

The Claims Process

In order to process your claim as quickly as possible we need some information about you and the deceased.

Metropolitan Life Insurance Company

Things to Know Before You Begin

- Each Beneficiary must submit his or her own Claimant's Statement.
- Be sure to include a copy of the death certificate that indicates the cause and manner of death. Only one death certificate need be submitted.



Please note that original documents cannot be returned.

Total Control Account®

If the amount payable to you is \$5,000 or more, we will usually establish a TCA in your name once your claim is approved. You will receive a package with a personalized "TCA draft book," explanatory booklet, Customer Agreement and other materials. By using one of your TCA drafts, you can immediately draw a draft on your Account for the entire amount at any time. See the following pages for more information.

If the amount payable is less than \$5,000, or you reside in a foreign country, or you are a corporation, partnership or similar entity, payment will usually be made by a check, unless you select another settlement option at this time or the policy owner had pre-selected an alternate settlement option. For details about other settlement options, call (800) 638-7283.

Important Tax Notice

Under federal tax law, we are required to ask you to certify your correct taxpayer identification and to include it in any reports of taxable income we make to the IRS. In addition, we may be required to withhold and pay to the IRS 24% of such payments. This is called "backup withholding" interest and certain other taxable payments may be subject to backup withholding if:

- (1) You fail to furnish your correct taxpayer identification number to us or you fail to certify your taxpayer identification when required.
- (2) The IRS tells us to withhold because you are using an incorrect taxpayer identification number or you underreported your interest and dividend income on your tax return.
- (3) For interest accounts opened after December 31, 1983, you fail to certify your taxpayer identification number and/or that you are not subject to backup withholding under section 3406(a)(1)(C) on account of underreported interest income. The IRS does not require your consent to any document other than the certification to avoid backup withholding. Note: If you are not a U.S. Citizen or U.S. resident for tax purposes, please complete and submit Form W-8BEN.

We're Here to Help

We recognize this may be a challenging time for you. If you have questions, or need help preparing your claim, call us at **1-800-638-7283**. Our Customer service center is open Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

Sincerely,

MetLife
U.S. Total Control Account Claims

About the Total Control Account®

A convenient place to hold the proceeds from your claim while you decide what to do with the money.

How the Account Works

The Total Control Account (TCA) is a draft account that works like a checking account:

- When your account is open, MetLife¹ will send you a package which includes additional details about the TCA. We pay the full amount owed to you by placing your proceeds into the TCA and providing you a book of drafts. You can use the drafts like you would use checks.
- You can use a single draft to access the entire proceeds or several drafts for smaller amounts (*as little as \$250*). There are no limits on the number of drafts you can write. Processing time is similar to check processing.
- You also may conveniently use your TCA as a source of funds to pay your bills online or by phone (*no minimum payment amount*), and link to your favorite mobile payment application.
- You earn interest on the money in your account from the day your account is opened.
- We'll send you an account statement each month when there is activity in your account. If you have no activity, we'll send you a statement once every three months.
- You can name a beneficiary for your account. We'll include a beneficiary form in the package we send you when we open your account.

Interest Rates and Guarantees

The interest rate on your account is set weekly and will always be the greater of the guaranteed rate stated in your TCA package, or the rate established by one of two indices monitored by MetLife. We calculate interest daily and compound it, and add it to your account monthly, so you earn interest on your interest. The interest earnings generally are taxable, so you should speak with your tax advisor.

No Monthly Maintenance Fees

There are no monthly maintenance or service fees on your TCA, no charges for making withdrawals or writing drafts, and no cost for ordering additional drafts. You may be charged for special services or an overdrawn TCA, and the current fees (*subject to change*) for those services are: draft copy \$2; stop payment \$10; overdrawn TCA \$15; overnight delivery service \$25.

Other Important Information

- **If you do not want a TCA, you may request a check by writing “check” beneath your signature on the attached claim form.**
- Your Total Control Account is backed by the financial strength of MetLife. The assets backing the funds are held in MetLife's general account and are subject to MetLife's creditors. In addition, while the funds in your account are not insured by the FDIC, they are guaranteed by your state insurance guarantee association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.NOLHGA.com or 703-481-5206) to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.
- If there is no activity on your account for a period of time (*typically three years, but this may vary by state*), state regulations may require that we contact you at the address we have on file. If we cannot reach you, we may be required to close your account and transfer the funds to the state.
- We may limit or suspend your access to the funds in your account if we suspect fraud or if there was an error in opening your account.
- We use the services of The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, for Total Control Account recordkeeping and draft clearing.
- You may move all or a portion of your Account balance (*subject to applicable minimums*) into any other settlement option for which you then qualify.
- A TCA generally is not available if your claim is less than \$5,000, you reside in a foreign country, or if the claimant is a corporation or similar entity.
- We may receive investment earnings from operating the Total Control Account. The performance results of any investments we make do not affect the interest rate we pay you.
- To learn more about TCA, please call us at 800-638-7283 or write us at Metropolitan Life Insurance Company, Total Control Account, PO Box 6300, Scranton, PA 18505-6300.

¹“MetLife” means Metropolitan Life Insurance Company or the MetLife affiliate that issued the underlying policy.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.

MetLife Services and Solutions, LLC provides administrative services for Total Control Accounts (TCAs), Guaranteed Interest Certificates (GICs), and Minor on Deposit Accounts (MODAs) established in connection with policies issued by Metropolitan Life Insurance Company (MLIC), certain of MLIC's insurance company affiliates, and certain non-affiliates.

Claimant's Statement - Fraud Warnings

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies to the extent required by applicable law.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal or civil penalties.

The TCA is offered by Metropolitan Life Insurance Company (MetLife) and certain of its affiliates, including Metropolitan Tower Life Insurance Company. Administrative services (other than banking services) for the TCA and the Minor on Deposit Accounts are provided by MetLife Services and Solutions, LLC.

Submitting This Form

Select the items you're sending with this claim form

- A copy of the death certificate, which is required.** Please note this must include the cause/manner of death. The funeral director taking care of the funeral arrangements can usually provide a copy of the death certificate. **We only require one death certificate** – if you're aware of another claimant who's sending one, you don't need to send it.
- If you signed a document with a funeral home that authorizes us to make a payment directly to them, a copy of the funeral home assignment.
- If you are filing the claim on behalf of an estate as a representative of the estate, a copy of the appointment papers issued by the courts.
- If you are filing the claim on behalf of a trust, as a trustee, a statement that the trust is still in effect and you are authorized to act under the trust. If you are not the original trustee, a copy of the page naming you as the successor trustee.
- If you are filing the claim on behalf of a beneficiary as their Attorney in Fact, a copy of the Power of Attorney document naming you as the Attorney in Fact for the beneficiary.

Total Control Account Claim Form

Use this form to submit your claim for a Total Control Account payment.

Metropolitan Life Insurance Company

Things to Know Before You Begin

- Each beneficiary submitting a claim must complete and submit a separate claim form. However, we only need one death certificate.
- Please correct and initial any errors on the form.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay your claim.
- You may need to send us other documents with this claim. See page 5 **Submitting This Form** or the cover letter which is accompanied in the claim packet.

We're Here to Help

If you have questions, or need help preparing your claim, call us at 1-800-638-7283. Our Customer service center is open Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.



Required: Please list all Total Control Account numbers for which this claim is being made:

SECTION 1: About the Deceased

Name *(First, middle, last)*

First Name	Middle Name	Last Name
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Maiden or Other Names *(if applicable)*

Residence Address <i>(Street number and name, apartment or suite)</i>	City	State	ZIP
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Date of Birth <i>(mm/dd/yyyy)</i>	Date of Death <i>(mm/dd/yyyy)</i>	Social Security Number
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Marital Status *(Check one)*

- Single
 Married
 Divorced
 Separated
 Widow/Widower

SECTION 2: Individual Beneficiary *(if applicable)*

Note: If Filing on behalf of a minor child, please complete Sections 2 and 3

Your Relationship to the Deceased *(Check one)*:

- Spouse/Partner Parent
 Child Other *(Please explain)* _____

Your Name *(First, middle, last)* - Please print your legal name the way you want it to appear on your payment.

First Name	Middle Name	Last Name
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Maiden or Other Names *(if applicable)*

Mailing Address <i>(Street number and name, apartment or suite)</i>	City	State	ZIP
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Date of Birth <i>(mm/dd/yyyy)</i>	Sex <i>(M/F)</i>	Social Security Number	Country of Citizenship
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Please tell us how you prefer to be communicated with *(Check one and provide information)*

<input type="checkbox"/> Phone Number	<input type="checkbox"/> Cell Phone Number	<input type="checkbox"/> Work Phone Number
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SECTION 3: About the Minor Child Named As Beneficiary *(if applicable)*

Name *(First, middle, last)*

First Name	Middle Name	Last Name
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Maiden or Other Names *(if applicable)*

Mailing Address <i>(Street number and name, apartment or suite)</i>	City	State	ZIP
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Date of Birth <i>(mm/dd/yyyy)</i>	Sex <i>(M/F)</i>	Social Security Number	Country of Citizenship
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SECTION 4: Representative of a Trust *(if applicable)*

Name of Trust	Date of Trust <i>(mm/dd/yyyy)</i>
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Tax Identification Number of Trust

Trustee Name *(First, middle, last)* - Please print your legal name the way you want it to appear on your payment.

First Name	Middle Name	Last Name
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Mailing Address <i>(Street number and name, apartment or suite)</i>	City	State	ZIP
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Please tell us how you prefer to be communicated with *(Check one and provide information)*

<input type="checkbox"/> Phone Number	<input type="checkbox"/> Cell Phone Number	<input type="checkbox"/> Work Phone Number
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SECTION 5: Representative of the Estate *(if applicable)*

Name of Estate

Tax Identification Number of Estate

Executor Name *(First, middle, last) - Please print your legal name the way you want it to appear on your payment.*

First Name

Middle Name

Last Name

Mailing Address *(Street number and name, apartment or suite)*

City

State

ZIP

Please tell us how you prefer to be communicated with *(Check one and provide information)* Phone Number Cell Phone Number Work Phone Number

SECTION 6: Representative of an Organization *(if applicable)*

Name of Organization

Tax Identification Number of OrganizationMailing Address *(Street number and name, apartment or suite)*

City

State

ZIP

Please tell us how you prefer to be communicated with *(Check one and provide information)* Phone Number Cell Phone Number Work Phone Number

SECTION 7: Funeral Home Assignment

Have you signed a document with a funeral home that authorizes MetLife to make a payment from your proceeds directly to the funeral home on your behalf? This document is usually referred to as a funeral home assignment.

No Yes – If yes, please send us a copy of the funeral home assignment/reassignment form with this claim form.

SECTION 8: How You Will Receive Your Payment

You have a right to choose how your benefits will be paid. Our standard payment method is the Total Control Account, unless a check is required by state law or regulation. If you do not want a TCA, you may request a check by writing "check" beneath your signature on the attached claim form.

Note: The Total Control Account is not available for John Hancock, Texas Life, New England Life Insurance Company, Brighthouse Life Insurance Company, and Brighthouse Life Insurance Company of NY.

SECTION 9: Certification and Signature

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- Any contributions owed by the insured will be deducted from the insurance proceeds paid to me.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Claim Fraud Warnings included with this form. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Under the penalties of perjury I certify:

1. That the number shown as my Social Security Number or Tax Identification Number in "Section 1: About you" above is my correct taxpayer identification number, and
2. That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen, resident alien, or other U.S. person*, and
4. I am not subject to FATCA reporting because I am a U.S. person* and the account is located within the United States.

(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)

**If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-8BEN (individuals) or W-8BEN-E (entities).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must complete this certification to avoid 24% withholding with respect to taxable amounts.

**Sign
Here**

Signature of Person Making the Claim

Date (mm/dd/yyyy)

Did You Remember To?

- Fill in the TCA Account Number(s) on page 5.
- Include a copy of the deceased Accountholder's death certificate.
- Sign and date the form in Section 9.
- Send pages 4 – 8 of this form.

Submission Instructions

Please return pages 4-8 of the claim form, and the accompanying documents, in the envelope included with this package, and send them to:

Mail:

MetLife Total Control Account
P.O. Box 6300
Scranton, PA 18505-6300

Fax:

1-570-207-1706

MetLife Services and Solutions, LLC provides administrative services for Total Control Accounts (TCAs), Guaranteed Interest Certificates (GICs), and Minor on Deposit Accounts (MODAs) established in connection with policies issued by Metropolitan Life Insurance Company (MLIC), certain of MLIC's insurance company affiliates, and certain non-affiliates.