

### Life insurance claim form

Use this form if the beneficiary is a trust or entity (*not a person*) to submit a life insurance claim.

Metropolitan Life Insurance Company

Metropolitan Tower Life Insurance Company

#### Things to know before you begin

- Each beneficiary submitting a claim must complete and submit a separate claim form. However, we only need one death certificate.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay your claim.



Please initial any corrections you make to the form.

#### SECTION 1: About the Trustee/Estate/Other Organization

*Please print the name the way you want it to appear on your payment.*

Trust/Estate/Other Organization name

Tax identification number (*Trust, Estate, or other Organization*)

Date of Trust (*mm/dd/yyyy*)

Trustee/Executor/Officer First name

Last name

Mailing address (*Street number and name, apartment or suite*)

City

State

ZIP code

Date of birth (*mm/dd/yyyy*)

Sex (*M/F*)

Phone

Cell phone number

Email address

#### SECTION 2: About the deceased

Name (*first, middle, last*)

First name

Middle name

Last name

Residence address (*Street number and name, apartment or suite*)

Maiden name

City

State

ZIP code

Date of birth (*mm/dd/yyyy*)

Date of death (*mm/dd/yyyy*)

Social Security number

Marital status:

Single

Married

Divorced

Separated

Widow/Widower

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### SECTION 3: About your claim

Please list the policy number and suffix (*if applicable*) for all policies you're making a claim on:

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### SECTION 4: Tell us how you want to receive your claim payment

#### Check one:

You'd like to receive a check for your payment.

You'd like us to put your payment into a Total Control Account that we'll open for you.

The Total Control Account (TCA) is a draft account that works like a checking account.

Add any special instructions or comments you have us for here:

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- If your payment is less than \$10,000, or you are not a U.S. citizen or resident for tax purposes, we'll automatically pay you by check.
  - Keep in mind once you receive a check you can't get a Total Control Account.
  - For more information about the Total Control Account, please read the enclosed *About the Total Control Account*.
  - If you don't choose a payment option, you will receive a Total Control Account, unless state law, rule or regulation requires us to pay you by check.

For Illinois residents and policies issued in Illinois only – By law, we're required to process and pay your life claim within 31 days of the receipt of the insured's death certificate. If we don't make a payment to you within this time, your life claim amount will accumulate interest at the rate of 10% annually, calculated from the date the person died, to the date the total amount due to you is paid.

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### SECTION 5: Certification and signature

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Claim Fraud Warnings included with this form. **New York residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Under the penalties of perjury, I certify:

1. That the number shown as my Social Security number or Tax Identification Number in "Section 1: About you" above is my correct taxpayer identification number, and
2. That 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
3. I am a U.S. citizen, resident alien, 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.

*(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)*

\*If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-8BEN (*individuals*) or W-8BEN-E (*entities*).

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

<b>Sign Here</b>	Signature of Person making the claim	Date signed ( <i>mm/dd/yyyy</i> )
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## SECTION 6: How to submit this form

### 6A. Check off the items you're sending with this claim form

**Death certificate.** Please send us a **copy** of the death certificate. If your claim is for more than \$100,000, we require a **certified** death certificate. A certified death certificate has a raised or colored seal on it. The funeral director taking care of the funeral arrangements can usually arrange to have the death certificate certified. **We only require one death certificate** - if you're aware of another claimant who's sending one, you don't have to send it.

Policy numbers you're making a claim for in Section 3.

If you signed a document with a funeral home that authorizes us to make a payment directly to them, a copy of that document.

If the person died in an accident and you're making an accidental death benefit claim, proof of the accident - police reports and other supporting documents.

If you are a representative of an estate, a copy of the appointment papers issued by the courts.

- If you are a trustee, a statement that the trust is still in effect and you are authorized to act under the trust. If you are not the original trustee, a copy of the page naming you as the successor trustee.

If you have Power of Attorney, a copy of the appointment papers naming you as the attorney-in-fact for the beneficiary.

### 6B. Please mail your completed claim to the following address:

Product	Address	Phone Number
Life Policies	P.O. Box 330 Warwick RI 02887-0330	1-800-638-5000
Variable Life Policies <i>(Variable Life policies typically may have one of the following suffixes after the number: UM, MLV, -R or -V)</i>	P.O. Box 353 Warwick RI 02887-0353	1-800-638-5000

**If your claim is below \$100,000.00** you may:

Email to: [INDlifeclaims@metlife.com](mailto:INDlifeclaims@metlife.com) or Fax to: 1-908-655-9586.

*Some services in connection with your claim may be performed by MetLife Global Operations Support Center Private Limited. This service arrangement in no way alters our obligations to you. Services will not be performed by MetLife Global Support Center Private Limited if prohibited by state or local law.*