

Required minimum distribution (RMD) form

This form is used to establish or change a systematic withdrawal program on your annuity contract.

Metropolitan Life Insurance Company

Things to know before you begin

- If you are referencing multiple contracts, please complete a separate RMD form for each request.
- This form is only applicable to qualified and inherited contracts.
- For variable contracts, fund units must be liquidated pro-rata, based on fund allocations at the time of processing.
- If your spouse is named as the sole beneficiary AND he/she is more than 10 years younger than you, your Required Minimum Distribution will be based on a joint life expectancy.



Withdrawal or surrender requests in which the money has already been received in your bank account cannot be returned.

SECTION 1: Contract information

Annuity contract number		Owner - Social Security number or tax ID number	
Annuitant - First name	Middle name	Last name	
Contract owner (if different than Annuitant)			
First name	Middle name	Last name	
Previous year-end contract value*	Owner's Date of birth (mm/dd/yyyy)	Spouse's Date of birth (mm/dd/yyyy)	
Daytime phone number			

* This contract value only need be provided if MetLife did not hold the contract on December 31st of the previous year.

SECTION 2: Required minimum distribution (RMD) payment options

A.) Automated RMD Option - The Company will calculate your Required Minimum Distribution amount and distribute the payment(s) based on the frequency selected below. You will continue to receive a reminder each year in January as required by the IRS, regardless of your instructions for future years.

Restrictions: If you currently have a Systematic Withdrawal Program (SWP) in effect on your contract, you may not elect a payment frequency for your Automated RMD option. Your RMD will be withdrawn annually in December after all SWP payments for the year have been processed. If you elect a Quarterly or Monthly option, but it is unavailable for your product, we will process your request as an Annual payment scheduled in December. The Quarterly and Monthly payment options are not available for contracts issued with a Guaranteed Withdrawal Benefit.

Important Information Regarding the Treatment of RMDs Exclusive for contracts with Guaranteed Withdrawal Benefit (GWB) or the Lifetime Withdrawal Guarantee (LWG) riders. The Required Minimum Distribution (RMD) may be larger than your Annual Benefit Payment. In order to qualify for the increased RMD payment without the increase being considered an excess withdrawal, after the first contract year, you must enroll in the Automated RMD program and elect annual payment frequency. In such case we will increase your Annual Benefit Payment to equal your most recently calculated RMD amount, if such amount is greater than your Annual Benefit Payment. Any cumulative

withdrawals you make to satisfy your required minimum distribution amount outside of the Automated RMD program will be treated as excess withdrawals if they exceed your Annual Benefit Payment, and this can have an adverse impact on the value of the benefit (see *the prospectus for details*). If you have elected another Systemic Withdrawal (SWP) program or have taken or are considering taking a partial withdrawal from your contract, electing a RMD program may significantly reduce the value of the GWB or LWG benefit. Prior to requesting a RMD program for your contract you should consult with your representative and review and discontinue any active SWP program.

Please be aware that withdrawing more than your guaranteed withdrawal amount, called "excess withdrawals", may permanently reduce your future guaranteed withdrawal amounts. If you are considering making an excess withdrawal but are uncertain as to how it will affect your future guaranteed withdrawal amounts, we encourage you to contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess withdrawal.

Automated **Annual** payments to be processed on the following date each year**:
 Month: _____ Day: _____

**If this date has passed for the current year, the RMD will be processed upon receipt of the request, then scheduled for the selected date in future years.

Automated **Quarterly** payments to begin on ___ / ___ / ___ (Only available for Investment Portfolio Architect, Preference Premier, PPA, GPA, MFFS, FFA, EPPA, PGS, PPS and PFS products) (date must be 1st through 28th of month)

Automated **Monthly** payments to begin on ___ / ___ / ___ (Only available for Investment Portfolio Architect, Preference Premier, PPA, GPA, MFFS, FFA, EPPA, PGS, PPS and PFS products) (date must be 1st through 28th of month)

Automated **Semi-Annual** payments to begin on ___ / ___ / ___ (Only available for Investment Portfolio Architect, Preference Premier**, PPA, GPA, MFFS*, FFA, EPPA, PGS, PPS** and PFS products) (date must be 1st through 28th of month)

*For the MFFS product, if the GMIB rider is active, only semi-annual or annual frequency is available.

**For the Preference Premier and PPS products: if the GWB I, GWB II or LWG rider is active, to qualify for the special withdrawal treatment, the payment frequency must be annual.

B.) One-time RMD Options - The Company will process your Required Minimum Distribution as of the date that the request is received.

A One-time Required Minimum Distribution payment for the current tax year:

Please calculate my RMD amount or Withdrawal \$ _____

A One-time first Required Minimum Distribution payment for the previous tax year (only available for the first RMD taken after turning age 70 1/2):

Please calculate my RMD amount or Withdrawal \$ _____

SECTION 3: Income tax withholding election

Choose one:

I elect to have federal and state, if applicable, income tax withheld from these distributions(s).
 (This must be listed as a percentage only, NOT as a dollar amount.)

Federal _____ % State _____ % Owner's state of residence _____

I elect NOT to have federal, or state if applicable, income tax withheld from these distribution(s).

Note: If neither of the above withholding elections is chosen, 10 percent of the taxable portion will automatically be withheld for Federal Income Tax. State Income Tax may be withheld, if applicable.

Even if you elect not to have income tax withheld from a distribution, you are liable for payment of income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax and withholding, if any, are not adequate. In some states, your distribution may also be subject to state income tax withholding requirements. In certain states, we may be

required to withhold state income tax if we withhold federal income tax from your distribution. Certain states may also require you to make estimated tax payments. You should consult your tax advisor regarding your personal situation.

SECTION 4: Alternate payment instructions *(Optional)*

A check will be sent to the address on record if Electronic Funds Transfer or Alternate Payee is not selected below. For One-time RMD payments, you may only select option 1 or 3 below.

Choose one:

- 1. Electronic Funds Transfer (EFT) to a pre-authorized bank account already on file.**
- 2. New EFT instructions for Automated RMD payments only**

Note: You must attach a copy of a voided check when requesting EFT. If a voided check is not provided, a paper check will be mailed to the address of record.

Bank name	Account holder name <i>(must match the contract ownership)</i>		
Bank address	City	State	ZIP
Bank ABA routing number	Bank account number		

Type of account:

- Checking *(A photocopy of a voided check is required, unless Electronic Payments are being sent to a previously established EFT account. If the contract has joint owners, both names must appear on the voided check.)*
- Savings *(A bank statement or pre-printed deposit slip, containing EFT information and account registration, is required. If the contract has joint owners, both names must appear on the documents.)*

- 3. Check for the benefit of (FBO) the contract owner**

Alternate payee name *(Bank, Brokerage Firm, etc.)*

Bank address	City	State	ZIP
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Account number *(if applicable)*

SECTION 5: Acknowledgement and authorization

Under penalties of perjury, I certify that:

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.)

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

First name	Middle name	Last name	
Signature of Contract Owner		Title (if applicable)	Date (mm/dd/yyyy)

Note: If you are signing on behalf of another individual or entity, please indicate your title, position or status (e.g., Trustee, Attorney-in-Fact, Guardian, Conservator, Executor, Administrator) following your signature and call our Policy Service Office for additional document requirements.

Notice: The tax law provides that deferred annuities issued after October 21, 1988 by the same insurance company or an affiliate in the same calendar year to the same owner, are combined for tax purposes. As a result, a greater portion of your withdrawals may be considered taxable income than you would otherwise expect. In addition, please note that no agent or representative of The Company is authorized to alter, change or waive any of the terms or conditions of this form or to bind The Company by any statement or representation as to the availability of a withdrawal, if any, under this contract. The Company suggests that you consult your own attorney, accountant or tax advisor for information relating to Federal and state income tax liabilities that may be incurred as a result of a withdrawal.

SECTION 6: How to submit this form

Please submit this entire form by mail or fax.

Regular mail:

MetLife
P.O. Box 10342
Des Moines, IA 50306-0342

Overnight mail only:

MetLife
4700 Westown Parkway, Ste 200
West Des Moines, IA 50266

Fax:

877-547-9669