

## Income Verification Request

Use this form to request written verification of your benefits.

Metropolitan Life Insurance Company

### Things to know before you begin

- Please allow up to 30 days from the receipt of this signed and completed form to process your request.
- You must complete this entire form and sign where indicated or your request may be delayed.

### SECTION 1: Annuitant information

First name	Middle name	Last name		
Address		City	State	ZIP
Social Security number	Phone number	Date of birth (mm/dd/yyyy)	Group number(s)	

Check this box if this is a new address for the payee.

### SECTION 2: Requester information

First name	Middle name	Last name		
Please indicate your role.	Annuitant*	Guardian	Trustee	Conservator
Attorney	Beneficiary	Joint Annuitant*	Other	

\* If there is a joint annuitant and the primary annuitant is still living, both annuitants must sign below.

### SECTION 3: Signature

I hereby affirm that all information reported on this form and any attachments are true, complete and accurate to the best of my knowledge. I understand that any false statements or misrepresentation is unlawful and may result in a denial in request.

First name	Middle name	Last name		
<b>Sign Here</b>	<b>Authorized Signature (Required)</b>			Date (mm/dd/yyyy)
Joint Annuitant - First name	Middle name	Last name		
<b>Sign Here</b>	<b>Joint Annuitant Signature (Required if applicable)</b>			Date (mm/dd/yyyy)

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## SECTION 4: How to submit this form

Please complete and sign this form and return by:

**Mail:**

MetLife Retiree Service Center  
PO Box 25754  
Salt Lake City UT 84125-0754

**Fax:**

1-801-956-8364

**We're here to help**

You can reach us at 1-800-553-3803, Monday through Friday, 8 a.m. to 5 p.m. Eastern Time.