


**Total Control Account**

**Beneficiary designation**

This form is provided for your convenience when you need to add or change beneficiary information for your Total Control Account® (TCA) in the event of your death. You are not required to designate a beneficiary for your Account.


**Things to know before you begin**

- Return ALL pages of this form regardless of your designation, or we cannot record your choices.
- Executors, personal representatives, guardians, conservators, trusts, and minors who are Accountholders generally may not designate beneficiaries.
- If you have more than one Account, you must complete a separate Designation form for each Account.
- Gather the name(s), date(s) of birth, Social Security/Tax ID number(s) and contact information for all of your beneficiaries.
- If you make mistakes, **do not erase or attempt to make corrections on the form**; call 800-638-7283 to request a new form or you may download one by logging onto [www.metlife.com](http://www.metlife.com).
- Please make a copy of the completed form for your records.
- Specific individuals must be named as beneficiaries (*e.g., the term "Grandchildren" is not acceptable*).

 Please follow instructions to avoid delays in processing your request(s).

**SECTION 1: Account information** *(Required for all requests)*

**Accountholder's Information**

 TCA Account number \_\_\_\_\_

First name	Middle initial	Last name
_____	_____	_____

Street address \_\_\_\_\_

City	State	ZIP
_____	_____	_____

Social Security number/TIN	Phone number
_____	_____

**SECTION 2: Designating your Beneficiary(ies)**

Complete the applicable section(s) 3 through 7 below to designate who/what will be payable upon your death.

- A financial institution may not be designated as a beneficiary.
- If you name a minor child as beneficiary, please bear in mind that depending on the amount payable, the funds may only be accessible to the court appointed guardian of the minor child's estate. If no guardian is appointed, the money may be held earning interest until the minor reaches legal age in the state in which he or she resides.
- To accommodate additional beneficiary(ies), either make a copy of the Total Control Account Beneficiary Designation form and submit more than one form, or attach a separate sheet of paper listing the name, relationship, date of birth, address, telephone number, Social Security Number, and share of each additional beneficiary(ies). Each page must include the TCA account number, and must be signed and dated by the Accountholder.

**SECTION 3: Individual Beneficiaries**

**Naming an Individual as a Primary Beneficiary** - A Primary Beneficiary is your first choice to receive your Total Control Account proceeds in the event of your death. If any primary beneficiary predeceases you, that person's share will be equally divided among any remaining primary beneficiaries. **All shares must equal 100%.**

**Primary Beneficiary**

First name	Middle initial	Last name		Write in the % of proceeds assigned to this person _____%
Street address				
City		State	ZIP	
Relationship	Phone number	Social Security number	Date of birth (mm/dd/yyyy)	

**Primary Beneficiary**

First name	Middle initial	Last name		Write in the % of proceeds assigned to this person _____%
Street address				
City		State	ZIP	
Relationship	Phone number	Social Security number	Date of birth (mm/dd/yyyy)	

**Primary Beneficiary**

First name	Middle initial	Last name		Write in the % of proceeds assigned to this person _____%
Street address				
City		State	ZIP	
Relationship	Phone number	Social Security number	Date of birth (mm/dd/yyyy)	

**Primary Beneficiary**

First name	Middle initial	Last name		Write in the % of proceeds assigned to this person _____%
Street address				
City		State	ZIP	
Relationship	Phone number	Social Security number	Date of birth (mm/dd/yyyy)	

**Naming an Individual as a Contingent Beneficiary**

A Contingent Beneficiary is your second choice to receive your Total Control Account proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiary predeceases you, that person's share will be equally divided among any remaining contingent beneficiaries. **All shares must equal 100%.**

**Contingent Beneficiary**

First name	Middle initial	Last name		Write in the % of proceeds assigned to this person _____%
Street address				
City		State	ZIP	
Relationship	Phone number	Social Security number	Date of birth (mm/dd/yyyy)	

**Contingent Beneficiary**

First name	Middle initial	Last name		Write in the % of proceeds assigned to this person _____%
Street address				
City		State	ZIP	
Relationship	Phone number	Social Security number	Date of birth (mm/dd/yyyy)	



Please note: This page should only be completed if you are designating a living trust, testamentary trust, your estate, or a charity/organization as a beneficiary.

### SECTION 4: Living Trust

If this form is executed by the accountholder, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the accountholder's death, the account balance will be paid in accordance with the Total Control Account Customer Agreement when there is no beneficiary on file.

Primary  Contingent

Trust Name			Trust date (mm/dd/yyyy)		Write in the % of proceeds assigned to this person _____ %
Trustee - First name	Middle initial	Last name			
Street address					
City		State	ZIP	Trustee phone number	

### SECTION 5: Testamentary Trust *(Trust under Last Will and Testament)*

The Trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

Primary  Contingent

Proceeds _____ %
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### SECTION 6: Accountholder's estate

If the Accountholder's estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named. If you would like to designate the Estate as the Contingent beneficiary, please be sure to designate a Primary beneficiary for the form to be in good order.

Primary  Contingent

Estate Representative First name	Last name	Proceeds _____ %
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### SECTION 7: Charity/Organization

Be sure to name the charity or organization, and not name the director or employee of the charity/organization.

Primary  Contingent

Charity/Organization name			Phone number		Write in the % of proceeds assigned to this person _____ %
Street address					
City		State	ZIP		

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**SECTION 8: Signature(s)** *(Required for all requests)*

In accordance with the conditions of the Total Control Account listed above, I, as the accountholder, hereby revoke any previous designations, and designate the beneficiary(ies) listed on this form in the event of my death.

**Sign  
Here**Signature of Accountholder  
\_\_\_\_\_**Date form completed** *(mm/dd/yyyy)*  
\_\_\_\_\_**Did You Remember To?**

- Fill in your TCA Account Number in Section 1.
- Sign the form with today's date.
- Return ALL pages of this form regardless of your designation.

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**SECTION 9: How to submit this form**

Please send us the entire form by mail or fax.

**Mailing address:**

MetLife  
Total Control Accounts  
PO Box 6300  
Scranton, PA 18505-6300

**Fax:**

570-207-1706

Metropolitan Life Insurance Company (MLIC) provides administrative services for Total Control Accounts (TCAs), Guaranteed Interest Certificates (GICs), and Minor on Deposit Accounts (MODAs) established in connection with policies issued by MLIC, or by certain of MLIC's insurance company affiliates. MLIC also provides TCA, GIC, and MODA administrative services for Brighthouse Life Insurance Company, Brighthouse Life Insurance Company of NY, John Hancock, New England Life Insurance Company, and Texas Life Insurance Company, which are not affiliates of MLIC.