

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.)*

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

Contract number(s)

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| | | | |
|--|--|--|--|

Owner information

First name

Middle name

Last name

| | | |
|--|--|--|
| | | |
|--|--|--|

Date of birth

Phone number

| | |
|--|--|
| | |
|--|--|

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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|--|--|--|
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Broker/Dealer name

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Social Security number *(last 4 digits)*

Phone number

Agent ID number

| | | |
|--|--|--|
| | | |
|--|--|--|

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