

Beneficiary Endorsement

Financial / Loan / Credit Facilities



Gulf Operations

P.O. Box 371916, Dubai, United Arab Emirates - Tel +971 4 415 4555, Fax + 971 4 415 4445

Application Number / Policy Number

Application No. Policy No. Application Date

Policy Owner / Applicant

First Name Middle Name Last Name

Details of Loan

Purpose of loan Amount of loan

Currency of loan Loan duration Amount of insurance coverage requested Currency Coverage amount

Irrevocable Beneficiary

Legal Name

Trade Name

Country of Incorporation

Mailing Address (For Irrevocable Beneficiary)

Country City / Town P.O. Box

Area / Street Building Flat / Villa No.

Telephone - - Mobile - -

E-mail

The designation of the above Irrevocable Beneficiary (the "Irrevocable Beneficiary") under the above mentioned Policy, is a collateral for Credit Facilities / Loans granted by the Irrevocable Beneficiary to the Policy Owner / Applicant.

At date of entitlement, provided Credit Facilities / Loans are still due by the Policy Owner / Applicant to the Irrevocable Beneficiary, the Policy proceeds less any debt on the Policy, if any, shall be payable to the Irrevocable Beneficiary up to the aggregate outstanding balance of such Credit Facilities / Loans or up to the net amount of the Policy proceeds, whichever is less.

The Policy Owner / Applicant hereby understands and agrees that this assignment applies to payments made in respect of valid claims payable due to death, critical illness, accelerated critical illness, terminal illness, permanent and total disability, hospitalization, dismemberment and / or any other rider (if any) and these valid claims shall be payable to the Irrevocable Beneficiary, subject to the terms and conditions stated herein.

The Company may pay the Policy proceeds, if any, to the Irrevocable Beneficiary as per loan currency equivalent to the applicable coverage limits of the Policy in the currency stated in the Policy Specification Schedule and subject to the terms of the Irrevocable Beneficiary Designation, by using an exchange rate determined by the Insurance Company in accordance with the prevailing official exchange rate at time of payment of the Policy proceeds under the Policy.

The balance of the net Policy proceeds, if any, shall be payable to The "Contingent Beneficiary" as stated below, reduced by any debt on the Policy, if any, with interest thereon, if applicable:

Contingent Beneficiary

Full Name of Beneficiary	Relationship	Date of Birth							Nationality	Residency	Percentage
		D	D	M	M	Y	Y	Y			
		D	D	M	M	Y	Y	Y			
		D	D	M	M	Y	Y	Y			
		D	D	M	M	Y	Y	Y			

The records of the Company shall be conclusive evidence to the Irrevocable Beneficiary and / or the Contingent Beneficiary of any debt on the Policy, if any, while the records of the Irrevocable Beneficiary shall be conclusive evidence to the Company of the aggregate outstanding balance of the Credit Facilities / Loans, if any.

"I hereby provide MetLife my unambiguous consent to share and transfer my personal data and information related to the Policy and / or its status (whether it is lapsed, active or if any premium is overdue) with the Irrevocable Beneficiary(ies) mentioned under this Endorsement"

Irrevocable Beneficiary's Signature (If Applicable)

Policy Owner's Signature

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 Sectorial 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 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".

- (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 ⁽¹⁾⁽²⁾

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, and 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); 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.

Irrevocable Beneficiary's
Signature (If Applicable)

X Signature

Policy Owner's Signature

X Signature

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 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)

Country/Jurisdiction of Tax Residence	Taxpayer Identification Number (TIN)	If no TIN available enter reason A, B or C	If reason B Selected, please explain
1.			
2.			
3.			

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:

By providing your E-mail address and signing this application you agree to receive the policy document, certificate and / or any other documents ["Documents"] via electronic mail ["E-mail"]. Please be aware that having chosen this electronic delivery of Documents, it is your responsibility to ensure that the E-mail address you have provided us is correct at all times.

MetLife is not responsible for non-receipt of E-mails due to invalid E-mail addresses or other technical problems related to your E-mail service.

If you would like to change your E-mail address with MetLife, or if you would like a paper copy of the Documents, or if you believe that you have not received your Documents, please notify us immediately.

By signing this application, you understand and agree that if you wish to discontinue receiving Documents electronically it is your obligation to revoke this Authorization by another written document.

By signing this application also, you declare that you have read and understood MetLife's privacy policies and Terms of Use on www.metlife.com/about/privacy and you will review any Terms of Use or Privacy Statement of any future service providers used by MetLife. You understand that although MetLife take every precaution to protect the privacy of members' information, MetLife cannot guarantee safety of your information. You consent to provide your E-mail address to be included in MetLife's E-mail list and accept any inherent risks involved with E-mail communications.

Irrevocable Beneficiary's
Signature (If Applicable)

Signature

Policy Owner's Signature

Signature

This Endorsement constitutes an integral part of the Policy.

In witness hereof, both the Policy Owner / Applicant and the Irrevocable Beneficiary have signed this Endorsement

on this day of

Signatures

Signed at 20
 City Country Day Month Year

Full Name of Policy Owner / Applicant Signature

Full Name of Irrevocable Beneficiary Signature & Company Stamp

The Company has affixed its seal and signature on this Endorsement as an evidence of recording it in its books and, for implementation as above. The Company does not bear any responsibility in respect of the validity or accuracy of the Credit Facilities / Loans and / or the relationship existing between the Policy Owner / Applicant and the Irrevocable Beneficiary.

Date

 American Life Insurance Company
 (MetLife)

Need help?

How to contact us							How to submit the form
Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country	Please send original documents to: Customer Care - MetLife P.O. Box 371916 Dubai – U.A.E.
Call us	800 - MetLife (800 - 6385433)	+965 2 208 9333	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.com						
Website	www.metlife-gulf.com						