

## Authorization to release account or contract information to a third party

Use this form to authorize Metropolitan Life Insurance Company and its affiliated insurance companies (*herein referred to as MetLife*) to release account or contract information to the third party named herein.

Metropolitan Life Insurance Company

### Things to know before you begin

- The following customer information will not be released pursuant to this Authorization: health information and Social Security or other taxpayer identification numbers.
- For assistance completing this form, please call the Customer Service number shown on your most recent statement.



Please complete this form in its entirety to avoid any delays.

### SECTION 1 - Contract information

Annuitant - First name	Middle name	Last name
Contract Owner - First name	Middle name	Last name
Contract number	Owner date of birth	Phone number

### SECTION 2 - Third party information

First name	Middle name	Last name
Address		
City	State	ZIP
Relationship to Owner(s) ( <i>i.e. attorney, accountant, etc</i> )		

---

**SECTION 3 - Authorization**

I/We authorize MetLife to release information on the above referenced contract to the third party listed above.

I/We, the owner understand that:

- Copies of contract correspondence are available upon request.
- **I/We are not required to sign this Authorization as a condition of any application to the Company.**
- **This Authorization will end one year from the date on this form or sooner if prescribed by law.** I/We may revoke this Authorization at any time by writing to the Company at the address listed below. I/We further understand that any action taken by the Company based on this Authorization prior to receipt of any such revocation will remain valid.
- This Authorization terminates upon my death.
- The Company will maintain this Authorization while valid and as required by law.
- Any information disclosed to a third party pursuant to this Authorization is not required to be maintained in accordance with MetLife’s Privacy Policy by that third party.
- I/We have a right to receive a copy of this Authorization.
- A copy of this Authorization will be as valid as the original.

The account or contract information to be released shall be limited to:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

If this section is not filled in, we will disclose information we deem responsive to the third party request.

## SECTION 4 - Signature(s)

Contract Owner signature and title *(if applicable)*

Date *(mm/dd/yyyy)*

Printed name of individual signing above, if different from Contract Owner *(e.g., Trustee, Conservator, Custodian)*

First name

Middle name

Last name

Joint Owner signature *(if applicable)*

Date *(mm/dd/yyyy)*

**Note: If you are signing on behalf of another individual or entity, please indicate your position or status after your signature *(e.g., Trustee, Attorney-in-Fact, Guardian, Conservator, Executor, Administrator)* and include the proper documentation *(e.g., Power of Attorney, Letters of Conservatorship, etc.)*.**

## SECTION 5 - How to submit this form

To revoke this authorization in writing, mail your instructions to:

**Mail:**

MetLife Annuity Operations  
P. O. Box 10366  
Des Moines, IA 50306-0366

**Express mail only:**

MetLife Annuity Operations  
4700 Westown Pkwy, Ste 200  
West Des Moines, IA 50266

**Fax:**

877-547-9669