

Partial cash withdrawal request

Use this form to request a partial cash withdrawal from a Universal Life or Variable Universal Life 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 in completing this form, please call your representative, sales office, or the appropriate number listed under How to submit this form.



A Partial Withdrawal will lower the cash value and death benefit of your policy, may affect any policy guarantees, and may have other consequences. Please refer to your policy and/or prospectus for important information before proceeding to ensure this request is consistent with your plans.

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 (mm/dd/yyyy) | |
| 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 |
|-----------------------------------|------|-------|-----|

Should we use this address for all future correspondence? Yes No

SECTION 2: About the Insured

First name

Middle name

Last name

SECTION 3: About the withdrawal request**Withdrawal request:** **Maximum amount available** **Specific amount \$ _____***

*If there is not sufficient value to meet the specific dollar amount requested, the largest amount available will be withdrawn.

Payment options: Please select one of the following methods of payment: **A. Pay by check.** **B. Apply withdrawal to pay premiums on other policies 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 amount withdrawn exceeds amount to be applied, the excess will be sent by check. If available value is insufficient, this may result in a delay in processing.

 C. Apply withdrawal to pay loans as detailed below:

| | Policy 1 | Policy 2 |
|--|----------|----------|
| Policy number | | |
| Amount to pay loan interest | | |
| Amount to pay loan principal | | |
| Additional funds submitted to be applied | | |

If amount withdrawn exceeds amount to be applied, the excess will be sent by check. If available value is insufficient, this may result in delay of processing.

 D. Open a new Total Control Account® Money Market Option (TCA) or deposit to my existing TCA number _____*

* Please see features and benefits of the Total Control Account on page 4 for information to help you make an informed decision.

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 cash withdrawal 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 our 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 are required to 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 (*not limited partners*).
- 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 (*other than the Insured*).
- 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 (*e.g., power of attorney, guardianship papers, etc.*)

| | | |
|--|-----------------------|-------------------|
| 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 one completed form to any Company that issued at least one of the policies.

| | | |
|--|---------------------------------|--|
| Mail: Variable Universal Life policies P.O. Box 390 Warwick, RI 02887-0392 | Phone: 1-800-638-5000 | Fax: All Life policies 1-401-827-2225 |
| Universal Life policies P.O. Box 391 Warwick, RI 02887-0391 | | |

SECTION 7: About payment options

Total Control Account (TCA) - Please keep this page for your records.

If payment is made by establishing a new TCA, the signature you provide will be placed on file with that account.

Availability:

A TCA may be elected when the amount payable to you is at least \$10,000, or you have an existing TCA Account issued by the same MetLife affiliated insurance company that issued the policy (*you must provide the TCA Account number*). The TCA generally is not available to corporate entities, or to residents of foreign countries. For more information, call our Customer Service Center at 1-800-638-7283.

Features:

- **Interest compounded daily.** Rates are set weekly and are equal to or higher than one of two nationally recognized money market rate indexes. Interest is credited monthly and is currently taxable.
- **Free unlimited check writing privileges** - Minimum check amount \$250.
- **No penalties** for withdrawing all or part of your money.
- **Detailed, easy-to-read statements.**
- **No charge** for processing or printing checks. Free check reorders.
- **No transaction or monthly fees**, although there may be charges for stop orders and special services.
- **Additional amounts** from other sources may not be added to the TCA, nor can amounts withdrawn be redeposited. However, proceeds from other life insurance policies and annuity contracts issued by the same insurer may be added to an existing TCA in some circumstances.
- **Information available electronically** through MetLife's eSERVICE web site.