

Direct deposit enrollment & changes

Use this form to request electronic deposit of payments to your account or to change your existing bank information.

Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company

Things to know before you begin

- If you have a payment due soon, you may still receive your next payment as a check or to the account we have on file.
- Payments cannot be deposited into an account outside of the U.S.
- Payments that fall on a weekend or holiday will be issued on the previous business day (*except January 1st, when the payment must be issued on the first business day of the month*).
- 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.
- If you have Medicare Set-Aside payments, they must be placed in an interest-bearing account, separate from your personal savings or checking account.



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

SECTION 1: Annuitant information

| | | | | |
|---|--|-------------------------------------|-------------------|-----|
| First name | | Middle name | Last name | |
| Address | | City | State | ZIP |
| 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: Payee information

Name(s) - *If there are joint payees, both payees or their authorized representatives must sign at the end of this form.*

If this request is being made by an **authorized party** on behalf of the payee(s), confirm your relationship:

Guardian Trustee Conservator Power of Attorney Other _____

Payee contact information

Complete this section if the payee is different from the Annuitant or the payee's information has changed.

| | | | | |
|---------------|--|------|--------------|-----|
| Address | | City | State | ZIP |
| Email address | | | Phone number | |

Check this box if this is a new address for the payee.

SECTION 3: Payee account information

- The sample check shown may help you locate checking account numbers. Please reference a check, not a deposit slip.
- If a savings account is used, please check with your bank for the appropriate routing and account numbers.
- If payments are due to an entity or individual for the benefit of the payee, a copy of a voided check or bank statement must be submitted with this form.
- If payments are for Medicare Set-Aside (MSA), please attach either a voided check with an account name that indicates it is for MSA payments or a letter/statement from your bank indicating that the account is interest bearing and separate from your personal account(s).

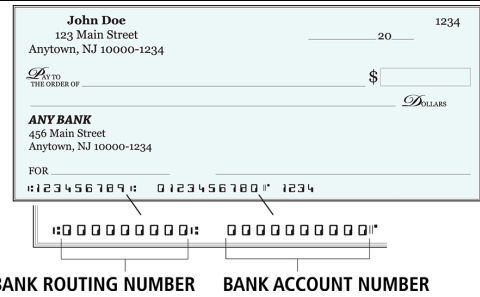
| | | | |
|--------------|------|-------------------|-----|
| Bank name | | Bank phone number | |
| Bank address | City | State | ZIP |

! Be sure to confirm the type of account as well as the account number with your bank to ensure prompt processing.

Type of account (*check one*): Checking Savings

Bank account number _____

Bank routing number (*must be 9 digits*) _____



Check this box if you would like all outstanding payments reissued to the bank account above.

SECTION 4: Authorization

- I request that payments be directly deposited as instructed on this form. This authorization will remain in effect until a request to change it is received.
- I understand that the insurance company will not be liable for any failure to change or terminate this agreement until a complete request is received and reasonable time has passed to make the change.
- If any payment is credited to my account in error, I authorize and direct my financial institution to debit the account and to refund any such overpayment.
- If I checked the box above indicating a new address, I authorize the update of the payee address of record.

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

Annuitant/Authorized signer

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

| | | |
|----------------------------|-------------------|-------------------|
| Sign Here Signature | Date (mm/dd/yyyy) | Annuity number(s) |
|----------------------------|-------------------|-------------------|

Joint annuitant/payee (required if applicable)

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

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

SECTION 5: 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

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.