

Request for electronic transfer of funds (EFT)

This form is provided for your convenience in setting up electronic funds transfers.

Metropolitan Life Insurance Company

Things to know before you begin

- Please print all information and sign in black ink.
- The Policy/Contract Owner's signature is required to authorize direct deposit of funds. If there is more than one Owner, all owners must sign.
- This completed authorization must be received by MetLife at least 30 days prior to the date of the first direct deposit transaction. **For EFT to a bank account, see specific instructions below under Deposit information.**

SECTION 1 - Annuity contract information

Contract number(s)

Owner's information

First name	Middle name	Last name	
Social Security number/TIN		Phone number	
Address	City	State	ZIP

Joint Owner's information *(if applicable)*

First name	Middle name	Last name	
Social Security number/TIN			
Address	City	State	ZIP

SECTION 2 - Deposit information

- EFT to a Checking Account *(A photocopy of a voided check is required, unless Electronic Payments are being sent to a previously established EFT account. If the contract has joint owners, both names must appear on the voided check.)*
- EFT to a Savings Account *(A bank statement or pre-printed deposit slip, containing EFT information and account registration, is required. If the contract has joint owners, both names must appear on the documents.)*

Name of bank/financial institution

Address	City	State	ZIP
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Account number <i>(one account number only)</i>	ABA routing number <i>(must be provided)</i>
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Account holder

First name	Middle name	Last name
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Joint account holder *(if applicable)*

First name	Middle name	Last name
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I wish to establish an EFT account for the following transaction *(check all that apply)*:

- Systematic Withdrawal (SWP)
- Required Minimum Distribution (RMD)
- Annuitization Payments
- Please update existing automatic withdrawal programs (e.g. SWP, RMD) with this EFT information
- Please file this information for future use
- All of the above

(if no election is made, we will update your contract information for all existing and future distributions.)

SECTION 3 - Authorization and signatures *(**Required for all requests**)*

I/we hereby authorize MetLife to deposit periodic, non-periodic or income annuity payments directly to my/our account at the above bank or depository, and I/we hereby authorize my/our bank or depository to accept such deposits and post them to my/our account.

MetLife shall be entitled to rely upon all banking/depository information provided on this form and the voided check *(if enclosed)* for as long as this arrangement remains in effect, and MetLife shall incur no liability or loss whatsoever as a result of relying on any such information. MetLife shall not be required to verify the accuracy of any bank/depository information *(including but not limited to the name on the bank/depository account)* and may rely solely on the bank/depository account number even if the number identifies a person(s) other than me/us. I/we understand that MetLife's liability under the annuity contract is fully satisfied as soon as the direct deposit is made to the account noted above, even if someone else *(such as a joint account holder)* withdraws it.

MetLife has the authority to discontinue this EFT service upon a 30-day advance notification of such termination.

If for any reason the bank/depository information changes, I/we agree that it is my/our sole responsibility to inform MetLife as soon as possible of any such change, but in any event not less than thirty (30) days prior to the effective date of such change. When changing bank/ depository accounts, I/we agree to leave the current account open until the initial deposit has been made into the new account.

If MetLife makes any overpayments to my/our account, I/we hereby authorize and direct MetLife and my/our bank or depository to withdraw such overpayment from my/our account and to refund the overpayment to MetLife without my/our specific agreement, upon receipt by my/our financial institution of MetLife's request. I/ We also separately agree to refund any overpayments within thirty (30) days of the receipt of the appropriate documentation, including in the event of my/our death(s).

This authorization is to remain in full force and effect until MetLife has received a written request from either of us to terminate it, in such time and manner as to afford MetLife and my/our bank/depository a reasonable opportunity to act on it. I/We may revoke this authorization only by notifying MetLife in writing.

Sign Here	Signature of Contract Owner	Date (mm/dd/yyyy)
Sign Here	Signature of Contract Joint Owner (if applicable)	Date (mm/dd/yyyy)

SECTION 4: How to submit this form

Please send us the entire form by mail or fax.

Regular Mail:

MetLife
P.O. Box 10342
Des Moines, IA 50306-0342

Overnight mail only:

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

Fax:

877-547-9669