Policy Partial Maturity and Release Request Form

Instructions: Use this form if your policy has partially matured and to request for a partial maturity of the maturity value. 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) Policy partial maturity and release form; (2) Valid passport copy or copy of valid I.D.; (3) Valid residency copy (if applicable);

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

Policy Details
Policy No.(s) 

Policy Owner’s Details
First Name  Middle Name  Last Name
Mobile No.  Country Code – Area Code – E-mail
Mailing Address 1  P.O. Box  City
Mailing Address 2  Country

Please list all nationalities: 1)  2)  3)

Residency*
1)  2)  3)

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

Application is hereby made for Partial maturity of my policy and the payment of partial maturity benefits (less any indebtedness to the company secured by the policy) in accordance with the partial maturity provision in the policy.

Preferred Method of Payment*

☐ Wire Transfer (Please complete Section I)  ☐ Transfer to another Policy (Please complete Section II)

I. Please provide your bank account details below:
IBAN No.*
Swift Code*
Bank Account No.*
Name of Bank Account Holder  Account Currency
Bank Name
Branch Code (If applicable)
IFS (Indian Financial Security Code)
City
Country

*Notes:  
- Bank charges might be applicable for Bank Transfer.
- If the bank account holder is not the same as the policy owner or if owner’s bank account details are incomplete, or incorrect the wire transfer request will be rejected.
- IBAN is required for all accounts that have one. For the countries that do not use IBAN, please provide your account number and swift code.

Irrevocable beneficiary’s signature (If Applicable) 
Policy owner’s signature 

American Life Insurance Company (MetLife)
Dar Al Noor Building, Block No.233, Way No. 403
Building No.52, MSQ, Bausher,Office 405 & 406, P.O. Box: 894, PC.114, Jibroo
II. Comments:

Special instructions, if any: (subject to approval under the Company’s guidelines)

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Declarations

(a) 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.

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.

(b) 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; or (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.

*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 submitting and in signing this form, the applicant(s) certify(ies) that the Insured, Joint 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

The Applicant(s) agree(s) to inform the Company 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.

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 31%.

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 information relating to you).

Irrevocable beneficiary’s signature (If Applicable) 
[ ] Signature

Policy owner’s signature 
[ ] Signature

2 of 4
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 Tax Identification Number (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 Tax Identification Number (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 Tax Identification Numbers to its residents

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

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

<table>
<thead>
<tr>
<th>Country/Jurisdiction of Tax Residence</th>
<th>Taxpayer Identification Number (TIN)</th>
<th>If no TIN available enter reason A, B or C</th>
<th>If reason B Selected, please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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</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. Notifications: 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.

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

**Policy owner's signature**
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
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></td>
<td>P.O. Box: 894, P.C. 114, Muttrah, Sultanate of Oman</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail us</td>
<td></td>
<td><a href="mailto:customerservices.gulf@metlife.com">customerservices.gulf@metlife.com</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td></td>
<td><a href="http://www.metlife-gulf.com">www.metlife-gulf.com</a></td>
<td></td>
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</tr>
</tbody>
</table>

How to submit the form

Please send original documents to:
Customer Care - MetLife
P.O. Box: 894, P.C. 114, Muttrah, Sultanate of Oman
نموذج طلب استحقاق واصدار الوثيقة الجزئي

الтарيخ: 

التمتطلبات:

الوثائق المطلوبة: 
1. صورة من استمارة سارية.
2. صورة من جواز سفر ساري أو صورة من بطاقة شخصية سارية.
3. نموذج استحقاق واصدار الوثيقة الجزئي (صوره من جواز سفر ساري أو صورة من بطاقة شخصية سارية).

الملاحظات:

الأخلاقيات: 

التوقيع

ملاحظات:

قد تفرض رسوم مصرفية على الحوالة المصرفية.

ملاحظات:

إذا لم يكن الحساب المصرفي هو نفسه الحساب المصرفي لصاحب الوثيقة أو إذا كانت تفاصيل الحساب المصرفي لصاحب الوثيقة غير كاملاً أو غير صحيحة، سيتم رفض طلب التحويل.

يرجى تقديم رقم الحساب المصرفي الدولي (IBAN) لجميع الحسابات التي تحتوي على ذلك الرقم.

توفير مستند غير قابل للتغيير (ختماً بنطاق).
أقر الاعتماد الذاتي للإشراف الضريبي للأفراد حسب معايير الإبلاغ المشترك:

(\textit{OECD} CRS) هو معيار لتبادل المعلومات الضريبية وضعه منظمة التعاون الاقتصادي والتنمية.

يفتح ذكر السبب المناسب “(أ)” أو “(ب)” أو “(ج)” على النحو الوارد أدناه:

السبب “(أ)”:
البلد أو الولاية القضائية التي يقيم فيها الحساب لا تتولى مناهج مالية للقيام بها.

السبب “(ب)”:
يفتح على صاحب الحساب الحصول على رقم تعريف ضريبي أو رقم معادل.

السبب “(ج)”:
秉持 على صاحب الحساب التحقيق أو مناهج مالية للقيام بها.

أقر بأن جميع البيانات الواردة في هذا الإقرار، على حد علمي واعتقادي، صحيحة وكاملة.

إقرار البريد الإلكتروني:
بإقرار وتصديق ذاتي محدد مناسب في غضون يومًا من هذا التغيير في الظروف.

إقرار الاتصال الفوري:
لإشعار متلايف والإبلاغ عن أي تغيير في الظروف.

إقرار الاتصال الفوري:
لإشعار متلايف والإبلاغ عن أي تغيير في الظروف.

إقرار الاتصال الفوري:
لإشعار متلايف والإبلاغ عن أي تغيير في الظروف.
أقر بأنه إذا اخترت تغيير عنوان بريدي الإلكتروني الخاص بالمراسلة مع متلايف، أو إذا كنت أرغب في استلام نسخة ورقية من الوثائق، أو إذا لم تسلم الوثائق المطلوبة، فسوف أخطر متلايف على الفور. بتوقيع هذا الطلب، أدرك وأوافق على أنه إذا كنت أرغب في التوقف عن استلام الوثائق إلكترونيًا، فإنه يجب علىّ إلغاء هذا التفويض من خلال مستند كتابي آخر. وبتوقيع هذا الطلب أيضًا، أقر وسأقوم بمراجعة أي شروط استخدام أو بيان خصوصية www.metlife. com/about/privacy لأي من مقدمي الخدمات في المستقبل ممن تستعين بهم متلايف.

أدرك أنه على الرغم من اتخاذ متلايف كل الاحتياطات اللازمة لحماية خصوصية معلومات الأعضاء، لا تضمن متلايف سلامة معلوماتي. أوافق على تقديم عنوان بريدي الإلكتروني ليتم إدراجه في قائمة البريد الإلكتروني لمتلايف وأقبل أي مخاطر كامنة تتعلق باتصالات البريد الإلكتروني.

التوقيع

المدينة

البلد

الواقي

القائمة

الاسم الكامل للمستفيد أو المتنازل إليه غير القابل للإلغاء

التوقيع

الاسم الكامل بخط اليد

رمز الوكيل

توضيحات للتمايل

Convertible: 008-3345836

 Bahamas: 008-2802839008007070080033081179455615565561556556155655615565

 CS-PPMR-CRS-APP-OMN-0821-MO

องการراسته عبر البريد الالكتروني

customerservices.gulf@metlife.com

www.metlife-gulf.com