



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

I. Participant Information

Required for all Requests

Participant's First Name	Middle Name	Last Name	
Participant's Address			
City	State	Zip Code	
Daytime Phone Number	Social Security Number	Date of Birth	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.

II. Primary Beneficiary(ies)

Are you married? Yes No

Beneficiary Type	Percentage		
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
First Name	Middle Initial	Last Name	
Address			
City	State	Zip Code	
Phone Number	Social Security Number	Relationship	Date of Birth

Beneficiary Type Primary Contingent Percentage _____
First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____ Relationship _____ Date of Birth _____

Beneficiary Type Primary Contingent Percentage _____
First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____ Relationship _____ Date of Birth _____

Beneficiary Type Primary Contingent Percentage _____
First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____ Relationship _____ Date of Birth _____

Beneficiary Type Primary Contingent Percentage _____
First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____ Relationship _____ Date of Birth _____

Beneficiary Type Primary Contingent Percentage _____
 First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____ Relationship _____ Date of Birth _____

Beneficiary Type Primary Contingent Percentage _____
 First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____ Relationship _____ Date of Birth _____

Beneficiary Type Primary Contingent Percentage _____
 First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____ Relationship _____ Date of Birth _____

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.

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

Participant's Signature _____ Date _____


If your plan is subject to ERISA see spousal consent and waiver section on next page.

ERISA 403(b) Spousal Consent

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.

Participant's Signature



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.

Spouse's Signature

Date



Notarization of Spouse's Signature

STATE OF _____

COUNTY OF _____

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.

Notary Public Signature

Date



Print Name of Notary - First

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.

Plan Representative Signature

Date



** 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.*

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