


Request for change of name

Use this form to change the name on your annuity.

Things to know before you begin

- You will need to provide documentation (*listed in Section 1*) 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 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, attaching a copy of the required proof of change document, and signing where indicated, or your request may be delayed.

SECTION 1: My name change (*Please print.*)

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

Street address

City	State	ZIP
------	-------	-----

Social Security number (<i>last 4 digits</i>)	Date of birth (<i>mm/dd/yyyy</i>)	Annuity number
---	-------------------------------------	----------------

Email address	Telephone number
---------------	------------------

SECTION 3: Signature

Sign Here

Signature

Date (*mm/dd/yyyy*)

SECTION 4: How to submit this form

Return this form along with any required documents by:

Mail:

MetLife
PO Box 14710
Lexington, KY 40512-4710

Fax:

866-855-2773



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