

Nongovernmental 457(b) Withdrawal Request Form

Metropolitan Life Insurance Company,
New York, NY

SECTION 1: Employer information

Employer name

Contact Name

First name

Middle name

Last name

Federal Tax ID number

Phone number

Group number

Street address

City

State

ZIP

SECTION 2: Participant/Annuitant information

First name

Middle name

Last name

Social Security number

Date of birth

Daytime phone

Account number

Preferred method of contact

(choose one)

Phone

Mail

Street address

City

State

ZIP

SECTION 3: Withdrawal reason

- Employment Termination
 Retirement
 Required Minimum Distribution beginning Age
 De Minimis In-Service
 Unforeseeable Emergency
 Death

Termination Date

Please process a withdrawal from any Metropolitan Life Insurance Company (*the Company*) 457 Deferred Compensation Account in the amount of \$ _____

SECTION 4: Payment instructions - Choose one (*Optional*)

Note: A check will be sent to the address on record if Electronic Funds Transfer or Alternate Payee is not selected below.

1. Electronic Funds Transfer

Note: You must attach a copy of a voided check when requesting EFT. If a voided check is not provided a paper check will be sent to the address of record. EFT is not available with all products.

| | | | |
|--------------|-----------------|-------------|-----|
| Bank name | Bank Account No | Bank ABA No | |
| Bank address | Bank city | State | ZIP |

Type of Account: Checking Savings

2. Check

Note: If made payable to a third party, a signature medallion guarantee is required.

| | | | |
|-------------------------|----------------------------|-------|-----|
| Alternate payee name | Account No (if applicable) | | |
| Alternate payee address | City | State | ZIP |

SECTION 5: Participant acknowledgment

I hereby acknowledge that:

- Neither the Company nor my Employer makes any warranty or representation regarding the tax consequences, if any, resulting from my withdrawal.
- Even though my withdrawal is permitted, I will be subject to any applicable income taxes, penalty taxes, contract charges and other applicable costs on this withdrawal.
- I further certify that the representations made in this request which serve as the basis for my withdrawal are correct and have been made in accordance with all applicable federal tax law requirements relating to 457(b) Nongovernmental plans. I direct MetLife to make the distribution to me in accordance with the designations noted on this form.

Under the penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)

- I am a U.S. citizen or other U.S. person, and
- I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

(If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Medallion Signature Guarantee

| | | |
|-----------------|-------|-------------------|
| Signed at: City | State | Date (mm/dd/yyyy) |
|-----------------|-------|-------------------|

| | | |
|------------------|--------------------------|-------------------|
| Sign Here | Signature of Participant | Date (mm/dd/yyyy) |
| Sign Here | Signature of Employer | Date (mm/dd/yyyy) |

SECTION 6: How to submit this form

Mail to:

MetLife

P.O. Box 10356,

Des Moines, IA 50306-0356

Email:

requests@metlife.com