

Electronic Funds Transfer (EFT) Authorization

Use this form to add or update banking information or change electronic payment options for direct deposit to your account.

Things to know before you begin:

- Elections on this form may take about 5 business days after we receive the form to go into effect.
- Payments cannot be deposited into an account outside of the U.S.
- We will send payments that fall on a weekend or holiday the previous business day.
- If you are an Authorized Representative, include a copy of the legal document(s) authorizing you to act on the Claimant's behalf.

1 Personal Information

| | | |
|--------------|--------------|----------------|
| First Name | Middle Name | Last Name |
| Address | | City/State/Zip |
| Claim Number | Phone Number | Email |

2 Bank Account Information

| | |
|---|-------------|
| Bank Name: | Bank State: |
| Account Type: <input type="checkbox"/> Checking OR <input type="checkbox"/> Savings | |
| Routing Number: | |
| Account Number: | |

John Doe
123 Main Street
Anytown, NJ 10000-1234

PAID TO THE ORDER OF \$

ANY BANK
456 Main Street
Anytown, NJ 10000-1234

FOR 12345678901234

123456789012345678901234

123456789012345678901234

BANK ROUTING NUMBER BANK ACCOUNT NUMBER

3 Authorization and Signature

I request MetLife to send payments for electronic deposit as instructed above. This agreement will remain in effect until the earlier of MetLife receives a change request or my claim closes. I understand that MetLife will not be liable for any failure to change or terminate this agreement if the request is incomplete. If a payment is credited to my account in error, I authorize my financial institution to refund such overpayment to MetLife from my account.

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

How to submit this form:

| | | | |
|--|--|--|---------------------------------------|
| <p>Return this form along with any required documents by:</p> | <p>Electronic: If you received this form by email, reply to the email and attach the completed form or contact your claim specialist for email address information.</p> | <p>Mail: MetLife Disability PO Box 14590 Lexington, KY 40512-4590</p> | <p>Fax: 1-800-230-9531</p> |
|--|--|--|---------------------------------------|