


Individual life

Transfer of interest to insured

Metropolitan Life Insurance Company

 Please print or type information

SECTION 1: Information

Policy number(s)

Insured

First name	Middle name	Last name
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I/We, _____, Owner(s)/Irrevocable Beneficiary(ies)
(Print name of Owner(s) or Irrevocable Beneficiary(ies))

of the above policy, transfer and release any and all rights and interests I/We have in the policy to the Insured.

I/We understand that this change shall be binding on MetLife only after it has been recorded and filed in the MetLife Home Office or Customer Service Center. Once recorded, the change will be effective as of the date signed below.

This assignment is subject to any existing indebtedness to MetLife under the policy.

MetLife means Metropolitan Life Insurance Company or any of its affiliates.

SECTION 2: Insured

First name	Middle name	Last name
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Date of birth <i>(mm/dd/yyyy)</i>	Social Security number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of citizenship
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Address Primary Residence Business Mailing Other

City	State	ZIP
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Home phone number	Work phone number	E-mail address
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If Foreign:

Province/Territory	Country
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SECTION 3: Owner or irrevocable beneficiary

Signature of witness

First name (*Print*)

Middle name

Last name

Signature of owner

Date (*mm/dd/yyyy*)

First name (*Print*)

Middle name

Last name

Signature of witness

First name (*Print*)

Middle name

Last name

Signature of co-owner or irrevocable beneficiary, if any

Date (*mm/dd/yyyy*)

First name (*Print*)

Middle name

Last name

Signature of witness

First name (*Print*)

Middle name

Last name

Signature of co-owner or irrevocable beneficiary, if any

Date (*mm/dd/yyyy*)

First name (*Print*)

Middle name

Last name