

## 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.



To avoid delays, complete and return the entire form including any blank pages.

### 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 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, send 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

**Email:**

[requests@metlife.com](mailto:requests@metlife.com)