

# Policy Loan Agreement and Assignment of Policy



GULF OPERATIONS

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**INSTRUCTIONS:** Use this form to request for a loan against your policy. If you need any assistance in completing this form, please call our customer service representatives.

**REQUIREMENTS:** (1) Policy Loan Agreement form

Policy Number	<input type="text"/>		
Insured	<input type="text" value="Full Name"/>	Amount Now Advanced	<input type="text" value="Currency"/>

Pursuant to the terms of the above designated policy, which terms are incorporated herein as if fully set forth, the undersigned do(es) hereby acknowledge receipt from the Company of the sum of  and, in consideration thereof, the

undersigned do(es) hereby pledge and assign (and warrant(s) the validity and sufficiency of this pledge) all right, title and interest in said policy, together with all money that may become payable thereunder to the Company to secure repayment of the current loan and all other outstanding loans due to the Company, with interest at the rate stated in the above mentioned policy payable, not in advance, on the anniversary of said policy in each year until said loan is repaid, and if interest on loan is not paid when due it shall be added to the existing loan and shall bear interest at the same rate and under the same conditions. Payments of interest and payments on account of principal shall be made at the places where premiums are payable under said policy, and only in exchange for said Company's official receipts signed by the persons authorized to sign receipts for payments of premiums under said policy.

This pledge and assignment shall operate as a first lien upon said policy giving the Company priority in recovering the total indebtedness, including interest due or accrued, from any amounts payable under said policy.

If and when the total indebtedness on said policy, including interest due or accrued, equals or exceeds the amount of the cash surrender value thereof at such time, then said policy shall forthwith terminate and become void at the time and upon the conditions provided in said policy for such contingency. If the policy contains no provision for avoidance when the loan and interest shall equal or exceed the cash surrender value, then the policy shall terminate and become void after 31 days notice to that effect.

Notice in connection with this loan shall be addressed and mailed to the last known post office address of the Insured, and of any assignee, as recorded with the Company. Notice thus addressed shall be considered duly served even if not received by the addressee for any reason whatsoever.

## PREFERRED METHOD OF PAYMENT\*

<input type="checkbox"/> <b>Cheque</b>	<input type="checkbox"/> <b>Demand Draft</b>	<input type="checkbox"/> <b>Wire Transfer</b>	<input type="checkbox"/> <b>Policy Transfer</b>
<input type="checkbox"/> Collected at Head Office	<input type="checkbox"/> Collected at Head Office	(please complete Section II)	(please complete Section III)
	<input type="checkbox"/> Mailed to my Address (please Complete Section I)		

**\*Notes:** Amounts greater than USD 25,000 will only be paid by Wire Transfer.  
Amounts equal or greater than USD 5,000 will be issued as an account payee cheque or via Wire Transfer.  
In case of Cheque payment, the cheque will be issued as a local cheque and cannot be used in another country.

## I. Address Details:

Address Line 1	<input type="text"/>	P.O. Box	<input type="text"/>	City	<input type="text"/>
Address Line 2	<input type="text"/>	Country	<input type="text"/>		

## II. In case of "wire transfer" option is selected OR amount is greater than USD 25,000, please provide your bank account details:\*

Bank Account No. / IBAN	<input type="text"/>				
Bank Name	<input type="text"/>	Bank Address	<input type="text"/>		
Branch Code (If applicable)	<input type="text"/>	Swift Code	<input type="text"/>		
IFS (Indian Financial Security Code)	<input type="text"/>	Sort Code (UK)	<input type="text"/>		
City	<input type="text"/>	Routing Code (US)	<input type="text"/>		
Country	<input type="text"/>				

**\*Notes:** Bank charges might be applicable for Demand Draft or Bank Transfer.  
If bank account holder is not same as the policy owner or if owner's bank account details are incomplete, the wire transfer request will be rejected.  
If your policy(ies) is (are) paid through standing order, please ensure to notify your bank.  
If you are paying via direct debit, please submit an original written request to MetLife to cancel your direct debit instructions.

## III. Comments:

**DECLARATIONS**

- I hereby grant MetLife my unambiguous consent, to process, share and transfer my Personal Data\* to a recipient inside or outside this country (including but not limited to MetLife Inc. and / or American Life Insurance Company's Headquarters and their branches, affiliates, reinsurers, business partners and / or to any actual or potential assignee, novatee or transferee of MetLife) where the processing, transferring or sharing of my Personal Data is requested by any of the above mentioned recipients or necessary or required for the performance of MetLife's obligation under this application and / or the insurance policy, or to comply with any obligation which MetLife is subject to.

**\*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".

- I also understand that the issuance and continuation of my insurance contract is subject to the regulations applicable to the Company with respect to the international sanctions and I hereby agree that for the purpose of complying with the local and international sanctions including but not limited to the OFAC, UN sanctions, the Company may at its own discretion take any action that it finds appropriate with respect to the issuance, freezing any transaction on my insurance policy, and / or continuation of my insurance policy.

**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); and

**"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.

Signed at	<input type="text" value="Place"/>	City/Country	<input type="text"/>		on this	<input type="text" value="D"/>	<input type="text" value="D"/>	day of	<input type="text" value="M"/>	<input type="text" value="M"/>	20	<input type="text" value="YEAR"/>	
Name of Policy Owner	<input type="text" value="Full Name in his/her own handwriting"/>							<input type="checkbox" value="X"/>	<input type="text" value="Signature"/>				
Name of Irrevocable Beneficiary or Assignee	<input type="text" value="Full Name in his/her own handwriting"/>							<input type="checkbox" value="X"/>	<input type="text" value="Signature"/>				
Name of Witness / Agent	<input type="text" value="Full Name in his/her own handwriting"/>							<input type="checkbox" value="X"/>	<input type="text" value="Signature"/>				
Agent Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**NEED HELP?**

HOW TO CONTACT US						
COUNTRY	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country
CALL US	800 - MetLife (800 - 6385433)	+965 2 247 4277	800 70708	800 08033	800 9711	+971 4 415 4555
MAIL US	P.O. Box 371916, Dubai – U.A.E.					
E-MAIL US	CustomerServices.Gulf@metlife.ae					
WEBSITE	www.metlife-gulf.com					

HOW TO SUBMIT THE FORM
Please send <b>original</b> documents to:
<b>Customer Care - MetLife</b> P.O. Box 371916 Dubai – U.A.E.