reason related to receiving / not receiving SMS.

### U.S.A. Internal Revenue Service (IRS) declaration:

In applying for insurance coverage as indicated in this application, and in signing this application, the applicant(s) certify(ies) that the Insured, Applicant, and any Designated Beneficiary(ies):

(select the answer that applies)

☐ Are  ☐ Are Not  United States persons for United States (U.S.) Federal Income Tax purposes (1)(2)

The Applicant(s) agree(s) to inform the Company/their respective bank within thirty (30) days of the Applicant(s) knowledge of such change if the Applicant(s) or any designated beneficiary become(s) a U.S. person of U.S. Federal Income Tax purposes or if the Applicant(s) assign(s) the policy to such a U.S. person. Units may not be held or transferred to investors who are U.S. federal income tax purposes.

Please note that a false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law.

If you are a United States person, fill in the details below:

**U.S. Tax ID number of Applicant(s) & Insured:**

**U.S. Tax ID number of Beneficiary(ies):**

1. This question is for U.S. Federal Income Tax purposes. The U.S. Internal Revenue Service requires the Company to report the taxable income paid to persons subject to United States Federal Income Tax. PLEASE NOTE that if you are a U.S. person for U.S. tax purposes and fail to provide a U.S. Tax Identification Number to the Company, the IRS requires the Company to withhold tax from taxable income payments made to you at the rate of up to 30%.

2. For purposes of this declaration a U.S. person is a citizen or resident of the United States, a United States partnership, or trust which is controlled by one or more U.S. persons and is subject to the supervision of a U.S. court.

### Foreign Account Tax Compliance Act (FATCA) declaration:

The Insured / Owner consents to MetLife, its officers and agents disclosing any confidential information to:

(i) Any group member and representatives of MetLife in any jurisdiction (together with MetLife, the “Permitted Parties”):

(ii) Any persons as required by any law (including but not limited to the U.S.A. Foreign Account Tax Compliance Act) or authority (including but not limited to the U.S.A. Internal Revenue Service) with jurisdiction over any of the Permitted Parties:

(iii) Professional advisers, insurer, reinsurer or insurance broker and service providers of the Permitted Parties who are under a duty of confidentiality to the Permitted Parties:

(iv) Any actual or potential assignee, novatee or transferee in relation to any of MetLife’s rights and/or obligations under this Policy (or any agent or adviser of any of the foregoing).

“Confidential Information” means all information relating to the Insured / Owner (whether marked “confidential” or not) disclosed by whatever means either directly or indirectly to MetLife which concerns the business, operations or customers of the Insured / Owner (including but not limited to contact details, tax identification number / social security number, account balances/activities or any transactions undertaken with MetLife). MetLife will deduct any withholding required by the US Foreign Account Tax Compliance Act (“FATCA”).

MetLife reserves the right, within its sole discretion, to terminate the policy in the event that appropriate documentation of Insured’s / Owner’s US or non-US status for purposes of FATCA is not timely provided to MetLife. In particular, in the event that applicable local laws or regulations would prohibit withholding on payments to the account or prohibit the reporting of the account, and no waiver of such local law is obtained, MetLife reserves the right to close the account.

### CRS Individual tax residency Self-Certification declaration:

The Common Reporting Standard (CRS), is a tax information exchange standard developed by the Organization for Economic Co-operation and Development (“OECD”) and approved on 15 July 2014.

Please complete the following table indicating (i) where the account holder is tax resident and (ii) the account holder’s TIN for each country/jurisdiction indicated.

**Note:** If the account holder is a tax resident in more than three countries/jurisdictions, please use a separate sheet.

If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:

**Reason A**
The country/jurisdiction where the account holder is resident does not issue TINs to its residents

**Reason B**
The account holder is otherwise unable to obtain a TIN or equivalent number. Please explain why you are unable to provide the required information

**Reason C**
No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

<table>
<thead>
<tr>
<th>Country/jurisdiction</th>
<th>TIN available</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Irrevocable beneficiary's signature (If Applicable)**

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

**Policy owner's signature**

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country/Jurisdiction of Tax Residence</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the account holder's relationship with MetLife setting out how MetLife may use and share the information supplied by me. I acknowledge that the information contained in this form and information regarding the account holder and any reportable account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. I certify that I am the account holder (or am authorized to sign for the account Holder) of all the account(s) to which this form relates.

Declaration:

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to both advise MetLife of any change in circumstances which affects the tax residency status of the individual identified in the application or in this form or causes the information contained herein to become incorrect or incomplete, and to provide MetLife with a suitably updated self-certification and Declaration, within 90 days of such change in circumstances.

E-mail Declaration:

1. Notications: I hereby authorize MetLife to send me notifications and notices electronically (including but not limited to short massage services “SMS”, emails and any other electronic means or methods of communications (“notifications”). I accept receiving notifications and understand that MetLife makes no warranty that the notifications will be uninterrupted or error free and any such error or interruption shall not be deemed or treated in any way whatsoever to create any liability on MetLife and I acknowledge that I shall not file any complaint or claim against MetLife for any notifications error or interruption or for any reason related to receiving / not receiving the notifications. MetLife is not responsible for non-receipt of notifications due to invalidity of the addresses or other technical problems.

2. Sending and receiving the documents electronically: By providing my e-mail address and signing this application I agree to receive from MetLife the policy document, certificate and / or any other documents and to send to MetLife all types of documents and information related to the policy (“Documents”) via electronic mail (“E-mail”). I am fully aware that having chosen this electronic means of sending or receiving information & Documents, it is my responsibility to ensure that the E-mail address I have provided us in this application is correct at all times, and that it my responsibility to inform MetLife immediately should my E-mail address change or should I cease to receive the documents. I agree that all information & documents sent to or received from my E-mail address as stated in this application will be considered valid and originated from me or sent to me personally. MetLife is not responsible for non-receipt of E-mails due to invalid E-mail addresses or other technical problems related to my E-mail service.

I acknowledge that if I opt to change my E-mail address with MetLife, or if I would like to receive a paper copy of the Documents, or if I believe that I have not received my Documents, I will notify MetLife immediately.

By signing this application, I understand and agree that if I wish to discontinue receiving documents electronically it is my obligation to revoke this authorization by another written document. By signing this application also, I declare that I have read and understood MetLife’s privacy policies and Terms of Use on www.metlife.com/about/privacy and I will review any Terms of Use or Privacy Statement of any future service providers used by MetLife.

I understand that although MetLife takes every precaution to protect the privacy of members’ information, MetLife cannot guarantee safety of my information. I consent to provide my E-mail address to be included in MetLife's E-mail list and accept any inherent risks involved with E-mail communications.

Signatures

Signed at

City

Country

Signature

Day

Month

Year

Full name of policy owner

Full Name in his/her own handwriting

Signature

Full name of irrevocable beneficiary or assignee

Full Name in his/her own handwriting

Signature

Full name of witness / agent

Full Name in his/her own handwriting

Signature

Agent code

Need help?

How to contact us

<table>
<thead>
<tr>
<th>Country</th>
<th>UAE</th>
<th>Kuwait</th>
<th>Oman</th>
<th>Bahrain</th>
<th>Qatar</th>
<th>Any other Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call us</td>
<td>800 - MetLife (800 - 6385433)</td>
<td>+965 2 208 9333</td>
<td>800 70708</td>
<td>800 08033</td>
<td>800 9711</td>
<td>+971 4 415 4555</td>
</tr>
<tr>
<td>Mail us</td>
<td>Bausher, PO BOX 894, PC 114, Jibroo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail us</td>
<td><a href="mailto:CustomerCare.OM@metlife.com">CustomerCare.OM@metlife.com</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.metlife-gulf.com">www.metlife-gulf.com</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How to submit the form

Please send original documents to:

Customer Care - MetLife
P.O. Box 894, Bausher, Sultanate of Oman

American Life Insurance Company - Registered under CMA “Capital Market Authority” - Registration No. 1122495-Oman Tax Card No: 8132000
VAT Registration No. OM100010517
American Life Insurance Company is a MetLife, Inc. Company
إقرار وتعهد
بخصوص الوثيقة المفقودة
نموذج الطلب

توضيحات: استخدم هذا النموذج لإصدار نسخة طبق الأصل من وثيقة التأمين الأصلية. يرجى ملء هذا النموذج بالكامل لتجنب أي تأخير في المعالجة. إذا كنت بحاجة إلى أي مساعدة في ملء هذا النموذج، يرجى الاتصال بممثلي خدمة العملاء.

الشروط والاحكام:
- يتم تلقي الوثيقة المفقودة خلال 30 يومًا من تاريخ التوقيع.
- صورة من بطاقة هوية سارية.
- نموذج إقرار وتعهد بخصوص الوثيقة المفقودة.
- الملف الأصلي.

الإقرارات:
- هل الطعن من الشركة الأمريكية للتأمين على الحياة (متأليف) تم أقر أن.
- هل الشركة الأمريكية للتأمين على الحياة يتم تقديم إقرارات ضريبة الدخل كمقيم في تلك الولاية القضائية.
- هل تم تقديم إقرارات ضريبة الدخل كمقيم في تلك الولاية القضائية.
- هل تم تقديم إقرارات ضريبة الدخل كمقيم في تلك الولاية القضائية.
- هل تم تقديم إقرارات ضريبة الدخل كمقيم في تلك الولاية القضائية.

ال.Must not specify any other country where the policy is domiciled.
التي تم الإفصاح عنها إلى متلايف بأي وسيلة سواء بشكل مباشر أو غير مباشر والتي تتعلق، يرجى ملاحظة أن تقديم أي بيان كاذب أو محرف للحالة الضريبية من قبل مواطن أمريكي قد يؤدي إلى فرض عقوبات بموجب قانون الولايات المتحدة. إذا كنت مواطنًا أمريكيًا، فاملأ التفاصيل أدناه:

الرسائل النصية القصيرة لن تتوقف أو تخلو من الأخطاء، ولن يتم اعتبار أو معاملة أي خطأ أو توقف من هذا القبيل بأي شكل من الأشكال كمصدر يشكل مسؤولية على متلايف، وأقر أنني لن أقدم صاحب الوثيقة من حيث كونه مواطنًا أمريكيًا أو غير أمريكي لأغراض قانون دائرة الإيرادات.

لأغراض هذا الإقرار، الشخص الأمريكي هو مواطن أمريكي أو شخص مقيم في الولايات المتحدة، أو شراكة بالولايات المتحدة، أو شركة إدارة أموال يسيطر عليها شخص أمريكي واحد أو أكثر.

الامتثال الضريبي للحسابات الأجنبية في الوقت المناسب إلى متلايف. على وجه الخصوص، في حالة حظر القوانين أو اللوائح المحلية المعمول بها الاقتطاع من الحساب أو حظر الإبلاغ المالي عن أنشطة الحساب أو أي معاملات تتم مع متلايف والتي تم الإفصاح عنها بأي وسيلة إما بشكل مباشر أو غير مباشر بما في ذلك على سبيل المثال لا الحصر دائرة الإيرادات، رقم الضمان الاجتماعي، أو وثيقة الرسالة القصيرة.

أوافق على تلقي الرسائل القصيرة وأدرك أن متلايف لا تقدم أي ضمانات بأن الرسائل الرسالة القصيرة أو الرسائل الثالثة أو الرسائل développe en، وهي معلمات شخصية تتعلق بأي شخص وفقًا لما يقتضيه أي قانون، بما في ذلك الموافقة على أي موجودة في الوثيقة.

ملاحظة: يرجى تحديد هذا السبب فقط إذا كان القانون المحلي للولاية القضائية ذات الصلة لا يتطلب الحصول على رقم التعريف الضريبي غير مطلوب (ملاحظة: يرجى تحديد إذا كانت الشركة المحلية القائمة ذات الصلة لا تتطلب الحصول على رقم التعريف الضريبي من متلايف).
لا ي כדי أن المعلومات التي تقدمها تخضع للاكماك التعريض النموذج الشروط التي تتيح علاقة صاحب الحساب مع متلايف، وتتحك كاملاً كمواد مشاركةدعامت باستخدام ومشاركة المعلومات التي تتم من هذا القبيل بأي شكل من الأشكال كمصدر لخلق أي مسؤولية على متلايف، وأقر أنني لن أقدم أي شكوى أو مطالبة ضد متلايف عن أي خطأ في الإشعارات أو...

وافق على تلقي الإشعارات وأدرك أن متلايف لا تقدم أي ضمانات بأن الإشعارات لن تتوقف أو تخلو من الأخطاء، ولن يتم الإفصاح عنها قد يتم الإفصاح عنها إلى السلطات الضريبية...

وقد يتم الإفصاح عنها إلى السلطات الضريبية ووسائل البريد الإلكتروني وأي مستندات أخرى من متلايف وإرسال جميع أنواع الوثائق المطلوبة للضرائب بموجب اتفاقيات حكومية دولية لتبادل معلومات الحساب المالي. أقر بأن أي معلومات الحساب (المفقود) أو التحرك بالتوقيع تبعية عن صاحب الحساب لبعض الحسابات التي يربطها بها...

اقد إلغاء طلب تقديم النموذج، إذا لم يتوفر رقم التعريف الضريبي، أدخل الص 문자 البديل أو "ب". فيرجى التوضيح.

إقرار البريد الإلكتروني:

1. الإشعارات: أخول متلايف أن يرسل لي الإشعارات والإخطارات إلكترونيًا بها في ذلك على سبيل المثال لحقمنا رسائل نصية القصيرة "SMS" ووسائل البريد الإلكتروني أو إلى متلايف عبر البريد الإلكتروني ("البريد الإلكتروني") إلى مسندم غير متلايف المؤسسة الإدارية يسمى "البريد الإلكتروني المعني" أي متلايف. أدرك تماماً أنه بوجود اتخاذ اجراءات الإدارية المطلوبة والوثائق أو المستندات والمعلومات المختلفة التي كنت مشغولاً بها في هذا المجال، أو أي من متلايف ورسائل البريد الإلكتروني أو التوقف عن وسائل إلكترونية أخرى للاتصالات...

2. إقرار البريد الإلكتروني: من خلال تقديم عناوين البريد الإلكتروني توافق هذا الإقرار على استلام و órgão الأمين، و/أ، أو أي مستندات أخرى من متلايف ورسائل جامع أو...