

Direct deposit enrollment & changes

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

Things to know before you begin

- The change to your payment may take up to 5 business days to update after we receive your request. 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 the records you request.
- 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.



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

SECTION 1: Annuitant information *(Please print)*

Annuitant – First name		Middle name or initial	Last name	
Address of record		City	State	ZIP
Email address			Phone number	
Social security number <i>(last 4 digits)</i>		Date of birth <i>(mm/dd/yyyy)</i>	Annuity ID	

Joint Annuitant *(if applicable)*

First name	Middle name or initial	Last name
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SECTION 2: Payee information

Name(s) - *If there are joint payees, both payees or their authorized representatives must sign in Section 4.*

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.

Bank name		Bank phone number	
Bank address	City	State	ZIP

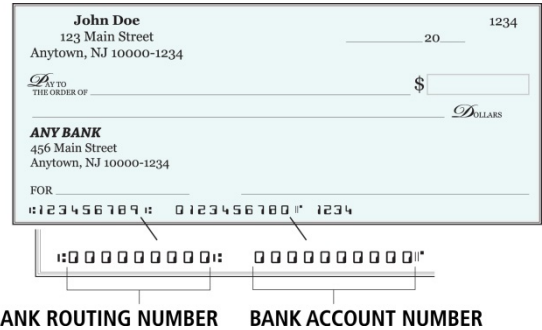
! Be sure to confirm the type of account as well as the account and routing numbers with your bank to ensure prompt processing.

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 MetLife to send payments for electronic deposit as instructed in Section 3. This agreement will remain in effect until MetLife receives a change request.
- I understand that MetLife 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 the account in error, I authorize and direct my financial institution to debit the account and to refund such overpayment to MetLife.
- If I checked the box in Section 2 indicating a new address, I authorize MetLife to update the payee address of record.

Authorized signer	
Name	Annuity ID
Sign Here Authorized signature	Date (mm/dd/yyyy)
Sign Here Joint payee signature (<i>required if applicable</i>)	Date (mm/dd/yyyy)

SECTION 5: How to submit this form

Please complete and sign this form and return by:

Mail:	Fax:
MetLife	866-855-2773
PO Box 14710	
Lexington, KY 40512-4710	

We're here to help
You can reach us at 800-638-2704, Monday through Friday, 8 a.m. to 9 p.m. Eastern Time