

Annuities

Contact information change

This contact information change form is provided for your convenience in handling changes or corrections to the Owner's information, or to the annuitant's information, for your contract.

Metropolitan Life Insurance Company

Things to know before you begin:

- This form can be used to update the Owner's or Annuitant's contact information, including name changes or corrections, and mailing address and phone number changes.
- To request a Change of ownership, please complete our Owner/ Annuitant change form.
- The current Contract Owner's signature is required in Section 4 of this form for all service requests. If there is more than one Owner, all Owners must sign. Please use black or blue ink
- No changes to your Contract will be valid until the signed Purchase Confirmation and Acknowledgement Form *(if applicable to your Contract)* is on file in our Customer Service Office.



Please follow instructions to avoid delays in processing your request(s)

SECTION 1: Contract Information *(Required for all requests)*

Contract number(s)

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Owner Information

First name

Middle name

Last name

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Entity name, if applicable

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Social Security number/TIN

Date of birth

Date of execution of trust

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Address

City

State

ZIP

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Phone number

Email address

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Check here if this is a new address to be updated on your contract.

Annuitant Information *(If different than owner information)*

First name	Middle name	Last name
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Social Security number	Date of birth	Phone number
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Address	City	State	ZIP
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Email address

Check here if this is a new address to be updated on your contract.

Joint Owner *(If applicable)*

First name	Middle name	Last name
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Social Security number	Date of birth	Phone number
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Address	City	State	ZIP
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Email address

Check here if this is a new address to be updated on your contract.

SECTION 2: Change/correction to Owner's/Joint Owner's/Annuitant's name, date of birth or social security number

Any changes to an Owner or Annuitant's: name *(other than spelling)*, date of birth, and/or social security number, will require a copy of the supporting legal documentation. Acceptable documentation includes: Marriage certificate, Divorce decree, court document, U.S. Government ID or current driver's license, birth certificate or social security card.

Please update records for: Owner Joint owner Annuitant

Previous name

First name	Middle name	Last name
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Corrected/updated name

First name	Middle name	Last name
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Reason for name change/correction

Please update date of birth to: _____

Please update Social Security number to: _____

SECTION 3: Special Instructions

SECTION 4: Signature(s) *(Required for all requests)*

I, the Contract Owner referenced in Section 1, hereby request that the Company, subject to the provisions of my Contract, process the changes indicated on this form.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)

- 3. I am a U.S. citizen or other U.S. person, and**
- 4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.**

(If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed name of individual signing below, if different than Contract Owner *(Trustee, Conservator, Attorney-in-Fact, etc.)*

First name

Middle name

Last name

Sign Here

Signature of Owner *(with title, if applicable)*

Date *(mm/dd/yyyy)*

Printed name of individual signing below, if different than Contract Owner *(Trustee, Conservator, Attorney-in-Fact, etc.)*

First name

Middle name

Last name

Sign Here

Signature of Joint Owner *(with title, if applicable)*

Date *(mm/dd/yyyy)*

Printed name of individual signing below, if different than Contract Owner *(Trustee, Conservator, Attorney-in-Fact, etc.)*

First name

Middle name

Last name

Sign Here

Signature of previous Owner/Joint Owner/Annuitant

Date *(mm/dd/yyyy)*

SECTION 5: How to submit this form *Please send us the entire form by mail or fax*

Regular Mail:

MetLife
PO Box 10342
Des Moines, IA 50306-0342

Express mail only:

MetLife
4700 Westown Parkway, Suite 200
West Des Moines, IA 50266

Fax:

877-547-9669