

## Coronavirus-Related Withdrawal

Please review this information carefully before you begin.

Metropolitan Life Insurance Company

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### SECTION 1: What's included in this kit

- **Coronavirus-Related Withdrawal Form** (*Withdrawal Form*).
- **Instruction guide** (*This will be helpful as you fill out the Withdrawal Form*)

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### What you need to do

- Correcting Mistakes:** Any changes to the Withdrawal Form must be crossed-out and initialed. White-out corrections are not acceptable. If you do not initial all changes, the form may be returned for verification or we may require a new form.
- Complete all pages of the Withdrawal Form:** Make sure all nine digits of your U.S. Social Security number (SSN)/U.S. Taxpayer Identification number (TIN) are entered on the first page of the form and the last four digits are entered at the top of the other pages. Remember to keep a copy of the form for your records.

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### What you need to know

A Coronavirus-related withdrawal must be processed before December 31, 2020.

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### What to expect

**Checks will be sent to your address on file.** For security purposes, the Withdrawal Form cannot be used for address changes and checks will not be forwarded.

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### SECTION 2: How to Submit This Form

**Regular Mail:**

MetLife  
PO Box 10356  
Des Moines, IA 50306-0356

**Overnight Mail Only:**

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

**Fax:**

877-549-5834

**Email:**

requests@metlife.com

#### We're Here to Help

Please don't hesitate to contact us if you have any questions. You can reach us at 1-800-560-5001.

## Coronavirus-Related Withdrawal

Use this form to request a Coronavirus-related withdrawal from your account.

Metropolitan Life Insurance Company



**Questions on this form?**  
Call 1-800-560-5001

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### SECTION 1: Group Information *(if applicable)*

Group name and group number can be found on your statement.

Group Name

Group Number/Contract Number

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### SECTION 2: Your Information

**Print in block letters in black or blue ink. Do not write outside the boxes. All requested personal information is required to be completed.**

First Name

Middle Name

Last Name

Social Security Number/TIN

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

Marital status  Single  
 Married

Email Address

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### Citizenship *(Failure to provide the following information will result in delays)*

Are you a U.S. citizen or U.S. resident alien?  Yes  No

If no, complete the following information:

Country of Legal Residence

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**NOTED:** You must submit IRS form W-8BEN with your withdrawal request. Download and print form W-8BEN at [irs.gov](https://www.irs.gov). If the W-8BEN form is not provided or is not filled out correctly, 30% of your withdrawal will be withheld for federal taxes. Refer to the guide for important IRS Form W-8BEN requirements.

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### Confirm Your Address

- Write in the first line of your address.
- Exclude your city, state and ZIP code.
- We will use this to confirm that we have your correct address on file.
- If your address is different than what we have on file, we will not use this address to update your account and your withdrawal may be delayed.
- **NOTE:** If you believe that we do not have your correct address or if you need to change your address, call us at 1-800-560-5001 before submitting this form.

Account Address *(First line only)*

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### SECTION 3: Withdrawal Instructions

I certify I am an individual:

- (i) who is diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention; or
- (ii) whose spouse or dependent (*as defined in §152 of the Internal Revenue Code (IRC) of 1986*) is diagnosed with such virus or disease by such a test, or;
- (iii) who experienced adverse financial consequences due to such virus or disease because of one or more of the following reasons:
  - I was quarantined.
  - I was laid off or furloughed.
  - My work hours were reduced.
  - I was unable to work due to lack of child care.
  - I had to close or reduce working hours for the business I own or operate.
  - Other factors as determined by the Secretary of the Treasury.

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#### What Amount Are You Requesting for Your Coronavirus-Related Withdrawal?

Your withdrawal will be deducted pro-rata from all the available money types approved by the plan.

Amount of your request (*cannot exceed \$100,000 or the maximum account balance available*): \$ \_\_\_\_\_

(*Non-IRA tax markets only*) Check this box if you plan to send future deposits to this contract. (*Your contract will remain active with a minimal account balance.*)

**IMPORTANT NOTE:** Withdrawing your full account balance will terminate your annuity contract and future deposits and contributions will not be permitted.

However, if you have an outstanding loan, you will not be able to take your full account balance. I understand that my loan will remain in force and I must continue to repay it.

This withdrawal may be subject to applicable contract withdrawal charges and if you have a rider, may impact the benefits under that rider. Please refer to your contract and prospectus (*if applicable*) for additional information.

Your withdrawal will be deducted pro rata from all the available money types approved by the plan.

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Important: Please review your contract and/or prospectus for detailed information regarding early withdrawal penalties and other withdrawal provisions. If you have elected Guaranteed Withdrawal Benefit (GWB) or Lifetime Withdrawal Guarantee Benefit (LWG), cumulative withdrawals that exceed the Annual Benefit Payment in any contract year may significantly reduce the value of the GWB or LWG benefit. If you have LWG and you make any withdrawals prior to age 59 1/2, we will not make payments to you over your lifetime. Any withdrawal will reduce your Account Balance and/or Death Benefit. For the LWG, GWB, and Guaranteed Minimum Income Benefit (GMIB), prior withdrawals may affect your ability to take future step-ups or resets.

If you elected the **GMIB Max IV**, or **GMIB Max IV with EDB Max IV** and you take your first withdrawal prior to the 5th contract anniversary, your dollar-for-dollar withdrawal rate will be the greater of: (a) 4.5% each year or (b) your required minimum distribution (RMD). If you take your first withdrawal on or after the 5th contract anniversary, your dollar-for-dollar withdrawal rate will be the greater of: (a) 5% each year or (b) your RMD.

If you elected the **GWB v1** Rider and wish to withdraw an amount that is equal to your Annual Benefit Payment and take a withdrawal prior to the 5th contract anniversary, your Annual Benefit Payment will be the greater of: (a) 5.00% of your Total Guaranteed Withdrawal Amount (TGWA) each year or (b) if applicable, your required minimum distribution (RMD). If you take a withdrawal on or after the 5th contract anniversary, but prior to your 10th contract anniversary, your Annual Benefit Payment will be the greater of: (a) 6.00% of your TGWA each year or (b) if applicable, your RMD. If you take a withdrawal on or after your 10th contract anniversary, your Annual Benefit Payment will be the greater of (a) 7.00% of your TGWA each year or (b) if applicable, your RMD. Cumulative withdrawals in a contract year that exceed your Annual Benefit Payment will reduce your TGWA and Remaining Guaranteed Withdrawal Amount (RGWA) on a proportional basis, which may significantly reduce your future benefits.

If you elected the **GWB v1** Rider and wish to take a withdrawal for a specific dollar amount, that withdrawal amount may not exceed the Annual Benefit Payment amount allowed under the rider.

Last 4 Digits of SSN/TIN

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If you elected a **FlexChoice** living benefit rider and take a withdrawal prior to the Lifetime Withdrawal Age (*age 59 1/2*), your Benefit Base and Death Benefit Base will be reduced in the same proportion as the amount of the withdrawal (*including Withdrawal Charges, if any*) divided by the account value prior to the withdrawal (*a Proportional Adjustment*). This can cause a substantial reduction in your benefits. Prior to the Lifetime Withdrawal Age there is no Annual Benefit Payment (*ABP*). Any withdrawal that occurs after 59 1/2 is considered either a Non-Excess Withdrawal or an Excess Withdrawal. Your ABP is the maximum amount that may be withdrawn in a contract year without triggering a Proportional Adjustment to the Benefit Base. Your first withdrawal after the Lifetime Withdrawal Age determines your Withdrawal Rate. Once determined, the Withdrawal Rate will not change for the remainder of the contract.

A "Non-Excess Withdrawal" is a withdrawal that does not exceed the ABP for the current contract year. Non-Excess Withdrawals do not reduce the Benefit Base but will reduce the Death Benefit Base. An "Excess Withdrawal" is a withdrawal that causes the cumulative withdrawals for the current contract year to exceed the ABP. An Excess Withdrawal, and any subsequent withdrawals that occur in that Contract Year, trigger a Proportional Adjustment to the Benefit Base and Death Benefit Base and can cause a substantial reduction in your benefits.

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## SECTION 4: Tax Withholding

### Federal Tax

The default federal withholding is 10%. If you do not make a selection below, we will withhold the default amount.

- Withhold the default 10% amount.
- Choose a specific percentage or a dollar amount, **not both** (*cannot total less than 10% of your withdrawal*):  
Percentage \_\_\_\_\_ % **OR** Dollar Amount \$ \_\_\_\_\_
- Do not withhold federal taxes on my withdrawal.

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### State Tax

Any state tax withholding is based on your state of residence. If you elect a percentage lower than your state's rate or if you elect to not withhold state taxes but your state requires withholding, we will withhold based on your state's tax requirements.

- Withhold the default amount.
- Choose a specific percentage or a dollar amount, **not both**:  
Percentage \_\_\_\_\_ % **OR** Dollar Amount \$ \_\_\_\_\_
- Do not withhold state taxes from my withdrawal.

I have attached the election form for my state, if required.

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## SECTION 5: Delivery Options

If no choice is made below, your withdrawal will be sent by regular mail to your address on file.

- Regular mail to my address on file.
- Electronics Funds Transfer (EFT) Note: You must attach a copy of a voided check when requesting EFT. If a voided check is not provided, a paper check will be mailed to the address of record.**

Bank Name	Account Holder Name ( <i>must match the contract ownership</i> )		
Bank Address	City	State	ZIP
Bank Account Number	Bank ABA Routing Number	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

## SECTION 6: Plan Administrator/Authorized Representative Signature

Participant is \_\_\_\_\_% vested.

I certify this withdrawal is permissible under the terms of the Plan, that all Plan requirements have been satisfied, and hereby approve this withdrawal request.

<b>Sign Here</b>	Signature of Plan Administrator/Authorized Representative		Signature date ( <i>mm/dd/yyyy</i> )	
	<hr/>			
Plan Administrator/Authorized Representative - First name			Middle name	Last name
<hr/>			<hr/>	<hr/>

## SECTION 7: Signature and Consent

### My Consent

I understand and agree to all pages of this form and instruction guide, and I affirm all information is correct.

I certify:

- (i) The amount of the Coronavirus-related withdrawal I have requested when added to all previous Coronavirus-related withdrawals from all of my employer plan accounts and IRAs, does not exceed \$100,000; and
- (ii) My spouse, my dependent or I have been diagnosed based on a test approved by the Center for Disease Control (CDC); or
- (iii) I have experienced an economic loss due to such virus or disease because of one or more of the following reasons:
  - I was quarantined.
  - I was laid off or furloughed.
  - My work hours were reduced.
  - I was unable to work due to lack of child care.
  - I had to close or reduce working hours for the business I own or operate.

I understand that the entire withdrawal amount will be reported as taxable income on IRS Form 1099-R in the year distributed from the plan.

I acknowledge the following:

I request a withdrawal of my account according to my instructions on the form. Once a payment has been completed, it cannot be changed or reversed. I understand that my election(s) on this form are effective for 180 days.

### Please note:

We must comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury (OFAC). As a result, we cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: [treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx](https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx).

This withdrawal request may be subject to an administrative review period prior to processing and the investments in your account will not be sold until the withdrawal is completed. The review period may take several business days. Your investments may fluctuate with market performance, so you may want to review your account with your advisor prior to making a withdrawal request. If you initiate a fund transfer during the review period, it may delay your withdrawal. If you want to make investment changes prior to withdrawal, please contact us or access your account online.

**Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.**

Last 4 Digits of SSN/TIN

**US Tax Certification**

**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.**

<b>Sign Here</b>	Owner/Participant Signature	Date (mm/dd/yyyy)
	_____	_____

**Spousal Consent FOR ERISA PLANS ONLY** *(This section must be completed if the Participant is married and the contract value exceeds \$5,000.)* I, the Participant's spouse, have received and understand the information provided above. I voluntarily consent to the payment election and above **Waiver of Annuity** completed by my spouse, the Participant. I understand the law requires my spouse's Plan Account Balance be paid as an annuity *(called a qualified joint and survivor annuity)* that will pay lifetime benefits to me if I survive my spouse. I may, but am not required to, waive my rights on this annuity. My spouse's election to not receive his or her Plan Account Balance in the form of the qualified joint and survivor annuity is not valid unless I consent to such election. By signing this Consent, I forever waive my rights to the annuity for this part of my spouse's Plan Account Balance.

<b>Sign Here</b>	Signature of Spouse	Signature Date (mm/dd/yyyy)
	_____	_____

**Notarization of Spouse's Signature**

State \_\_\_\_\_ County of \_\_\_\_\_

The undersigned Notary Public certifies that \_\_\_\_\_, personally known to me to be the same person whose name is subscribed to the foregoing document, appeared before me in person, and acknowledged the signature and delivery of this instrument as his or her free and voluntary act, for the uses and purposes therein set forth.

Notary - First Name	Middle Name	Last Name
_____	_____	_____
<b>Sign Here</b>	Notary public signature	Signature Date (mm/dd/yyyy)
	_____	_____
My Commission Expires (mm/dd/yyyy)		
_____		

Last 4 Digits of SSN/TIN

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**SECTION 8: How to submit this form *(Make sure to complete each step)***

Did you provide all nine digits of your U.S. Social Security Number/U.S. Taxpayer Identification Number on the first page and the last four digits on the other pages, answer the citizenship questions and obtain all handwritten signatures? Omitting information will cause delays.

**Regular Mail:**

MetLife  
PO Box 10356  
Des Moines, IA 50306-0356

**Overnight Mail Only:**

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

**Fax:**

877-549-5834

**Email:**

requests@metlife.com

**We're Here to Help**

Please don't hesitate to contact us if you have any questions. You can reach us at 1-800-560-5001.

## Instruction Guide

This instruction guide provides important information and tips to help you complete the Coronavirus-Related Withdrawal form. The sections of the instruction guide match the sections of the Coronavirus-Related Withdrawal form.

Metropolitan Life Insurance Company



Please read this Instruction Guide carefully and follow along as you complete the Coronavirus-Related Withdrawal form.

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### SECTION 1: Group Information

#### Quick Tips:

- **Group name and group number can be found on your statement.**

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### SECTION 2: Your Information

#### Quick Tips:

- **Include full U.S. Social Security Number/U.S. Taxpayer Identification Number.**
- **Confirm your address.**
- **Attach IRS Form W-8BEN, if applicable.**

#### U.S. Social Security Number/U.S. Taxpayer Identification Number

It's important that you provide your complete and correct U.S. Social Security Number/U.S. Taxpayer Identification Number for accurate tax reporting and verification.

#### Are You a Non-Resident Alien?

If so, we will withhold taxes at a rate of 30% unless your country of residence has entered into a tax treaty with the U.S. that provides for a reduced withholding rate or an exemption from withholding. To claim this treaty rate, you must complete and attach IRS Form W-8BEN. You can download this form by accessing [irs.gov](https://www.irs.gov), clicking *Forms & Instructions* at the top of the page, and typing "W-8BEN" in the search bar.

#### Use the Tips Below to Make Sure Your W-8BEN Form Is Received in Good Order.

- To receive the treaty rate, the country must be listed on the IRS website as having a treaty benefit.
- Your name and country of citizenship must be spelled out and the country cannot be the United States of America.
- Your address cannot be a P.O. Box.
- You must provide a valid date of birth.
- Your form must be signed and dated.
- Your foreign tax identifying number cannot match your Social Security number or individual taxpayer identification number.
- All countries listed on the form must match.

#### Confirm Your Address

For your security, **your address on the Withdrawal Form must match the address we have on file.** Address information must be on file for at least 15 days. If you need to make a change to the address we have on file, call us at 1-800-560-5001.

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### SECTION 3: Withdrawal Instructions

#### Quick Tips:

- **Review your vested account balances.**
- **Decide how much you want to withdraw.**

By electing a Coronavirus-related withdrawal, you certify:

- (i) The amount of the Coronavirus-related withdrawal you have requested when added to all previous



Coronavirus-related withdrawals from all of your employer plan accounts and IRAs, does not exceed \$100,000; and

- (ii) Your spouse, your dependent or you have been diagnosed based on a test approved by the Center for Disease Control (CDC); or
- (iii) You have experienced an economic loss due to such virus or disease because of one or more of the following reasons:
  - You were quarantined.
  - You were laid off or furloughed.
  - Your work hours were reduced.
  - You were unable to work due to lack of child care.
  - You had to close or reduce working hours for the business you own or operate.

You may re-contribute any portion or all of this Coronavirus-related withdrawal within three years of receipt.

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## SECTION 4: Tax Withholding

### Quick Tips:

- **Default amounts will be withheld if no selection is made.**
- **Attach state withholding form, if applicable.**

The entire Coronavirus-related withdrawal amount will be reported as taxable income in the year received. Federal tax on this qualified withdrawal will be included in your gross income equally over the three-year period beginning with the year you receive the money, unless you elect to pay the entire amount of federal taxes due in the year distributed.

### How Is Tax Withholding Calculated?

Since the Coronavirus-related withdrawal is not eligible for rollover, it is not subject to the mandatory 20% federal tax withholding. The default federal withholding is 10%. If you do not make a selection on the Withdrawal Form, we will withhold the default amount. Any state tax withholding is based on your state of residence.

### What if You Would Like to Withhold More Than the Default Amount?

If you would like to withhold more than the default withholding, enter the percentage or dollar amount you want withheld. **Do not enter both. The percentage or dollar amount entered for federal withholding cannot be less than 10% of your withdrawal.**

### Special Notes About State Withholding, if Applicable.

If you are making this withdrawal in a state that has different tax withholding laws from the state you live in, we encourage you to consult with your tax advisor before making your withholding elections.

If you would like to withhold taxes differently than your state's rate and your state allows you to, you must include a completed state income tax withholding form with your withdrawal Form. You can obtain your state's income tax withholding form on the state's website.

If the form is required for your withdrawal and you do not include it or do not complete it accurately, the withdrawal will be taxed according to applicable state regulations.

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## SECTION 5: Delivery Options

### Quick Tips:

- **Choose your delivery option.**
- **Note any applicable fees.**
- **Checks are mailed to the address we have on file.**
- **Electronic deposits (ACH) are made to the bank account we have on file.**

Your payment will not be delivered until the withdrawal process is complete. This includes receiving your request in good order.

### Delivery Options:

- Regular mail
- Electronic deposit (ACH) (*See Important information about electronic delivery below.*)

**All payments sent by regular mail will be sent to the address we have on file.** This is for your security and to help prevent fraud on your account.

You may not use this form to update your mailing address. If you need to update your mailing address, call us at 1-800-560-5001 for instructions.

If an option is not selected, your withdrawal will be sent by regular mail.

### **Important Information About Electronic Delivery**

- If requested, your funds can be delivered electronically to your bank account through the Automated Clearing House (ACH) network. By choosing electronic delivery, you are authorizing us to deposit and withdraw funds to and from your account as necessary, including any adjustments that may be needed. Also, you are authorizing your bank to receive deposits and allow withdrawals, including adjustments, in the same manner.
- Your ACH banking information must have been previously submitted to us and verified for your protection; otherwise we will send the check to your address on file.
- You authorize and direct your financial institution not to hold any overpayments on your behalf, or on behalf of your estate or any current or future joint account holder, if applicable.

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## **SECTION 6: Plan Administrator/Authorized Representative Signature**

### **Quick Tips:**

- **Don't forget to have your Plan Administrator/Authorized Representative sign your form!**

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## **SECTION 7: Signatures and Consent**

### **Quick Tips:**

- **Don't forget to sign your form!**
- **Consider the impact of market fluctuations in case your request is delayed.**
- We encourage you to consult with your tax or legal advisor as needed.
- The Withdrawal Form and instruction guide are not intended to provide tax or legal advice.
- It is your responsibility to make sure your elections on the Withdrawal Form are accurate. Your elections must meet the tax requirements of the Internal Revenue Code.
- You are responsible for any income tax and penalties assessed by the IRS and state tax authorities based on your chosen elections.
- For your protection, we may hold your withdrawal for additional security verification.
- If any section of the Withdrawal Form is incomplete or inaccurate, your request may not be processed and may require a new form or additional information before it can be processed.
- You should be aware that fund companies may charge fees on your withdrawal if you have not been invested for the required minimum amount of time. To learn more, please request and read the fund's prospectus and disclosure documents.
- Your withdrawal may be subject to other fees or loss of interest, or both, based on your investment options, your length of time in the plan and other possible considerations. To learn more, contact us for a withdrawal quote at 1-800-560-5001.

**Although we make every effort to keep the information in this instruction guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new plan provisions may be adopted by the plan. For the most up-to-date version of this instruction guide, please call 1-800-560-5001.**