

Policy Number: _____ **Amount of Partial Withdrawal:** _____ % of Net Cash Surrender Value / Maximum

I hereby apply for the payment of Partial withdrawal under the terms and condition of the above policy after deducting surrender processing fee and indebtedness, if any, to American Life Insurance Company (MetLife). Relevant papers are submitted herewith.

Please choose an option for payment: Choose an option to receive cheque:

- Electronic Fund Transfer MetLife Head Office Dispatch Sales Office/Agency Code/Agency Name
 Account Payee Cheque Mailing Address
 MetLife Agency/Sales Office

If you do not have your own bank account, you may authorize a **close relative** (other than a MetLife Representative) to receive the payment by providing **proof of relationship**. Note that, payment to proposed recipient other than the Policyowner is subject to company approval.

Pay to authorized person. Relationship with Policyowner _____

Please provide your or your authorized person's bank details (IN CAPITAL ENGLISH LETTER)

Name of the Bank A/C Holder : _____

Bank A/C Number : _____

Routing Code (Incase of EFT) : | | | | | | | | |

Bank Name : _____

Branch : _____

Bank Address (District) : _____

Witness's
Name :
Signature :
Address :
Mobile/Phone Number:

Policyowner's
Name :
Signature :
Address :
Registered Mobile Number:
<input type="checkbox"/> New Mobile Number:
Since the registered mobile number in my aforementioned policy is unused, please communicate in the new mobile number mentioned above.

Please submit the following documents with this form

- Photocopy of the Policy Specification Schedule (PSS) attested by the Policyowner and Financial Associate/Unit Manager/Branch Manager.
- Photocopy of valid National ID (both side) /Passport/Driving License of Policyowner and authorized person
- Photocopy of any blank MICR Cheque leaf of the account cheque book.
- Proof of Relations, if applicable.

Important Note: 1. The amount of Account Value will decrease by the Partial Withdrawal amount with processing fee.