

Certification of Attorney-In-Fact

This form is used to certify specific information about the authority of the Attorney-in-Fact named in the Power of Attorney document.



To avoid delays, complete and return the entire form including any blank pages

Metropolitan Life Insurance Company

Things to know before you begin

- **Principal:** The individual who has signed a Power of Attorney document authorizing another person or persons to make decisions, transact business or act on his or her behalf.
- **Attorney-in-Fact:** The individual who has been granted the power to make decisions, transact business or act on the Principal's behalf.
- If the Power of Attorney grants authority to multiple Attorneys-in-Fact who must act together, each Attorney-in-Fact must complete and sign a separate Certification of Attorney-in-Fact form.
- This form alone is not sufficient to establish Power of Attorney with regard to the contract. MetLife also requires all pages and provisions of the Principal's Power of Attorney document, which we will review to ensure the powers granted are sufficient to allow annuity transactions. If the current Power of Attorney document has already been submitted to our office, it is not necessary to submit the document again.
- For subsequent transactions or service requests, a new Certification of Attorney-in-Fact form must be submitted every five years (*valid for up to five years from signature date*) to confirm the Power of Attorney is still valid.
- The Attorney-In-Fact should sign this certification with simply his/her signature; however, when signing request forms as Attorney-In-Fact on behalf of the Principal, the Attorney-In-Fact should use either of these formats (*wherein Jane Doe is the Attorney-In-Fact*):
 - 1) John Smith, by Jane Doe, POA,
 - or
 - 2) Jane Doe POA/FBO John Smith
- Should an update to the Principal's address be needed, please submit a completed Contract Information Change form.

SECTION 1 - Identification information

Contract/Policy number

Principal - First name	Middle name	Last name
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Date of birth

Attorney-In-Fact - First name	Middle name	Last name
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Address

City	State	ZIP
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Primary phone number

SECTION 2 - Attorney-in-Fact certification

I hereby attest and certify that:

- To the best of my knowledge and belief the Principal is alive as of the date hereof.
- I do not have actual notice of the termination or revocation of the Power of Attorney, or notice of any facts indicating that the Power of Attorney has been terminated or revoked.
- If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.
- If the Power of Attorney is not durable, no action is pending to determine the incapacity of the Principal or to appoint a Guardian or Conservator for the Principal.
- If I was named as a successor Attorney-in-Fact, the prior Attorney-in-Fact is no longer able or willing to serve.
- If the request for which I am providing this certification involves a fund transfer on a MetLife variable contract/policy, I have read the prospectus for the variable contract/policy and am aware that MetLife policies and procedures may result in the application of transfer restrictions to deter market timing activities.

Please check only one of the following three boxes. If no box is checked, the form will be returned for completion. Only check box two or three if you are employed as a licensed Insurance Agent, Broker, or Investment Advisor.

I am not the Insurance Agent/Broker/Investment Adviser of the Principal.

I am the Insurance Agent/Broker/Investment Adviser of the Principal.

I am the Insurance Agent/Broker/Investment Adviser of the Principal and the Principal is my spouse, domestic partner in a civil union, child, parent, sibling, grandparent or grandchild.

Sign Here	Attorney-In-Fact signature	Date (mm/dd/yyyy)

Print name of person signing above		

Title of person signing above (e.g. Trustee, Power of Attorney, Guardian, etc.)		

SECTION 3 - How to submit this form

Please submit the entire form by mail or fax

Regular mail:

MetLife
P.O. Box 10366
Des Moines, IA 50306-0366

Overnight mail only:

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

Fax:

877-547-9666