

Notification of name change

Use this form to change the name of an individual or entity for the policy numbers listed below.


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

Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company

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e8ff830e02d0

Things to know before you begin

- If you need assistance in completing this form, call your representative, sales office, or the appropriate number listed under How to submit this form.
- If an entity name change is due to a merger, reorganization or sale, contact us for the correct form to use.

 All Owners are required to sign this form.

SECTION 1: About the Insured

Policy number(s): (1) _____ (2) _____ (3) _____ (4) _____

First name	Middle name	Last name
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Permanent address	City	State	ZIP
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Social Security number	Phone number	Date of birth (mm/dd/yyyy)
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SECTION 2: About the Individual or Entity change of name

Individual name change: The name of the following individual has been changed.

Insured Owner Contingent Owner Beneficiary Contingent Beneficiary

Other (provide details) _____

Former name:

First name	Middle name	Last name
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Social Security number _____

New name:

First name	Middle name	Last name
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Date of birth (mm/dd/yyyy)	Phone number
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Permanent address	City	State	ZIP
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The reason for this change is:

Marriage Divorce Court order Adoption Assumption of new name

Other (provide details) _____

u Owner Initial Here _____ Date (mm/dd/yyyy) _____

Entity name change: The name of the following entity has been changed.

Former name of entity: _____ Organized under the laws of the state of _____

New name of entity: _____ Tax ID number _____

This is a Corporation Partnership LLC Sole proprietorship Other _____

Contact person - First name _____ Middle name _____ Last name _____

Title _____ Phone number _____

Permanent address _____ City _____ State _____ ZIP _____

This change is being requested as a result of: Legal change of name Other _____

SECTION 3: Signatures

Individually owned

Please sign as shown below:

Each Individual Owner Should sign and provide all additional requested information. Space is provided for up to two Individual Owners. Any additional Individual Owners should sign and provide all requested information in the blank space at the bottom of this page.

A party signing on behalf of an Owner The full name of both the Owner and the Owner's representative should be shown. When submitting these forms, include legal documentation of the representative's authority to act (*e.g., power of attorney, guardianship papers, etc.*).

Sign Here	Signature	Date (mm/dd/yyyy)		
Print - First name	Middle name	Last name		
Permanent address	City	State	ZIP	
Date of birth (mm/dd/yyyy)	Social Security number		Phone number	
Sign Here	Signature	Date (mm/dd/yyyy)		
Print - First name	Middle name	Last name		
Permanent address	City	State	ZIP	
Date of birth (mm/dd/yyyy)	Social Security number		Phone number	

u Owner Initial Here _____ Date (mm/dd/yyyy) _____

Corporate, Partnership or Trust owned

Please sign as shown below:

- Trust Owned Signatures, followed by the word "Trustee", of all required Trustees.
- Corporate Owned Signature and title of one authorized officer (*other than the Insured*).
- Partnership Owned Signature and title of one authorized partner (*other than the Insured*).
- Limited Liability Company Signature and title of one authorized individual (*other than the Insured*).
- Sole Proprietorship Owned Signature of Owner, followed by the title "Sole Owner".

Name of Corporation, Partnership or Trust (*If Trust, include Trust date*) | Date (*mm/dd/yyyy*) | Tax ID number

Permanent address	City	State	ZIP
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Phone number _____

Sign Here	Signature	Title	Date (<i>mm/dd/yyyy</i>)
Print - First name		Middle name	Last name
Sign Here	Signature	Title	Date (<i>mm/dd/yyyy</i>)
Print - First name		Middle name	Last name

SECTION 4: How to submit this form

Return pages 1 to 3 of the completed form 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
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u Owner Initial Here _____ Date (*mm/dd/yyyy*) _____