

# Transfer Between Investment Account(s) and Future Premium Allocation - Oman



## Request Form

Gulf Operations

P.O. Box 371916, Dubai, UAE - Tel. 04 415 4555, Fax 04 415 4445

**Instructions:**

- (a) Complete the **Future Premium Allocation** section if you wish to re-direct future contribution / premiums towards new or existing Investment Account(s). Your contributions will be allocated as per the selected percentage(s) for the chosen Investment Account(s).
- (b) Complete the **Transfer Between Investment Account(s)** section if you wish to transfer your current units to new or existing Investment Account(s).
- (c) If you need assistance in completing this form, please contact customer service representatives.

**Requirements:** (1) Transfer Between Investment Account(s) and Future Premium Allocation Form; (2) Copy of Valid I.D.

**Policy Details** (Enter policy number and specify type)

Policy no.  Plan name

**Policy Owner's Details** (Enter your name as shown in identification document)

First name  Middle name  Last name

Mobile no.  -  -  E-mail

Address line 1  P.O. Box  City

Address line 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.

### Future Premium Allocation Section

I would like to redirect all future net premiums to the following Investment Account(s):

	Name of Investment Account(s)	3 Digit Code			Percentage
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
<b>Total</b>					100%

Policy Owner's Signature

## Transfer Between Investment Account(s) Section

I would like to transfer my current unit(s) to the following Investment Account(s):

Transfer	(3 Digit Code)	%
From		
To	(3 Digit Code)	%
1		
2		
3		
4		
5		
<b>Total</b>		100%

Transfer	(3 Digit Code)	%
From		
To	(3 Digit Code)	%
1		
2		
3		
4		
5		
<b>Total</b>		100%

Transfer	(3 Digit Code)	%
From		
To	(3 Digit Code)	%
1		
2		
3		
4		
5		
<b>Total</b>		100%

Transfer	(3 Digit Code)	%
From		
To	(3 Digit Code)	%
1		
2		
3		
4		
5		
<b>Total</b>		100%

### Declarations

- a) I understand that MetLife makes investments in line with the strategies I have chosen, and my Policy Account Values will reflect the performance of the strategies I select. The Investment Account(s) earnings will fluctuate up or down and principal and investment returns are not guaranteed and are likely to change depending on the actual performance of the Investment Strategies. I also declare that the allocation of my contributions to the Policy's Investment Strategies is based on my own selection and risk tolerance.
- b) I understand that four transfers may be made during a policy year without charge. A transfer fee may be imposed on each subsequent transfer according to the policy expenses chart in your policy document.
- c) I understand that, all future contributions will be allocated as indicated in this form unless MetLife is notified in writing otherwise and that future contributions are subject to minimum and maximum amounts as determined by MetLife from time to time.
- d) I understand that the Investment Strategies and Investment Account(s) offered are subject to MetLife's ability to invest, in international mutual funds or investment companies' shares or any other non-local currency denominated investment vehicles. I further understand that MetLife may from time to time make other Investment Account(s) available and has the right to change, add or delete designated investment companies, to add or remove Investment Account(s), and to combine any two or more Investment Account(s). In the event that I fail to respond, within the stipulated time, to MetLife's notice of any modification, discontinuance or unavailability of particular Investment Strategies or Investment Account(s), I hereby authorize MetLife, at its sole discretion, to re-allocate the value of the discontinued or unavailable Investment Account(s) into any available Investment Account(s) which offers similar investment risk strategy to that which I selected.
- e) I hereby acknowledge that MetLife may be required by applicable laws to withhold income tax on behalf of the Policy Owner and/or behalf of the Beneficiary (ies) in relation to any returns realized on any of the underlying investments of the selected Investment Account(s) and/or in relation to any payments due to the Policy Owner and/or to the Beneficiary (ies) under the Policy.
- f) I understand that all contributions to the Policy are subject to any applicable anti-money laundering rules and regulations that are in force at the time the contributions are received by MetLife.
- g) I fully understand that with respect to the future contribution(s) into the Investment Strategies, if applicable, the number of investment units and their respective value will be allocated within 15 days as of the date of contribution.
- h) **International and Local Sanction and Exclusion Clause: I Understand that MetLife is bound by and must comply with all applicable trade and economic sanctions laws and regulations, including those set forth by the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC) and the United Nations. MetLife will not provide coverage and/or payment under the Policy and/or any Supplementary Contract if the policyholder, insured, or person entitled to receive such payment is: (I) residing in any sanctioned country; (II) listed on the Office of Foreign Asset Control (OFAC) Specially Designated Nationals (SDN) list or any other International or local sanction list; or (III) claiming the payment for any services received in any sanctioned country. 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 applicable law.**

Policy Owner's Signature

Signature
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- i) **Data Transfer:** I hereby give MetLife 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, branches, affiliates, Reinsurers, business partners, professional advisers, insurance brokers and/or service providers where MetLife believe that the transfer or share, of such personal data is necessary for: (i) the performance of the Policy; (ii) assisting MetLife in the development of the business and products; (iii) improving MetLife 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.
- j) 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/Policy 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/Policy 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/Policy 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/Policy 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.

### 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.

Policy Owner's Signature

**Disclaimer:** Your relationship is with MetLife. In turn, MetLife makes investments in line with the strategies you have chosen, and your Policy Account Values will reflect the performance of the strategies you select. The Investment Account(s) earnings will fluctuate up or down and principal and investment returns are not guaranteed. In order to continue to best serve its clients, or in the event of change in applicable legislation, MetLife may add, combine, or delete Investment Account(s), which back the three investment strategies without notice to its clients. As the clients' investments are made with MetLife, in the VUL Insurance plan, rest assured that MetLife's obligations to its individual clients under their VUL Insurance plans will not be altered or amended by any such change. The Investment Strategies and Investment Account(s) offered are subject to the Company's ability to invest in international mutual funds or investment companies' shares or in any other non-local currency denominated investment vehicles.

Neither MetLife nor any of its affiliates, agents or representatives is giving investment advice in relation to any of the Investment Strategies and / or in connection with the underlying Investment Account(s) used to achieve the investment goals selected by the Policyholder. Neither MetLife nor any of its affiliates, agents or representatives is giving any professional advice regarding the compatibility of the underlying Investment Account(s) with any set of religious precepts or guidelines.

## Signatures

Signed at     20

City Country Day Month Year

Full Name of Policy Owner  Signature

Full Name of Irrevocable Beneficiary or Assignee  Signature

Full Name of Witness / Agent  Signature

Agent Code

## Need help?

How to contact us							How to submit the form
Country	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country	
Call us	800 - MetLife (800 - 6385433)	+965 2 208 9333	800 70708	800 08033	800 9711	+971 4 415 4555	Please send <b>original</b> documents to:  <b>Customer Care</b> - MetLife P.O. Box 371916 Dubai – U.A.E.
Mail us	P.O. Box 371916, Dubai – U.A.E.						
E-mail us	CustomerServices.Gulf@metlife.ae						
Website	www.metlife-gulf.com						

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## Investment Account(s)

MetLife Fund Universe (USD)				
Strategies	Asset class	Funds currently used	USD codes	ISIN Code
<b>Conservative</b>	Islamic Bond	EMIRATES GLOBAL SUKUK A USD ACC	EGS	GB00B1224310
	Money Market	FIDELITY US DOLLAR CASH A-ACC-USD	UCF	LU0261952922
	Global Bond	PINEBRIDGE GLOBAL BOND A	GLB	IE0031295045
	Global Bond	VANGUARD US GOV BOND INDEX INS ACC	USB	IE0007471927
<b>Balanced</b>	Emerging Markets Bond	HSBC GIF GLOBAL EMERG MKTS BD EC	HSK	LU0164878646
	Moderate Multi Asset	HSBC PORTFOLIOS WORLD SELECTION 3 AC	HSS	LU0447610923
	Global Bond	TEMPLETON GLOBAL BOND A ACC USD	TGB	LU0252652382
<b>Aggressive</b>	Europe Equity	BGF EUROPEAN FOCUS A2	BGF	LU0252970834
	Global Equity	BNP PARIBAS ISLAMIC EQ OPTIMISER C C	PIE	LU0245286777
	America Equity	FIDELITY AMERICA A-ACC-USD	FDA	LU0251131958
	Asia ex-Japan Equity	FIDELITY ASIAN SPECIAL SITS A-ACC-USD	FDS	LU0261950983
	Emerging Markets Equity	FIDELITY EMERGING MARKETS A-ACC-USD	FEM	LU0261950470
	India Equity	FRANKLIN INDIA A ACC USD	TIF	LU0231203729
	Global Equity	PINEBRIDGE GLOBAL FOCUS EQUITY A	GEQ	IE0034235188