

Individual Life

Application for reduced paid-up life or endowment insurance

Metropolitan Life Insurance Company

SECTION 1: Instructions

This application for a reduced amount of Paid-up Life or Endowment insurance is to be completed only when such insurance is not provided as the automatic insurance option for nonpayment of premiums on a Personal Life Insurance policy.

Complete Part A and send entire form to:

Nonforfeiture Correspondence Unit, PO Box 336, Warwick, RI 02887-0336

Do not submit the policy, since an appropriate notice will be mailed to the applicant from the H.O., to be attached to the policy.

If the name of the Insured, beneficiary, contingent beneficiary, owner, or contingent owner, if named in the policy, has been changed and the Company's records have not been changed, complete the Change of Name declaration printed below. To designate a new beneficiary, complete Form 22 or Form 093, whichever is appropriate.

SECTION 2: Part A

I hereby request that Policy No. _____ be continued, in accordance with the terms of the policy or Company declaration, as paid-up insurance for a reduced amount, without any additional benefits.

It is understood and agreed that in order for this policy to be continued as reduced paid-up insurance, we must receive this completed form and your policy must lapse per the nonforfeiture provisions of the policy. A notice of Overdue Premium will be sent, followed by a Lapse notice, at the time the policy changes to reduced paid-up insurance.

It is understood and agreed that the cash value, as of the date to which premiums were paid of any paid-up dividend additions and dividend accumulations outstanding to the credit of the policy as of the date it is continued as reduced paid-up insurance, as well as any dividend then outstanding and not otherwise applied, will be included in the amount used to provide the reduced paid-up insurance, and that, by such use, the liability of the Company on account of all such dividend credits will be discharged.

If the policy is a Family policy, any Term insurance on the life of a wife, if insured, and on the life of any Insured Child will be as determined in the policy. *(The maximum period for this Term insurance will be 90 days*

after the due date of the premium not paid.)

If the policy was issued between 1948 and 1959, inclusive, and contains a Family Income Provision for which premiums have been paid for the full number of years specified in that Provision, then such Family Income Provision will continue in force until its expiration date.

If any one-year term insurance provided by the application of dividends in accordance with the terms of the policy was in force, or was purchased, as of the date to which premiums were paid, such one-year term insurance will remain in force until the next policy anniversary.

Unless the policy provides otherwise, an indebtedness against the policy will be deducted from the net value used as a single premium in determining the amount of paid-up insurance.

If this application is not made within 3 months after default in premium payment the Company reserves the right to deduct, from the net value used as a single premium in determining the amount of paid-up insurance, the cost of any Term insurance provided by the policy or by statute from the date of default in premium payment to the date of this application.

(See Clause 113 of the Manual of Instructions for Sales Representatives, Form 1)

Policy number _____

Signatures

Owner (*if named in policy*) – otherwise insured (*if now age 14 1/2 or older*); if younger, signature of parent or legal guardian.

Sign Here	Owner signature	Date (<i>mm/dd/yyyy</i>)	Relationship to insured
	_____	_____	_____
First name	Middle name	Last name	
_____	_____	_____	

Sign Here	Irrevocable Beneficiary signature		

First name	Middle name	Last name	
_____	_____	_____	

Sign Here	Assignee signature		

First name	Middle name	Last name	
_____	_____	_____	

SECTION 3: Change of name

The name of the *beneficiary, contingent beneficiary, insured, owner, contingent owner* under the policy described on page 2 has been changed.

The name on the policy is (**Print**)

First name	Middle name	Last name
_____	_____	_____

The present name is (**Print**)

First name	Middle name	Last name
_____	_____	_____

The difference in name is due to

- Marriage Divorce Court order Adoption

If for any other reason or error, give full details

Request is hereby made that the Company enter the change of name on its records.

Dated at	Date (<i>mm/dd/yyyy</i>)
_____	_____

Owner (*if named in policy*) – otherwise insured (*if now age 14 1/2 or older*); if younger, signature of parent or legal guardian.

Sign Here	Owner signature	Date	Relationship to insured
	_____	_____	_____
First name	Middle name	Last name	
_____	_____	_____	