



Please return completed form to:
 GEBA Wealth Management
 1362 Mellon Road, #100
 Hanover, MD 21076
 Or fax: (443) 403-0321
 Or email: info@gebawealth.com

Member Number
 (if unknown, leave blank)

--	--	--	--	--	--

VAC MetLife - Contribution Form - Supplemental Retirement Plan

General Information:

Applicant's Name (First, MI, Last) Social Security No. Gender Male Female

Marital Status Married Domestic Partner Divorced Widow/Widower Single Separated

Address Line 1 Date of Birth Email Address

Address Line 2 City State Zip Code

Home Phone Cell Phone Office Phone

By providing your email address to us, you expressly consent to receive emails from us. We may use email to communicate with you, to send information that you have requested or to send information about other products or services developed or provided by us. We will not give your email address to another party to promote their products or services directly to you.

Type of Member:

<input type="checkbox"/> Active Employee	Agency/Department/Bureau <input style="width: 340px; height: 25px;" type="text"/>	Hire Date <input style="width: 280px; height: 25px;" type="text"/>
<input type="checkbox"/> Retiree	Agency/Department/Bureau <input style="width: 340px; height: 25px;" type="text"/>	Retirement Date <input style="width: 280px; height: 25px;" type="text"/>
<input type="checkbox"/> Military	Branch of Service <input style="width: 340px; height: 25px;" type="text"/>	Hire Date <input style="width: 280px; height: 25px;" type="text"/>
<input type="checkbox"/> Contractor (assigned to NSA-W)	Company <input style="width: 340px; height: 25px;" type="text"/>	Assignment Date <input style="width: 280px; height: 25px;" type="text"/>
<input type="checkbox"/> Surviving Spouse/Domestic Partner	Deceased GEBA Member Name <input style="width: 280px; height: 25px;" type="text"/>	

How Did You Hear About GEBA?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Brochure | <input type="checkbox"/> Information Table | <input type="checkbox"/> Internal Agency Site |
| <input type="checkbox"/> Agency Announcement | <input type="checkbox"/> Email/Mailing | <input type="checkbox"/> Member Services Representative | <input type="checkbox"/> Seminar |
| <input type="checkbox"/> Briefing | <input type="checkbox"/> GEBA Website | <input type="checkbox"/> New Hire Orientation | <input type="checkbox"/> Word of Mouth |

At GEBA, there are no membership fees required to be a member. After enrolling into at least one of GEBA's insurance or investment plans, you are considered a GEBA member. Continuing to pay your premium for at least one plan allows you to remain a GEBA member in good standing.

VAC MetLife - Contribution Form - Supplemental Retirement Plan

Beneficiary Designation

- Beneficiaries may be a person(s), estate, trust, or organization. If a trust is named, the legal documentation must be submitted with this form.
- If your primary beneficiary(ies) is(are) unable to accept the distribution, your contingent beneficiary(ies) will receive proceeds of the account.
- Please be sure that percentages listed in each beneficiary category add up to 100%. Use a separate sheet to list any additional beneficiaries. You must sign and date all attachments.
- Each beneficiary a member designates on his/her investment account must represent a minimum of 25% of the account value or \$10,000, whichever is less.

Please use beneficiary information on file Please change/add beneficiaries as indicated below

<input type="checkbox"/> Primary	Beneficiary's Name (First, MI, Last) or Trust Name	Social Security No.	Date of Birth
<input type="checkbox"/> Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address Line 1	Address Line 2	
	<input type="text"/>	<input type="text"/>	
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Percentage	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Primary	Beneficiary's Name (First, MI, Last) or Trust Name	Social Security No.	Date of Birth
<input type="checkbox"/> Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address Line 1	Address Line 2	
	<input type="text"/>	<input type="text"/>	
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Percentage	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="checkbox"/> Primary	Beneficiary's Name (First, MI, Last) or Trust Name	Social Security No.	Date of Birth
<input type="checkbox"/> Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address Line 1	Address Line 2	
	<input type="text"/>	<input type="text"/>	
	City	State	Zip Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Relationship	Percentage	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Member Signature

I acknowledge that I have received and read the GEMBA Supplemental Retirement Account Summary Plan Description, Disclosure Statement, and MetLife Asset Builder Prospectus which includes any and all withdrawal penalties. I certify that I have read this form and completed all applicable sections completely and accurately. I authorize MetLife to invest my funds in the manner indicated on this form.

Signature: _____

Date:

GEBA Wealth Authorized Signature: _____

Date:



Variable Annuities Acknowledgement

You must understand key points about your security product. Please help us effectively serve you by completing this form.

Customer Name: _____		I am purchasing: \$ _____		Full Name of Product: MetLife Asset Builder						
Date of Birth: _____		Previous Investment Experience: <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High								
Risk tolerance: <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive		Investment Time Horizon: <input type="checkbox"/> Short(0-5years) <input type="checkbox"/> Intermediate(6-10years) <input type="checkbox"/> Long(>10yrs)								
Estimated Annual Income (All Sources) : \$ _____		Estimated Net Worth (Excluding Residence): \$ _____		Liquid Net Worth: \$ _____						
Federal Tax Status: _____ %										
Investment Objectives: <input type="checkbox"/> Capital Appreciation/Growth with Risk <input type="checkbox"/> Income (Interest or Dividends) <input type="checkbox"/> Long Term Growth <input type="checkbox"/> Preservation of Capital <input type="checkbox"/> Tax Exempt Income <input type="checkbox"/> Speculation (High Degree of Risk/High Activity)		Investment Product Knowledge: <i>List the first year of experience with the following:</i> Stocks: _____ Mutual Fund: _____ Variable Life: _____ Variable Annuities: _____ Bonds: _____ Options: _____		Other Investments: Cash: _____ Mutual Funds: _____ Variable Annuities: _____ Stocks & Bonds: _____ Investment Real Estate: _____ REITS: _____ Other: _____						
						I understand this product has either: <input checked="" type="radio"/> No Surrender Charges <input type="radio"/> Surrender charge under the schedule listed below: <input type="radio"/> Other:				
Years Held	1	2	3	4	5	6	7	8	9	10
Surrender Charge	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Prospectus Date: 5/2012	Mortality & Expense Fee: .95%	Admin Fee: \$0	Additional Riders Elected and Associated Fees: NA							
This Purchase Made at: <input type="radio"/> My Request <input type="radio"/> Suggestion of Representative										
Basis for Recommendation: _____						*3% Fixed Rate until 12/31/2013				
_____						*Liquid if over age 59.5				
_____						*.95% M&E does not apply to the Fixed Interest Account.				
_____						_____				
_____						_____				
Note: Variable sub accounts (if chosen) do not have a guarantee associated with them, are affected by the gains/losses of the market and are subject to an M&E fee of .95% plus applicable sub account fees.										
Current Liquidity/ Financial Needs: _____										
Potential Liquidity/ Financial Needs: _____										
Intended use of Annuity: _____										
Rep Initials: _____						Client Initials: _____				

Account Funding: Insurance Product (1035) Mutual Fund Cash

Name of Product To Be Liquidated:

Dollar Amount Liquidated:

Charges for Liquidation:

\$

\$

Complete this section if surrendering an existing VA:

	Current VA	Recommended VA
Company		
Surrender Charge		
Annual Admin Fee		
Mortality & Expense Fee		
Death Benefit Guarantee		
Current Death Benefit		
Optional Rider Election(s)		
Optional Rider Fee(s)		

I have had prior liquidations of this product to purchase another product:

 Yes No

I have been informed of any conversion privileges available from my current carrier:

 Yes No

I am aware that I may incur capital gains tax liability if I liquidate mutual fund shares:

 Yes No

I understand that I will forfeit the Death Benefit of \$ _____

Was the product you are liquidating sold to you by a Cape Securities, Inc. Representative:

 Yes No**Customer Acknowledgement**

- This investment is subject to price and yield fluctuations that may result in a market value higher or lower than the original investment. Past performance is not necessarily indicative of future results.
- While I do have the right to cancel a variable annuity within 10 days after I receive the contract, I may be given back less than I paid (except where prohibited by law), depending on the market value of the variable annuity at the time of cancellation. In addition, I understand that interest is not earned if the annuity contract is surrendered during the "free look" period.
- I have received the prospectus that explains all aspects of this investment and I understand that I should read it carefully before investing and keep it for future reference.
- There may be federal income tax penalties for withdrawals prior to age 59 ½. I understand that I should consult my tax advisor for more specific information.
- Additional payments may extend the surrender period.

In addition to the product specific information listed above, I/We understand the following: Fixed Annuities, Variable Annuities; insurance products and securities are offered through Cape Securities, Inc., a registered broker/dealer, member FINRA/SIPC/MSRB. Annuities are obligations of the issuing company, which reserves the right to sell or transfer the annuity contract. The products offered:

- ❖ Are not insured by the FDIC or any other government agency.
- ❖ Are not deposits or other obligations of, nor guaranteed by the financial institution where purchased.
- ❖ Are subject to investment risks, including possible loss of the principal amount involved.

Client Signature

Date

Joint Owner Signature

Registered Representative

Principal Signature