

Group Term Life Insurance Beneficiary Designation

Metropolitan Life Insurance Company

Things to know before you begin

• This form **MUST** be signed before you return it. See "SECTION 3 - Signature" on page 8.

W	You MUST return all
	nages of this form

SECTION 1: Insured info	rmation					
Customer number	Employer name/Group policyholder name					
First name	Middle name		Last name			
Address - Street		City			State	ZIP code
Date of birth (mm/dd/yyyy)	Phone number		SSN			
 You MUST designate at least only be listed once. Anyone The sum of the Primary Benepercentages MUST equal 10 If you need more space for a information, and sign/date the Please complete each covera designating. 	e listed in the primary sec eficiary percentages MUS 00%. Dollar amounts, frac dditional beneficiaries, at e page.	ction can ST equal ctions an ttach a se	not be listed 100%. The d decimals verate page	in the co sum of t will not b e. Includ	ontingent s he Conting e accepted e all benef	section. gent Beneficiary d. ficiary
Basic life - Beneficiary designates I elect that the beneficiary designates are the second sec		pplies to	the Basic Li	fe plans	insured by	y MetLife:
☐ A. Individual beneficiar	<u>ies</u>					
Primary beneficiary - Your first primary beneficiaries predeceas beneficiaries.						
First name	Middle initial		Last name			Share %
Address - Street	City			State	ZIP code	:
Relationship to employee So	cial security number Da	to of hirtl		<u> </u>	none numb	ner e

First name		Middle initial	Last name					
Address - Street			City		State	ZIP code		
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	\ yyy)	Phone number		
First name		Middle initial	1	Last name	<u> </u>		Share %	
Address - Street			City		State	ZIP code		
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	 yyy)	Phone number		
Contingent beneficiary - Y beneficiary(ies) are not living person's share will be equal First name	g at t	the time of your dea	ath. If any con	tingent bene	ficiarie	es predecease yo		
Address - Street			City		State	ZIP code		
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	$\downarrow \downarrow \downarrow$	Phone number		
First name		Middle initial	Last name				Share %	
Address - Street			City	I	State	ZIP code		
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	yyy	Phone number		
☐ B. Living trust - ☐ If this form is executed by the aforesaid trust has been insured's Estate, unless others.	e ins	sured, it is understooked or is not in eff	ood and agree ect at the insu					
Trust name		Trust date (mm/d	ld/yyyy)	Trustee pho	one nu	ımber	Share %	
Trustee - First name		Middle initial	Last name					
Trustee address - Street			City		State	ZIP code		
C. Testamentary trust The trust(ee) under any last \				☐ Prima	•	Contingent	Share %	

 □ D. Insured's estate - □ Primary □ Contingent If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named. 								
■ E. Charity/Organizat Be sure to name the charity charity/organization.		•	_	r organizatio	n dire	ctor	r or an employee	e of that
Charity/Organization name				Phone number				Share %
Address - Street			City		State	e	ZIP code	
Accidental Death & Displayers I elect that the beneficiary dinsured by MetLife:	esigr	nation indicated bel						nent plans
A. Individual benefic Primary beneficiary - Your primary beneficiaries preder beneficiaries.	first	— choice to receive y						
First name		Middle initial		Last name				Share %
Address - Street			City		State	9	ZIP code	
Relationship to employee	Soci	al security number	Date of birtl	n (mm/dd/y	yyy) 	Pho	one number	
First name		Middle initial	•	Last name	<u>'</u>			Share %
Address - Street			City		State	9	ZIP code	
Relationship to employee	Soci	al security number	Date of birtl	n (mm/dd/y	 ууу)	Pho	one number	
First name		Middle initial		Last name	'			Share %
Address - Street			City	1	State	e	ZIP code	
Relationship to employee	Soci	al security number	Date of birtl	n (mm/dd/y	 ууу)	Pho	one number	

Contingent beneficiary - Your second choice to receive your life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First name		Middle initial	Aiddle initial Last r		Last name			
Address - Street			City		State	ZIP code		
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	│ <i>yyy)</i>	hone number	-	
First name	ı	Middle initial		Last name	l		Share %	
Address - Street			City		State	ZIP code	-	
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	│ <i>yyy)</i> Pl	hone number	_	
☐ B. Living trust - ☐ If this form is executed by the aforesaid trust has been insured's Estate, unless other trust name	ne ins	sured, it is understooked or is not in eff	ood and agree ect at the insu form.		the ben	eficiary shall be	the	
Trustee - First name		Middle initial Last name				Share %		
Trustee address - Street			City		State	ZIP code	_	
C. Testamentary true The trust(ee) under any last				☐ Prima	•	•	Share %	
D. Insured's estate	· · · · · · · · · · · · · · · · · · ·	•	ntingent eficiary, no Co	ntingent Ben	eficiary ı	may be named.	Share %	
E. Charity/Organizat Be sure to name the charity charity/organization.		•	J	ganization di	irector o	r an employee of	that	
Charity/Organization name				Phone num	ber		Share %	
Address - Street			City		State	ZIP code		
						+	-	

Fs/f

I elect that the beneficiary di MetLife:		•	•	he Suppleme	ental/0	Opt	ional Life plans	s insured by
☐ A. Individual benefice	ciario	<u>es</u>						
Primary beneficiary - Your beneficiaries predecease you		•		•			•	
First name		Middle initial		Last name				Share %
Address - Street			City		Stat	е	ZIP code	
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	ууу)	Pł	one number	
First name		Middle initial		Last name				Share %
Address - Street			City		Stat	е	ZIP code	
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	∟	Pr	none number	
First name	•	Middle initial	Last name					Share %
Address - Street			City		Stat	е	ZIP code	
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	∟ ууу)	Pr	lone number	
Contingent beneficiary - Y beneficiary(ies) are not living share will be equally divided	at th	e time of your death	. If any conting	gent beneficia				
First name		Middle initial	Ü	Last name				Share %
Address - Street			City		Stat	е	ZIP code	
Relationship to employee	Relationship to employee Social security number				∟	Pr	none number	
First name	First name Middle initial			Last name				Share %
Address - Street			City		Stat	е	ZIP code	
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	⊔ууу)	Pł	none number	

Trustee - First name Middle initial Last name Trustee address - Street City State ZIP code C. Testamentary trust created in the insured's will - Primary Contingent The trust(ee) under any last Will and Testament of mine as shall be admitted to probate. D. Insured's estate - Primary Contingent If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named. E. Charity/Organization - Primary Contingent Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization. Charity/Organization name Phone number Address - Street City State ZIP code Accidental Death & Dismemberment for Supplemental/Optional life - Beneficiary designation I elect that the beneficiary designation indicated below applies to the Accidental Death & Dismemberment plans insured by MetLife: A. Individual beneficiaries A. Individual beneficiaries Primary beneficiaries - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries. First name Middle initial Last name	☐ B. <u>Living trust</u> - ☐	Prin	nary 🗌 Continge	ent				
Trustee - First name Middle initial Last name Trustee address - Street City State ZIP code C. Testamentary trust created in the insured's will - Primary Contingent The trust(ee) under any last Will and Testament of mine as shall be admitted to probate. D. Insured's estate - Primary Contingent Share % If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named. E. Charity/Organization - Primary Contingent Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/Organization name Phone number Share % Address - Street City State ZIP code Share % A Individual beneficiaries A Individual beneficiary - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries. Middle initial Last name Middle initial Last name Share % Share % State ZIP code Share % Share % State ZIP code Share % Sha	the aforesaid trust has been	n revo	oked or is not in eff	fect at the insu				
Trustee address - Street City	Trust name	Trust date (mm/c	ld/yyyy)	Trustee pho	one num	ber	Share %	
□ C. Testamentary trust created in the insured's will - □ Primary □ Contingent Share % The trust(ee) under any last Will and Testament of mine as shall be admitted to probate. □ D. Insured's estate - □ Primary □ Contingent Share % If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named. Share % E. Charity/Organization - □ Primary □ Contingent Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization. Charity/Organization name Phone number Share % Address - Street □ City State □ ZIP code Accidental Death & Dismemberment for Supplemental/Optional life - Beneficiary designation Perimary beneficiary designation indicated below applies to the Accidental Death & Dismemberment plans insured by MetLife: □ A. Individual beneficiaries Primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries. Primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries. Share % Address - Street □ City State □ ZIP code	Trustee - First name		Middle initial		Last name			
The trust(ee) under any last Will and Testament of mine as shall be admitted to probate. D. Insured's estate - Primary Contingent If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named. E. Charity/Organization - Primary Contingent Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization name Phone number Address - Street City State ZIP code Accidental Death & Dismemberment for Supplemental/Optional life - Beneficiary designation I elect that the beneficiary designation indicated below applies to the Accidental Death & Dismemberment plans insured by MetLife: A. Individual beneficiaries Primary beneficiary - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries. First name Middle initial Last name Share % Address - Street City State ZIP code	Trustee address - Street			City		State	ZIP code	-
If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named. E. Charity/Organization -	•					•	Contingent	Share %
Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization. Charity/Organization name Phone number Share %			·	_	ntingent Ben	eficiary r	may be named.	Share %
Address - Street City State ZIP code	Be sure to name the charity		•	•	ganization d	irector o	r an employee of	that
Accidental Death & Dismemberment for Supplemental/Optional life - Beneficiary designation I elect that the beneficiary designation indicated below applies to the Accidental Death & Dismemberment plans insured by MetLife: A. Individual beneficiaries Primary beneficiary - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries. First name Middle initial Last name Share %	Charity/Organization name				Phone number			Share %
I elect that the beneficiary designation indicated below applies to the Accidental Death & Dismemberment plans insured by MetLife: A. Individual beneficiaries Primary beneficiary - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries. First name Middle initial Last name Share % Address - Street City State ZIP code	Address - Street			City		State	ZIP code	
primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries. First name Middle initial Last name Share % City State ZIP code	I elect that the beneficiary of insured by MetLife:	lesigr	nation indicated be					
Address - Street City State ZIP code	Primary beneficiary - You primary beneficiaries prede	r first	choice to receive					
	First name		Middle initial		Last name			Share %
Relationship to employee Social security number Date of birth (mm/dd/yyyy) Phone number	Address - Street			City		State	ZIP code	-
	Relationship to employee	Soc	ial security number	r Date of birth	n (mm/dd/y	yyy) Pt	none number	

First name		Middle initial		Last name		Share %	
Address - Street		City		State	ZIP code		
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	 <i>yyy)</i> F	Phone number	
First name	ļ	Middle initial		Last name	· ·		Share %
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	 <i>ууу)</i> F	Phone number	
Contingent beneficiary - \ beneficiary(ies) are not livir person's share will be equa First name	ig at t	the time of your de	ath. If any con	tingent bene	ficiarie	s predecease yo	
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	 <i>ууу)</i> F	Phone number	
First name		Middle initial		Last name			Share %
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	ial security number	Date of birth	n (mm/dd/y	 <i>ууу)</i> F	Phone number	
☐ B. <u>Living trust</u> - ☐ If this form is executed by th aforesaid trust has been revestate, unless otherwise ind	e insu oked	ured, it is understoo or is not in effect at	d and agreed t				
Trust name		Trust date (mm/d	ld/yyyy)	Trustee pho	one nui	mber	Share %
Trustee - First name		Middle initial		Last name			
Trustee address - Street			City		State	ZIP code	
C. Testamentary true The trust(ee) under any last				☐ Prima	•	Contingent	Share %

	•	 □ D. Insured's estate - □ Primary □ Contingent If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named. 							
E. Charity/Organization	- Primary	Contingent							
Be sure to name the charity or or charity/organization.	rganization and not	the charity or	organization	1 directo	or an employee	e of that			
Charity/Organization name	Charity/Organization name Phone number								
Address - Street		City				-			
SECTION 3: Signature Check if you are completing a Attorney. Return a copy of the	ne Power of Attorney								
paperwork is subject to revie	w by MetLife.	•	·		·				
I hereby revoke any previous des Beneficiary(ies). I reserve the rig					ity named in Sec	ction 2 as			
Insured/Owner name (Plea	ase print)								
First name	Middle name		Last name						
Sign Signature of Insured/Owner Date (mm/dd/yyyy) (must be date form was completed by the complete series of the c									

SECTION 4: How to submit this form

The employee should provide the completed form to their Employer. Retain a copy for your records.