

You MUST return all

pages of this form.

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.

SECTION 1: Insured information

Customer number

Employer name/Group policyholder name

First name	Middle name		Last name		
Address - Street		City		State	ZIP code
Date of birth (<i>mm/dd/yyyy</i>)	Phone number		SSN		

SECTION 2: Beneficiary and plan information

- You MUST designate at least one primary beneficiary for <u>each</u> coverage in which you enroll. A person may only be listed once. Anyone listed in the primary section cannot be listed in the contingent section.
- The sum of the Primary Beneficiary percentages **MUST equal 100%**. The sum of the Contingent Beneficiary percentages **MUST equal 100%**. Dollar amounts, fractions and decimals will not be accepted.
- If you need more space for additional beneficiaries, attach a separate page. Include all beneficiary
 information, and sign/date the page.

Please complete each coverage section and all sections that pertain to the type of beneficiary you are designating.

Basic life - Beneficiary designation

I elect that the beneficiary designation indicated below applies to the Basic Life plans insured by MetLife:

A. Individual beneficiaries

First name	Middle initial		Last name			Share %
Address - Street		City		State	ZIP code	-
Relationship to employee	Social security numbe	Date of birth	n (mm/dd/y	∣ yyy) Pł	none number	-

First name		Middle initial		Last name	Share %		
Address - Street			City		State	ZIP code	
Relationship to employee	Soci	al security number	Date of birth	ו (mm/dd/y	 <i>yyy)</i>	Phone number	_
First name		Middle initial		Last name			Share %
Address - Street	1		City		State	ZIP code	
Relationship to employee	Soci	al security number	Date of birth	ו (<i>mm/dd/y</i>	 <i>yyy)</i>	Phone number	_
Contingent beneficiary - Yo beneficiary(ies) are not living person's share will be equally First name	ı at tl y div	he time of your dea	ath. If any con	tingent bene	ficiarie	es predecease yo	
			City	Last name	Ctoto		Share %
Address - Street			City		State	ZIP code	
Relationship to employee	Soci	al security number	Date of birth	ו (<i>mm/dd/y</i>	yyy)	Phone number	
First name		Middle initial		Last name			Share %
Address - Street	1		City		State	ZIP code	
Relationship to employee	Soci	al security number	Date of birth	ו (<i>mm/dd/y</i>	 <i>yyy)</i>	Phone number	
□ B. <u>Living trust</u> - □ If this form is executed by the the aforesaid trust has been	e ins revo	ured, it is understo ked or is not in effe	od and agree ect at the insu				
insured's Estate, unless othe Trust name	erwis	e indicated on this Trust date (<i>mm/d</i>		Trustee pho	one nu	Imber	Share %
Trustee - First name		Middle initial		Last name			
Trustee address - Street			City		State	ZIP code	_
C. <u>Testamentary trus</u> The trust(ee) under any last W					ary [probate	•	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. <u>Charity/Organization</u> - 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 basic life - Beneficiary designation

I elect that the beneficiary designation indicated below applies to the Accidental Death & Dismemberment plans insured by MetLife:

A. Individual beneficiaries

First name		Middle initial		Last name				Share %
Address - Street			City		State	e	ZIP code	
Relationship to employee	Soc	al security number	Date of birth	ו (<i>mm/dd/y</i>	yyy)	Pho	one number	
First name		Middle initial		Last name				Share %
Address - Street			City		State	9	ZIP code	
Relationship to employee	Soc	al security number	Date of birth	ח (<i>mm/dd/y</i>	yyy)	Pho	one number	
First name		Middle initial		Last name				Share %
Address - Street			City	1	State	e	ZIP code	_
Relationship to employee	Soc	al security number	Date of birth	n (<i>mm/dd/y</i>	yyy)	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		Last name			Share %
Address - Street			City		State	ZIP code	-
Relationship to employee	Soc	ial security number	r Date of birt	n (<i>mm/dd/y</i>	 <i>yyy)</i> Pl	hone number	_
First name		Middle initial		Last name	I		Share %
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	ial security number	r Date of birt	n (<i>mm/dd/y</i>	yyy)	hone number	-
B. Living trust -	he ins n revo	sured, it is understo oked or is not in eff	bod and agree				
Trust name		Trust date (mm/c	ld/yyyy)	Trustee phone number			Share %
Trustee - First name		Middle initial	Last name		2		
Trustee address - Street			City		State	ZIP code	-
C. <u>Testamentary tru</u> The trust(ee) under any last					ary 🗌 probate.	Contingent	Share %
D. Insured's estate		-	•	ntingent Ben	eficiary	may be named.	Share %
E. <u>Charity/Organiza</u> Be sure to name the charity charity/organization.		-	-	rganization d	irector o	r an employee of	fthat
Charity/Organization name				Phone num	nber		Share %
Address - Street			City	I	State	ZIP code	-
			<u>_</u>				

Supplemental/Optional life - Beneficiary designation

I elect that the beneficiary designation indicated below applies to the Supplemental/Optional Life plans insured by MetLife:

A. Individual beneficiaries

First name	Middle initial	Middle initial		Last name				Share %
Address - Street			City		State	9	ZIP code	
Relationship to employee	Social security num	ber	Date of birth	ו (mm/dd/y	 yyy)	Ph	one number	-
First name	Middle initial			Last name	I			Share %
Address - Street			City		State	е	ZIP code	-
Relationship to employee	Social security num	ber	Date of birth	ו (<i>mm/dd/y</i>		Ph	one number	-
First name	Middle initial			Last name				Share %
Address - Street			City		State	e	ZIP code	-
Relationship to employee	Social security num	ber	Date of birth	ו (<i>mm/dd/y</i>		Ph	one number	-
Contingent beneficiary - You beneficiary(ies) are not living a share will be equally divided an	t the time of your de	eath	. If any conting	gent benefici				
First name	Middle initial	•	Ū	Last name				Share %
Address - Street	I		City		State	e	ZIP code	-
Relationship to employee	Social security num	ber	Date of birth	ו (mm/dd/y	yyy)	Ph	one number	-
First name	Middle initial			Last name				Share %
Address - Street			City		State	e	ZIP code	
Relationship to employee	Social security num	ber	Date of birth	ו (<i>mm/dd/y</i>	 yyy)	Ph	one number	-

□ **B.** <u>Living trust</u> - □ Primary □ Contingent

If this form is executed by the insured, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, unless otherwise indicated on this form.

Trust name	Trust date (mm/dd/yyyy)		Trustee phone number			Share %	
Trustee - First name	Middle initial		Last name				
Trustee address - Street		City		State	ZIP code	-	
□ C. <u>Testamentary trust created in the insured's will</u> - □ 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.						Share %	
E. <u>Charity/Organization</u>	- 🗌 Primary 🗌	Contingent					
Be sure to name the charity or org charity/organization.	anization and not t	he charity or or	ganization di	rector or	an employee of	that	
Charity/Organization name Phone number						Share %	
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

First name	Middle initial		Last name			Share %
Address - Street		City		State	ZIP code	-
Relationship to employee	Social security numbe	r Date of birth	ו (<i>mm/dd/y</i>	yyy) Pł	none number	_

First name		Middle initial		Last name			Share %
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	al security number	Date of birth	ו (<i>mm/dd/y</i>	 <i>yyy)</i> F	Phone number	_
First name		Middle initial	1	Last name			Share %
Address - Street			City	I	State	ZIP code	
Relationship to employee	Soc	al security number	Date of birth	ו (<i>mm/dd/y</i>	 <i>yyy)</i> F	Phone number	-
Contingent beneficiary - Y beneficiary(ies) are not livin person's share will be equal First name	g at t	he time of your dea	ath. If any con	tingent bene	ficiarie	s predecease yo	
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	al security number	Date of birth	ו (<i>mm/dd/y</i>	 <i>yyy)</i> F	Phone number	-
First name		Middle initial	Last name				Share %
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	al security number	Date of birth	ו (<i>mm/dd/y</i>	 <i>yyy)</i> F	Phone number	-
□ B. <u>Living trust</u> - □ If this form is executed by the aforesaid trust has been revo Estate, unless otherwise indic	e insu ked (rred, it is understood or is not in effect at I on this form.	d and agreed t the insured's d	leath, the be	neficiar	y shall be the insu	
Trust name		Trust date (mm/d	a/yyyy)	Trustee pho	one nu	mper	Share %
Trustee - First name		Middle initial		Last name			_
Trustee address - Street			City		State	ZIP code	
C. <u>Testamentary trus</u> The trust(ee) under any last				Prima admitted to p	-	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. <u>Charity/Organization</u> - 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	

SECTION 3: Signature

Check if you are completing and signing this form as agent for the employee under a valid Power of Attorney. Return a copy of the Power of Attorney with this beneficiary form. The Power of Attorney paperwork is subject to review by MetLife.

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section 2 as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

Insured/Owner name (Please print)							
First name Middle name			Last name				
Sign Signature of Insurer			/dd/yyyy) (must be date form was completed)				

SECTION 4: How to submit this form

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