

Authorization Non-Objection Certificate

Gulf Operations

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

Application Number: for my son(s) / daughter(s) named below:

Full Name of Child

Full Name of Child

Full Name of Child

I, Name of Person Giving Authority, as legal guardian / father of my son / daughter mentioned above, hereby confirm that I have no objection to , who is my wife, to be the owner of Life / A&H Insurance Policy on my child / children.

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.

I fully understand and agree that all ownership rights and privileges, under the Policy, when issued by American Life Insurance Company (MetLife), will be exercised by my said wife, being the owner of the said Policy.

Father's / Legal Guardian's Name	Full Name	Signature x
Signed at	City, Country	on this date <input type="text"/>
Witness	Full Name	Signature x

Mail Request to: American Life Insurance Company (MetLife), P.O. Box 371916, Dubai, U.A.E.
 UND Department: Tel +971 (4) 415 4555, Fax +971 (4) 415 4445
 E-mail: ibo_distribution_servicedesk@metlife.ae