


ERISA/Non-ERISA - Change of Beneficiary/ Spousal Consent

Metropolitan Life Insurance Company

This form is provided for your convenience in handling changes or corrections to the beneficiary information for your contract.

 Please complete the entire form to avoid delays in processing your request.

SECTION 1: Participant Information *(Required for all Requests)*

First name	Middle name	Last name		
Address		City	State	ZIP
Daytime Phone number	Social Security number	Date of birth (mm/dd/yyyy)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Employer name				
Employer Group number		Account Contract number		

I hereby designate the following as my beneficiary(ies). I understand that this beneficiary designation replaces all prior designations I may have made, to the extent permitted by applicable law.

If more than one beneficiary is designated, payment will be made in the designated percentages. Payments to contingent beneficiary(ies) will only be made if no primary beneficiary(ies) survives me. If percentages are entered, the total percentage must equal 100%. **If no designated percentage is indicated, benefits will be paid to each surviving beneficiary in equal shares.**

If any portion of my death benefit is not disposed of by a designation of beneficiary, for any reason whatsoever, it will be paid to my spouse if my spouse survives me, otherwise to my estate in a lump sum.

SECTION 2: Primary Beneficiary(ies)

Are you married? Yes No

Beneficiary Type

Primary Contingent

First name	Middle name	Last name	% of Proceeds	
Address		City	State	ZIP
Relationship to Owner(s)	Date of birth	Social Security number	Phone number	

Beneficiary Type Primary Contingent

First name	Middle name	Last name			% of Proceeds
Address		City	State	ZIP	
Relationship to Owner(s)	Date of birth	Social Security number	Phone number		

Beneficiary Type Primary Contingent

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Beneficiary Type

Primary Contingent

First name	Middle name	Last name			% of Proceeds
Address		City	State	ZIP	
Relationship to Owner(s)	Date of birth	Social Security number	Phone number		

Beneficiary Type

Primary Contingent

First name	Middle name	Last name			% of Proceeds
Address		City	State	ZIP	
Relationship to Owner(s)	Date of birth	Social Security number	Phone number		

Beneficiary Type

Primary Contingent

First name	Middle name	Last name			% of Proceeds
Address		City	State	ZIP	
Relationship to Owner(s)	Date of birth	Social Security number	Phone number		

If percentages are entered, the total percentages for both Primary Beneficiary(ies) and Contingent Beneficiary(ies) must equal 100%. Please use whole percentages ONLY. You must select either Primary or Contingent for each beneficiary.

NOTE: If a Trust is designated as a Primary or Contingent a copy of the trust must be submitted.

SECTION 3: Signature(s)

I have read and understand this entire form and hereby elect the beneficiary designations indicated.

Sign Here	Signature of Participant	Date (mm/dd/yyyy)
	_____	_____

Spousal Consent and Waiver

If your 403(b) plan is subject to ERISA please complete the appropriate section below.

For Non-married Participants

I certify that I am not married and spousal consent is not required.

Sign Here	Signature of Participant _____	Date (mm/dd/yyyy) _____
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For Married Participants

If you are married and designate a beneficiary(ies) other than your spouse for your death benefit, such designation will not be effective unless your spouse indicates agreement with the designation by signing the Spousal Consent below.

Spousal Consent:

I hereby consent to the designation of the beneficiary(ies) listed above. I understand that (1) the effect of this designation is to cause some or all of my spouse’s death benefit, or a portion of it, to be paid to someone other than me; (2) that each beneficiary designation is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the beneficiary designation. I acknowledge that if my spouse is currently under 35 years of age, this beneficiary designation becomes ineffective on (a) the first day of the plan year in which he/she reaches age 35; or (b) the date of separation from service, whichever comes first, and that I must complete a new spousal consent in order for such beneficiary designation to become effective.

Sign Here	Signature of Spouse _____	Date (mm/dd/yyyy) _____
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Notarization of Spouse’s Signature

State of _____ County _____

The undersigned Notary Public certifies that _____, personally known to me to be the same person whose name is subscribed to the foregoing document, appeared before me in person, and acknowledged the signature and delivery of this instrument as his or her free and voluntary act, for the uses and purposes therein set forth.

Sign Here	Notary Public Signature _____	Date (mm/dd/yyyy) _____
Notary - First name _____	Middle name _____	Last name _____
My Commission Expires _____		

OR

Plan Representative Witness

The undersigned, with authority to act on behalf of the Plan, certifies that _____, the Participant’s spouse, appeared before me in person, and executed the foregoing document freely and voluntarily.

Sign Here	Signature of Spouse _____	Date (mm/dd/yyyy) _____
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** If spousal consent is required but cannot be obtained, this form must be accompanied by an affidavit completed by the participant and approved by the Plan Administrator. The affidavit must state that spousal consent is not needed or cannot be obtained because: (1) the participant's spouse cannot be found; or (2) the participant is legally separated from or has been abandoned by the spouse (within the meaning of local law) and has a court order to such effect and no qualified domestic relations order exists that requires spousal consent to this withdrawal.*

SECTION 4: How to submit *(mailing instructions)*

Mail this form to:

MetLife
P.O. Box 10356
Des Moines, IA 50306-0356

Overnight mail only:

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

Fax to:

877-549-5834