

Certification of Legal Guardian/Conservator

This form is used to certify specific information about the authority of the court-appointed Guardian or Conservator.



You **MUST** complete this entire form and sign or your request will be delayed.

Metropolitan Life Insurance Company

Things to know before you begin

- **Ward:** The individual who has been declared by a court of law to be incapable of caring for his or her own interests due to age, incapacity or disability.
- **Guardian/Conservator:** The individual who has been appointed by a court of law to manage the estate of the Ward.
- If the court has granted authority to multiple Guardians or Conservators who must act together, each Guardian/Conservator must complete and sign a separate Certification of Legal Guardian/Conservator form.
- This form alone is not sufficient to establish Guardianship/Conservatorship with regard to the contract. MetLife also requires that all pages and provisions of the court-certified Guardian/Conservator appointment papers be submitted for review. If approved Guardian/Conservator documents have been court-certified within the last three years and already submitted to our office, it is not necessary to submit the documents again.
- For subsequent transactions or service requests, a new Certification of Legal Guardian/Conservator form must be submitted on an annual basis (*valid for up to one year from signature date*) to confirm the Legal Guardian/Conservator is still valid.
- The Guardian/Conservator should sign this certification with simply his/her signature; however, when signing request forms as Guardian/Conservator on behalf of the Ward, the Guardian/Conservator should use either of these formats (*wherein Jane Doe is the Guardian/Conservator*):
 - 1) John Smith, by Jane Doe, Guardian,
 - or
 - 2) Jane Doe Guardian/FBO John Smith
- Should an update to the Ward’s address be needed, please submit a completed Contract Information Change form.

SECTION 1 - Identification information

Ward - First name	Middle name	Last name
Contract/Policy number	Date of birth	
Guardian/Conservator - First name	Middle name	Last name
Street address		
City		State
		ZIP
Primary phone number	Social Security or Tax ID number	Date of birth (<i>mm/dd/yyyy</i>)

SECTION 2 - Guardian/Conservator certification

I hereby attest and certify that:

Date (mm/dd/yyyy)

- I am the Legal Guardian or Conservator of the estate, as appointed by the court on _____ to manage the affairs of the above-named Ward.
- To the best of my knowledge and belief, the Ward is alive as of the date hereof.
- To the best of my knowledge and belief, the Ward is considered incapable of administering his/her own affairs due to defect of age, understanding or self-control.
- To the best of my knowledge and belief, a court has not revoked the powers granted to me as Legal Guardian or Conservator of the property and/or estate specified above as of the date hereof.
- I will immediately notify MetLife at the appropriate address below should any of the items above change.
- If the property and/or estate of the Ward for whom I have been appointed the Legal Guardian or Conservator includes a variable annuity contract, I have read the prospectus for the variable contract.

Notice: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In addition, we obtain, verify and record information that identifies each person who has authority to act on an account, such as a Legal Guardian or Conservator. When opening an account or recording a Legal Guardian or Conservator on the account, we will ask for your name, address, date of birth and other information that allows us to identify you. We may also ask to see your driver's license or other identifying document.

**Sign
Here**

Legal Guardian/Conservator signature

Date (mm/dd/yyyy)

Print name of person signing above

Title of person signing above (e.g. Trustee, Power of Attorney, Guardian, etc.)

SECTION 3 - How to submit this form

Please submit the entire form by mail or fax

Regular mail:

MetLife
P.O. Box 10366
Des Moines, IA 50306-0366

Overnight mail only:

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

Fax:

877-547-9666