

## Request for Change of Financial Representative

Metropolitan Life Insurance Company

### Things to know before you begin:

- This Request for change of Financial Representative form is provided for your convenience in changing the financial representative authorized to service your contract.
- **Please note:** This form is not to be used for Custodian-Owned contracts. *(Please use the Owner/Annuitant Change form instead.)*



To avoid delays, complete and return the entire form including any blank pages.

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### SECTION 1: Contract information *(Required for all requests)*

Contract number(s)

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#### Owner information

First name

Middle name

Last name

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Date of birth

Phone number

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#### Joint Owner information *(if applicable)*

First name

Middle name

Last name

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Entity name (if applicable)

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### SECTION 2: New financial representative information

First name

Middle name

Last name

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Broker/Dealer name

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Social Security number *(last 4 digits)*

Phone number

Agent ID number

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Client account number *(optional)*

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### SECTION 3 - Signature(s)

**Sign  
Here**

Signature of Contract Owner

Title *(if applicable)*

Date *(mm/dd/yyyy)*

Printed name of individual signing above, if different from Contract Owner *(Trustee, Guardian/Conservator, Attorney-In-Fact)* *(If signer is different than Contract Owner, additional documentation may be required.)*

First name

Middle name

Last name

**Sign  
Here**

Signature of 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