

# Beneficiary Endorsement

## Financial / Loan / Credit Facilities



American Life Insurance Company  
WILMINGTON, DELAWARE, U.S.A., INCORPORATED 1921

### GULF OPERATIONS

P.O. Box 371916, Dubai, United Arab Emirates  
Tel +9714 415 4555 Fax + 971 4 415 4445

▶ Please complete all relevant information Completely and Legibly.

### 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

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

### DECLARATIONS

- 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".

- I also understand that the issuance and continuation of my insurance contract is subject to the regulations applicable to the Company with respect to the international sanctions and I hereby agree that for the purpose of complying with the local and international sanctions including but not limited to the OFAC, UN sanctions, the Company may at its own discretion take any action that it finds appropriate with respect to the issuance, freezing any transaction on my insurance policy, and / or continuation of my insurance policy.

**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.

**Details of Loan**

Purpose of Loan		Amount of Loan		
Currency of Loan	Loan Duration	Amount of Insurance Coverage requested	Currency	Coverage Amount

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

Name of Policy Owner / Applicant	in his/her own handwriting	X	Signature
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Name of Irrevocable Beneficiary		X	Signature & Stamp
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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						
COUNTRY	UAE	Kuwait	Oman	Bahrain	Qatar	Any other Country
CALL US	800 - MetLife (800 - 6385433)	+965 2 247 4277	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					

HOW TO SUBMIT THE FORM
Please send <b>original</b> documents to:  <b>Customer Care - MetLife</b> P.O. Box 371916 Dubai – U.A.E.