

Beneficiary designation

Use this form to name a beneficiary or beneficiaries.

Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company

Things to know before you begin

- If you're naming more than two beneficiaries, please include the Additional beneficiary designations page with this form. If you have more than seven beneficiaries, you can provide the information requested on a separate sheet of paper.

You must complete this entire form and sign where indicated or your request may be delayed.

SECTION 1: Annuitant information

First name	Middle name	Last name		
Address		City	State	ZIP
Email address			Phone number	
Social Security number (<i>last 4 digits</i>)		Date of birth (<i>mm/dd/yyyy</i>)	Group number(s)	

SECTION 2: Beneficiary information

- You must name at least one primary beneficiary below. If you name more than one beneficiary, be sure to check the box to select each beneficiary as primary or contingent. A contingent beneficiary is an individual who will receive benefits only if all primary beneficiaries are deceased.
- Make sure to fill in a percentage share in whole numbers for each beneficiary. The total percentage for all primary beneficiaries must add up to 100%. If you don't fill in percentages, the primary beneficiaries will share equally. If any primary beneficiary is deceased at the time of payment, the remaining primary beneficiaries will share equally.
- The total percentage share for all contingent beneficiaries must also total 100%. Payment to contingent beneficiaries will follow the same rules as for primary beneficiaries.
- Naming a beneficiary doesn't guarantee that benefits are payable to them upon your death. In the event that there are benefits payable, it allows us to pay it to them instead of to your estate.

Beneficiary 1

Primary

First name	Middle name	Last name			Percentage share
Address		City	State	ZIP	
Email address		Phone number			
Social Security number	Date of birth (<i>mm/dd/yyyy</i>)	Relationship			


%

Beneficiary 2

Primary		Contingent (check one)			Percentage share %
First name	Middle name	Last name			
Address		City	State	ZIP	
Email address		Phone number			
Social Security number	Date of birth (mm/dd/yyyy)	Relationship			

SECTION 3: Authorization

I designate the individuals named above as beneficiary(ies). This designation supersedes any elections made prior to the date below. I reserve the right to change or revoke this designation at any time.

First name	Middle name	Last name	
 Signature	Social Security number (last 4 digits)	Date (mm/dd/yyyy)	

SECTION 4: How to Submit this Form

Please complete and sign this form and return 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 1-800-638-5656, Monday through Friday, 8 a.m. to 9 p.m. Eastern Time.