

**Annuities**

**Beneficiary Change**

This Beneficiary Change Form is provided for your convenience in handling changes or corrections to the beneficiary information for your contract.

Metropolitan Life Insurance Company  
New England Life Insurance Company

MetLife Insurance Company USA  
First MetLife Investors Insurance Company

**Things to know before you begin:**

- Please review Section 6: Good order guide and definitions for detailed instructions on completing this form.
- This form should not to be used for Custodian-Owned contracts, Irrevocable Beneficiary changes, Controlled Payout Beneficiary requests, or ERISA contracts.
- Any request for a change of beneficiary revokes ALL previous beneficiary designations, both contingent and primary. **Even if you are not changing all of the beneficiaries, the complete designation must be stated, including both primary and contingent beneficiaries.**
- No changes to your contract will be valid until the signed Purchase Confirmation and Acknowledgment Form (*if applicable to your Contract*) is on file in our Customer Service Office.
- **The current Contract Owner's signature is required in Section 4 of this form for all service requests. If there is more than one Owner, ALL Owners must sign.**
- **Please use blue or black ink and please PRINT in all capital letters.**

Please follow instructions to avoid delays in processing your request(s).

**SECTION 1: Contract Information** *Required for all Requests*

Contract number(s)

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**Owner**

First name	Middle name	Last name

Entity name, if applicable

Social Security number/TIN	Date of birth ( <i>mm/dd/yyyy</i> )	Date of execution of trust

Street address	City

State	ZIP	Phone number	Email address ( <i>optional</i> )

**Joint Owner** *(If applicable)*

First name	Middle name	Last name	
Social Security number/TIN		Date of birth <i>(mm/dd/yyyy)</i>	
Street address		City	
State	ZIP	Phone number	Email address <i>(optional)</i>

**Annuitant** *(If different than Owner information on page 1)*

First name	Middle name	Last name	
Social Security number/TIN		Date of birth <i>(mm/dd/yyyy)</i>	
Street address		City	
State	ZIP	Phone number	Email address <i>(optional)</i>

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**SECTION 2: Beneficiary Designation Change** *(All fields required)*

Please review Section 6 - Good order guide and definitions prior to completing this section.

**CHANGE OR CORRECTION:** If requesting a change or correction to the name of an existing Beneficiary, please skip this section and complete Section 3 - Existing beneficiary name correction/update.

**CONTRACTS WITH JOINT OWNERS:** Unless specified otherwise below, for contracts with Joint Owners, upon death of either Joint Owner, the surviving Joint Owner will be the primary beneficiary, and all other beneficiaries will be considered contingent beneficiaries. If a death claim is filed after both Joint Owners have passed away, the death benefit will be paid to the Estate of the most recently deceased Joint Owner.

- Check here if the surviving Joint Owner should NOT be the default primary beneficiary and instead should be the primary beneficiary(s) listed below.

**EQUAL SHARES** *(Optional)*: Use the following checkboxes to designate equal shares among named primary and/or contingent beneficiaries.

- Equal shares for Primary Beneficiaries: Check here for equal shares totaling 100% for all primary beneficiaries. If this box is checked, DO NOT enter a percentage for each primary beneficiary listed.
- Equal shares for Contingent Beneficiaries: Check here for equal shares totaling 100% for all contingent beneficiaries. If this box is checked, DO NOT enter a percentage for each contingent beneficiary listed.

*Note: DO NOT enter a percentage in the beneficiary designation sections below if the corresponding equal shares checkbox is checked.*

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**► Beneficiary 1**

Check here if the following designation is Per Stirpes *(Note: This option may be selected for Primary and/or Contingent beneficiary designations.)*

Choose one:       Primary       Contingent

First name	Middle name	Last name	% of Proceeds
Entity name <i>(If applicable)</i>			
Street address			
City	State	ZIP	
Date of birth <i>(mm/dd/yyyy)</i>	Social Security number	Phone number	

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**► Beneficiary 2**

Check here if the following designation is Per Stirpes *(Note: This option may be selected for Primary and/or Contingent beneficiary designations.)*

Choose one:       Primary       Contingent

First name	Middle name	Last name	% of Proceeds
Entity name <i>(If applicable)</i>			
Street address			
City	State	ZIP	
Date of birth <i>(mm/dd/yyyy)</i>	Social Security number	Phone number	

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► **Beneficiary 3**

Check here if the following designation is Per Stirpes (Note: This option may be selected for Primary and/or Contingent beneficiary designations.)

Choose one:  Primary  Contingent

First name	Middle name	Last name	% of Proceeds
Entity name (If applicable)			
Street address			
City	State	ZIP	
Date of birth (mm/dd/yyyy)	Social Security number	Phone number	

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► **Beneficiary 4**

Check here if the following designation is Per Stirpes (Note: This option may be selected for Primary and/or Contingent beneficiary designations.)

Choose one:  Primary  Contingent

First name	Middle name	Last name	% of Proceeds
Entity name (If applicable)			
Street address			
City	State	ZIP	
Date of birth (mm/dd/yyyy)	Social Security number	Phone number	

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**SECTION 3: Existing beneficiary name correction/update**

- Do not complete Section 3 if Section 2 is completed. By completing Section 2, ALL previous primary and contingent beneficiary designations are revoked and the complete designation (including name corrections/updates) must be stated. Section 3 should be completed if the **only** change is a correction/update to the name of an existing beneficiary.

**Correction to name of existing Beneficiary** (Please provide previous and new names in the sections below):

**Previous**

First name	Middle name	Last name
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**New/Corrected**

First name	Middle name	Last name
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Reason for name change/correction

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**SECTION 4: Signature(s)** *Required for all requests*

I, the Contract Owner referenced in Section 1, hereby request that the Company, subject to the provisions of my Contract, process the changes indicated on this form. My request for a change of beneficiary revokes ALL previous beneficiary designations, both primary and contingent. **Even if I don't change all of the beneficiaries, the complete designation must be stated, including both primary and contingent beneficiaries.**

<b>Sign Here</b>	Signature of Owner	Title <i>(if applicable, i.e. Trustee)</i>	Date <i>(mm/dd/yyyy)</i>
	Printed name of individual signing above		
	First name	Middle name	Last name
<b>Sign Here</b>	Signature of Joint Owner <i>(if applicable)</i>		Date <i>(mm/dd/yyyy)</i>

**SECTION 5: How to submit this form** *Please send us the entire form by mail or fax*

**Regular mail:**  
MetLife  
P.O. Box 10342  
Des Moines, IA 50306-0342

**Express mail only:**  
MetLife  
4700 Westown Parkway, Suite 200  
West Des Moines, IA 50266

**Fax:**  
877-547-9669

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## SECTION 6: Good order guide and definitions

This section by section guide is intended to assist you in filling out the Beneficiary Change form.

### ► SECTION 1: Contract information

- Contract number(s) must be provided in order to process all requests.
- Joint Owner information only needs to be filled out if applicable.
- Annuitant information only needs to be filled out if different than the Owner information on page 1.

### ► SECTION 2: Beneficiary designation change

- Please provide the requested information for all beneficiaries for your contract in SECTION 2. Missing information can lead to delays in processing your request.
- If a beneficiary is a minor, additional information may be required at the time the claim is submitted. Selecting a custodian for each minor under the Uniform Transfers or the Uniform Gifts to Minors Acts (*UTMA or UGMA*) may help speed up the payment process. To name a Custodian under UTMA/UGMA for a minor beneficiary please complete the entity line of the beneficiary designation as shown below (*all other information within the beneficiary designation section will need to be completed with just the minor's information*):
  - (*Name of Custodian*) as Custodian for (*Name of Minor*) Under the State of (*State name where minor resides*) UGMA/UTMA
- Certain transfers made upon the death of an individual are subject to Generation Skipping Transfer Tax. MetLife may be required under federal law to withhold (*or deduct*) a portion of the death benefit payable and remit such to the IRS. You should consult your tax advisor regarding your personal situation.
- If additional space is required, please provide the necessary information (*in the same format as SECTION 2*) on a separate piece of paper that includes the Owner's dated signature.
- **Percentages for all like beneficiary share classes must total 100% i.e. percentages for Primary Beneficiaries must total 100% and percentages for Contingent Beneficiaries must total 100%.**
- Per Stirpes means that proceeds will be distributed to a beneficiary's legal descendants (*children born of or legally adopted by the beneficiary*) in the event the beneficiary is not living at the time in which the death claim becomes payable.

### ► SECTION 3: Existing beneficiary name correction/update

- This section should only be completed in the event that an existing beneficiary's information needs to be corrected or updated.
- DO NOT use this section to add or remove a beneficiary. That information should be provided in SECTION 2.

### ► SECTION 4: Signatures

- Owner and Joint Owner (*if applicable*) signatures are required in order to process all requests.
- If signing on behalf of a person or entity, proof of authorized signors is required to be submitted if not already on file. This includes, but is not limited to, trust paperwork, corporate resolutions, and Power of Attorney paperwork.
- Please include applicable titles with each signature i.e. Trustee, Conservator, Attorney-in-Fact, etc.