

## 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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e8ff630e02d0

### 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.

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## 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.*).

<b>Sign Here</b>	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	
<b>Sign Here</b>	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

Phone number

<b>Sign Here</b>	Signature	Title	Date ( <i>mm/dd/yyyy</i> )
	Print - First name	Middle name	Last name
<b>Sign Here</b>	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
- Email:**  
[INDLifeRequests@metlife.com](mailto:INDLifeRequests@metlife.com)

u Owner Initial Here \_\_\_\_\_ Date (*mm/dd/yyyy*) \_\_\_\_\_