

## General Data Protection Regulation Article 20 – Right to Portability

Dear Customer,

According to the General Data Protection Regulation, Article 20, you have rights to obtain a copy of some of the personal data that we hold on you and reuse or share it for your own purposes.

MetLife will respond to your request within 1 month from the day that the request has been received.

**Please complete the below fields accordingly and attached the necessary paperwork. Please note that if we don't have the necessary proofs we won't be able to process your request.**

### 1. Your Details

Full name	
Date of Birth	
Current Address	
Telephone number	
Email	
Policy Number	
ID Number	

### 2. Whose information are you requesting?

<input type="checkbox"/>	My own (Go to question 5)
<input type="checkbox"/>	Someone Else's (go to question 3)

### 3. If you are requesting someone else's information, whose is it?

Full name	
Current Address	
Telephone number	
Email	

### 4. What is your relationship to this person? "I am the...."

<input type="checkbox"/>	Mother
<input type="checkbox"/>	Father
<input type="checkbox"/>	Guardian
<input type="checkbox"/>	Legal Representative
<input type="checkbox"/>	Other (please explain below)

### 5. Proof of ID and entitlement

Documents supplied as proof of your ID (please see note 2 in the Guidance note)

<input type="checkbox"/>	Utility bill (original) - less than 3 months old or Bank statement (original)
<input type="checkbox"/>	Passport or ID
<input type="checkbox"/>	Change of name documents if applicable

#### 6. Proof of entitlement

If you are requesting someone else's information then please provide proof of entitlement, such as.

	Power of attorney or guardianship (original)
	Evidence of parental responsibility (original)

#### 7. Format of information. I wish to receive the information:

	Electronic format via email. Please provide relevant email address:
	Direct Transfer to the other party directly by MetLife. If yes please provide contact details:

**Please select the personal information you wish to be extracted to the electronic file:**

#### Personal Information for Individual Policies

#	Personal Information Detail	Select the fields
1	Payor's full name	
2	Payor's date of birth	
3	Payor's mail address	
4	Payor's product coverages	
5	Insured's full name	
6	Insured's date of birth	
7	Insured's product coverages	
8	Dependents' full names	
9	Dependents' birth date	
10	Contact details (phone/mobile/email)	
11	Mail address of Insured/owner	
12	Sex	
13	Beneficiaries names	
14	IBAN #	

#### Personal Information for Individual Medical & Group PA Policies

#	Personal Information	Select the fields
1	Insured's full name	
2	Insured's date of birth	
3	Dependents' full names	
4	Dependents' date of birth	
5	Mail address of Insured	
6	Sex of Insured	
7	Type of coverages / products	
8	ID#	
9	Insured's Hire date	
10	Beneficiaries full name	
11	Record of Claims incidents	

### Personal Information for Group Medical & Life Policies

#	Personal Information Detail	Select the fields
1	Insured's full name	
2	Insured's date of birth	
3	Dependents' full names	
4	Dependents' date of birth	
5	Contact details (phone/mobile/email)	
6	Mail address of Insured	
7	Salary	
8	Sex of Insured	
9	Type of coverages / products	
10	IBAN #	
11	ID#	
12	Family status	
13	Insured's Entry's date	
14	Beneficiaries full name	
15	Record of Claims incidents	

### Disclaimers:

- Personal Data as mentioned in the above table might not be available in our systems if the data subject hasn't provided them to MetLife.
- Not all Personal Data provided from Data Subject are recorded to our MetLife systems. Based on internal Business processes MetLife records and processes only those data that are necessary for BAU policy handling
- In case you request additional data than those referenced in the tables above then you should explain the reasoning why these are requested.
- In case you wish to have access to the above information, MetLife may extend the respond time for 1 more month in order to collect and provide you with the requested data.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_