

## Address change request

Use this form to change your address.

Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company

### Things to know before you begin

- If you have more than one benefit, you can list multiple Annuity numbers and we'll apply the change to all of them.
- If you're making this request as a legally approved third party (*Power of Attorney, Guardian, etc.*) and we don't already have your information on file, you'll need to include documentation to support your authority to request the change.
- Please call us if you also need to change your bank account information for direct deposit payments or if you moved to a different state and need to change your tax withholding.



You must complete this entire form and sign where indicated or your request may be delayed.

### SECTION 1: My current information

First name	Middle name	Last name	
Email address			Phone number
Social Security number ( <i>last 4 digits</i> )	Date of birth ( <i>mm/dd/yyyy</i> )	Annuity number(s)	

#### Joint Annuitant (*if applicable*)

First name	Middle name	Last name	
------------	-------------	-----------	--

### SECTION 2: My address change

#### ► Previous address:

Street address	City	State	ZIP
----------------	------	-------	-----

#### ► New address: New address should be used for (*choose all that apply*):

Street address	City	State	ZIP	Payments	Correspondence
----------------	------	-------	-----	----------	----------------

Check this box if you would like all outstanding payments reissued to the new address above.

### SECTION 3: Signature

If there is a Joint annuitant/payee, both parties or their authorized representatives must sign below.

<b>Annuitant/Authorized signer</b>			
First name	Middle name	Last name	
_____		_____	
<b>Sign Here</b>	Signature	Date (mm/dd/yyyy)	Annuity number(s)
_____		_____	
<b>Joint annuitant/payee (required if applicable)</b>			
First name	Middle name	Last name	
_____		_____	
<b>Sign Here</b>	Signature	Date (mm/dd/yyyy)	
_____		_____	

### SECTION 4: How to submit this form

Please complete and sign this form and return by:

**Mail:**  
Retirement & Income Solutions  
PO Box 14710  
Lexington KY 40512-4710

**Fax:**  
1-866-855-2773

**Email:**  
[ARSdocuments@metlife.com](mailto:ARSdocuments@metlife.com)

**We're here to help**

You can reach us at 1-800-638-2704, Monday through Friday, 8 a.m. to 9 p.m. Eastern Time.