

Release of collateral assignment

This form should be used by Collateral Assignees to release their interest in the policies listed below to the Owner(s).

The Company indicated in this section is referred to as **"the Company."**

Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company

983aa194-7395-4954-
a210-8087738948d4

Things to know before you begin

- Please complete this form in its entirety to avoid any delays in processing.
- If you need assistance in completing this form, please call the appropriate number listed under How to submit this form.

SECTION 1: About the Insured

Policy number(s) _____, _____, _____

First name	Middle name	Last name
_____	_____	_____

SECTION 2: About the Assignee

Assignee - First name	Middle name	Last name
_____	_____	_____

Date of assignment (*mm/dd/yyyy*)

Number and street/Post office box	City	State	ZIP
_____	_____	_____	_____

The Assignee hereby releases all collateral interest in the policy(*ies*) with respect to the assignment noted above. This release shall be binding on the company only after it has been recorded and filed by the company. Once recorded, the release shall be effective as of the date signed below. This release is offered solely as an accommodation. The company is not a party to this transaction and does not assume any responsibility for its validity or sufficiency.

SECTION 3: Signatures

For Fiduciary, Trust, Corporation, Partnership or other Business Assignees, indicate title and name of signing official (*other than the Insured or Owner*) under the signature line. For Individual Trusts, all currently serving Trustees must sign.

Sign Here	Signature of Assignee		Date (mm/dd/yyyy)

Title (<i>If you are acting in a representative capacity</i>)			

Printed - First name		Middle name	Last name
_____		_____	_____
Signed at city			State
_____			_____
Sign Here	Signature of Witness		Date (mm/dd/yyyy)

Printed - First name		Middle name	Last name
_____		_____	_____
(For company use only)			
Sign Here	Recorded and filed by:		Sales office/Agency number
	_____		_____

SECTION 4: How to submit this form

Return the completed release to the address or fax number listed below for the company that issued the policy. If policies are issued by more than one company, return one completed form to any company that issued at least one of the policies.

Mail:
P.O. Box 392
Warwick, RI 02887-0392

Phone:
1-800-638-5000

Fax:
1-401-827-2771