

Policy loan request

Use this form to request a loan on your policy.


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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Things to know before you begin

- Please complete this form in its entirety to avoid any delays in processing.
- If you need assistance completing this form, please call your representative, sales office, or the appropriate number listed under How to submit this form.
- A loan will affect the cash value of your policy and may have consequences.

 Please refer to your policy or prospectus for important information (*including minimum loan amounts*).

SECTION 1: About the Owner

Policy number _____

Type of Owner: Individual or Trust/Business entity

If Individual or Co-owner:

First name	Middle name	Last name
Phone number	Social Security number	E-Mail address
Co-owner - First name	Middle name	Last name
Phone number	Social Security number	E-Mail address

If Trust/Business entity owner:

Name of Trust	Date executed (<i>mm/dd/yyyy</i>)
Name of Business entity	Tax ID number of Trust/Business entity

Trust/Business entity contact person:

First name	Middle name	Last name
Contact phone number	E-Mail address	

Please provide the address where your proceeds should be sent:

Number and street/Post office box	City	State	ZIP
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Should we use this address for all future correspondence? Yes No

SECTION 2: About the Insured

First name	Middle name	Last name
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SECTION 3: About the loan request

Not all policies allow the borrowing of dividends or contain the paid-up additions/premiums additions/variable additional insurance rider. Please review your policy or prospectus to determine if these options are available.

Loan Request: Maximum amount available Specific amount \$ _____*

*If there is not sufficient value to meet the specific dollar amount, a loan for the largest amount available will be granted. If the loan includes dividends and/or riders, the amount(s) should be Borrowed Withdrawn

Payment options: Please select one of the following methods of payment:

- A. Pay by check.**
- B. Apply loan to pay premiums as detailed below:**

	Policy 1	Policy 2
Policy number		
Number of premiums to pay		
Due date of first premium		
Additional funds submitted to be applied		

If loan value exceeds amount to be applied, the excess will be sent by check. If the available loan value is insufficient, this request could result in the need to make additional out of pocket premium payments.

Special instructions:

SECTION 4: About income tax withholding

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the loan value and pay it to the IRS unless you tell us in writing not to withhold tax. Certain states also require us to withhold state income tax if we withhold federal tax.

You are responsible for paying income tax on the taxable portion of the payment even if we do no withholding. In making your decision about withholding, you should consider that penalties under the estimated income tax rules may apply if your withholding and estimated income tax payments are not sufficient.

- Check here** if you do not want us to withhold federal and state income tax
(This choice is void if we do not have your social security or Tax ID number.).

SECTION 5: Certification and signatures

Under the penalties of perjury I certify:

1. The number shown on this form is my correct taxpayer identification number, and;
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and;

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)

3. I am a U.S. citizen or other U.S. person, and;
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

(If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation, e.g. IRS Form W-8BEN for individuals, which can be found on the IRS website).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature requirements

All Owners must sign this form. Any Irrevocable Beneficiary or Collateral Assignee must sign this form.

Please sign as shown below:

- | | |
|---|---|
| A Partnership | The full name of the firm should be printed with the signature of all general partners (<i>not limited partners</i>). |
| A Sole Proprietorship | The full name of the business should be printed with the signature of the owner followed by the word "owner." |
| A Trust | Signatures, followed by the word "Trustee," of all required Trustees. Also submit a Trust Certification, which is available from your representative, sales office, or the appropriate number listed under How to Submit This Form. |
| A Corporation | The signature and title of one officer (<i>other than the insured</i>). |
| An Individual acting on behalf of the Owner | The full name of the Owner's fiduciary or agent and the legal documentation of the authority to act (<i>e.g., power of attorney, guardianship papers, etc.</i>). |

Sign Here	Signature of Owner	Date (mm/dd/yyyy)
Title (If you are acting in a representative capacity)		

Print name of individual signing - First name Middle name Last name		

Signed at city State		

Sign Here	Signature of Co-owner	Date (mm/dd/yyyy)
Title (If you are acting in a representative capacity)		

Print name of individual signing - First name Middle name Last name		

Signed at city State		

For sales office use only	Sales office/Agency number/Representative ID	Date (mm/dd/yyyy)

Sales representative - First name	Middle name	Last name

SECTION 6: How to submit this form

Return pages 1 through 4 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 the completed form to any company that issued at least one of the policies.

Mail: Variable Universal Life Policies P.O. Box 390 Warwick, RI 02887-0390	Phone : 1-800-638-5000	Fax : 1-401-827-2225	Email: INDLifeRequests@metlife.com
Whole Life, Term, Universal Life Policies P.O. Box 391 Warwick, RI 02887-0391			