

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.

i 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 |
|-----------------------------------|------|-------|-----|

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 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.).

Social Security or Taxpayer ID Number of Policy Owner

Under penalties of perjury, I, the Owner, certify that:

- 1) The number shown in this document is my correct social security or 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 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 not subject to backup withholding.

- 3) I am a U.S. Citizen or resident alien or a domestic business entity.

(If you are not a U.S. citizen or a U.S. resident alien, or a domestic business entity for tax purposes, please cross out this certification, complete and return IRS form W-8BEN, which can be located on www.irs.gov.)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

 Please note: The IRS does not require your consent to any provision of this document other than the above certifications required to avoid backup withholding.

SECTION 5: Signatures

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

Whole Life, Term, Universal Life Policies
P.O. Box 391
Warwick, RI 02887-0391