

# Beneficiary Endorsement

Financial / Loan / Credit Facilities



Gulf Operations

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**Instructions:** Use this form to request for assigning the policy to a bank or financial institution. 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.;

## Application Number / Policy Number

Application No.  Policy No.  Application Date

## Policy Owner / Applicant

First Name  Middle Name  Last Name

## 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  Country Code  Area Code  Mobile  Country Code  Area Code

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 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"**

## Details of Loan

Purpose of Loan  Amount of Loan

Currency of Loan  Loan Duration  Amount of Insurance Coverage requested

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   Year

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 <sup>(1)(2)</sup>

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)

Signature

Policy Owner's Signature

Signature

## 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](http://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.

## Signatures

Signed at     20

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							How to submit the form
Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country	Please send <b>original</b> documents to:  <b>Customer Care</b> - 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.ae						
Website	www.metlife-gulf.com						

American Life Insurance Company is a MetLife, Inc. Company

Irrevocable Beneficiary's Signature (If Applicable)  Signature

Policy Owner's Signature  Signature