

Name change request

Use this form to update your name.

Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company

Things to know before you begin

- You will need to provide documentation (*listed below*) as proof of this change.
- 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 complete, sign and return this form with a copy of the required document(s) or your request may be delayed.

SECTION 1: My name change

► Former name:

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

► Current name:

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

I am submitting a copy of the following as the required proof of my name change (*select only one*):

- | | | | | |
|----------------------|-----------------|--|----------|-------------------|
| Marriage certificate | Divorce decree | Court order | Passport | Birth Certificate |
| Driver's license | State issued ID | Social Security Administration card/letter | | |

SECTION 2: My current information

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)	

SECTION 3: Signature

Sign Here	Signature	Date (<i>mm/dd/yyyy</i>)
------------------	-----------	----------------------------

SECTION 4: How to submit this form

Please return this form along with a copy of your proof documentation 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.