

Please return completed form to:



P.O. Box 206, Annapolis Junction, MD 20701

FOR GEBA Use Only
Date Received (mm/dd/yyyy)

Member Number

VAC MetLife - Contribution Form - Supplemental Retirement Plan

General Information:

Applicant's Name (First, MI, Last)	Social Security No.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated		
Address (Street)	Date of Birth (mm/dd/yyyy)	Home Email Address
(City) (State) (ZIP)	Home Phone No.	Black/Non-Classified Phone No.

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, provided that, 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	Hire Date: _____
<input type="checkbox"/> Retired Intelligence Community Employee	Hire Date: _____ Retirement Date: _____
<input type="checkbox"/> Military Assignee (Assigned to NSA-W)	Assignment Date: _____
<input type="checkbox"/> Spouse of Employee/Retiree	Employee/Retiree Name: _____
<input type="checkbox"/> Contractor (Assigned to NSA-W)	Assignment Date: _____
Contracting Company Name _____	

Indicate the Organization You are with or were last with (Please check only one):

Department of Defense (DoD)

- Communications-Electronics Command (CECOM)
- Defense Career Management Support Agency (DCMSA)
- Defense Contract Management Agency (DCMA)
- Defense Information Systems Agency (DISA)
- Defense Media Activity (DMA)

Intelligence Community

- Office of the Director of National Intelligence (ODNI)
- Department of State

Program Managers

- Central Intelligence Agency (CIA)
- Defense Intelligence Agency (DIA)
- Federal Bureau of Investigation, Directorate of Intelligence, National Security Branch (FBI)
- National Geospatial-Intelligence Agency (NGA)
- National Reconnaissance Office (NRO)
- National Security Agency (NSA)

Departmental

- Drug Enforcement Administration, Intelligence Division (DEA)
- Department of Energy, Office of Intelligence
- Department of Homeland Security, Office of Intelligence and Analysis (DHS)
- Department of Treasury, Office of Intelligence and Analysis

Services

- U.S. Air Force/ Intelligence and Air Intelligence Agency
- U.S. Army/DCS, G2 & Intelligence & Security Command
- U.S. Coast Guard/Intelligence & Criminal Investigations
- U.S. Marine Corps/Intelligence & Marine Corp Intelligence Activity
- U.S. Navy/Office of Naval Intelligence (ONI)
- Other: _____

How Did You Hear About Us?

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Member Services Representative |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Promotional Table | <input type="checkbox"/> New Hire/PCS Briefing or Packet |

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. Once a GEBA member, always a GEBA member.

Type of Contribution

Make check(s) payable to MetLife. Payroll allotment contributions are available for the NSA and DIA only.

- Current Year Traditional IRA - Up to \$5,500, or \$6,500 if over age 50
 Lump sum: \$ _____ Agency payroll allotment: \$ _____ Auto Debit: \$ _____ Monthly Biweekly
- Previous Year Traditional IRA (thru April 15th) - Up to \$5,000, or \$6,000 if over age 50
 Lump sum: \$ _____ Agency payroll allotment: \$ _____ Auto Debit: \$ _____ Monthly Biweekly
- IRA Trustee Transfer: \$ _____ Institution received from: _____
- Qualified Plan Rollover: \$ _____ Institution received from: _____
 IRA Simple IRA SEP/IRA 401(k)/401(a) 457(b) 403(b) Other: _____
- Non tax-deductible Group Annuity:
 Lump sum: \$ _____ Agency payroll allotment: \$ _____ Auto Debit: \$ _____ Monthly Biweekly
- 1035 Exchange (Group Annuity only): \$ _____ Institution received from: _____
 Cost Basis: _____
- New Account Existing Account Existing Account # _____

Variable Annuity Asset Allocation: Please designate the percentage of your contribution you wish to be applied to each fund below. You must contribute a minimum of 10% to each fund you choose, and your allocation must be made in whole numbers (no decimals). Your total allocation must equal 100%. Future contributions to this plan will be invested according to this election unless you indicate otherwise at that time. Your investment election is fully subject to provisions outlined in the Plan and Group Contract. This plan is underwritten by MetLife Insurance Company of America.

Funding Options	Asset Class	
Fixed Interest Account	Cash/Cash Equivalent	%
American Funds® Balanced Allocation Portfolio	Asset Allocation	%
American Funds® Growth Allocation Portfolio	Asset Allocation	%
American Funds® Moderate Allocation Portfolio	Asset Allocation	%
Met/Franklin Templeton Founding Strategy Portfolio	Asset Allocation	%
MetLife Aggressive Strategy Portfolio	Asset Allocation	%
MetLife Conservative Allocation Portfolio	Asset Allocation	%
MetLife Conservative to Moderate Allocation Portfolio	Asset Allocation	%
MetLife Moderate Allocation Portfolio	Asset Allocation	%
SSgA Growth and Income EFT Portfolio	Asset Allocation	%
SSgA Growth ETF Portfolio	Asset Allocation	%
BlackRock Money Market	Money Market	%
Western Asset Management U.S. Government Portfolio	Government Bond	%
American Funds® Bond Fund	Aggregate Bond	%
Barclays Capital Aggregate Bond Index Portfolio	Aggregate Bond	%
BlackRock Bond Income Portfolio	Aggregate Bond	%
PIMCO Total Return Portfolio	Aggregate Bond	%
Western Asset Management Strategic Bond Opportunities Portfolio	Multi-Sector Bond	%
PIMCO Inflation Protected Bond Portfolio	Inflation-Protected Bond	%
Met/Franklin Income Portfolio	Conservative Allocation	%
Black Rock Diversified Portfolio	Moderate Allocation	%
MFS® Total Return Portfolio	Moderate Allocation	%
Black Rock Large Cap Value Portfolio	Large Cap Value	%
Davis Venture Value Portfolio	Large Cap Value	%
FI Value Leaders Portfolio	Large Cap Value	%
Met/Franklin Mutual Shares Portfolio	Large Cap Value	%
MFS® Value Portfolio	Large Cap Value	%
Lord Abbett Bond Debenture Portfolio	High Yield Bond	%
BlackRock Large Cap Core Portfolio	Large Cap Blend	%
MetLife Stock Index Portfolio	Large Cap Blend	%
Met/Templeton Growth Portfolio	Global Equity	%
Oppenheimer Global Equity Portfolio	Global Equity	%
Met/Artisan Mid Cap Value Portfolio	Mid Cap Value	%
Lord Abbett Mid Cap Value Portfolio	Mid Cap Value	%
Baillie Gifford International Stock Portfolio	International Developed	%
Harris Oakmark International Portfolio	International Developed	%
MFS® Research International Portfolio	International Developed	%
MSCI EAFE® Index Portfolio	International Developed	%
American Funds Growth Fund	Large Cap Growth	%
Black Rock Legacy Large Cap Growth Portfolio	Large Cap Growth	%

Janus Forty Portfolio	Large Cap Growth	%
Jennison Growth Portfolio	Large Cap Growth	%
Legg Mason ClearBridge Aggressive Growth Portfolio	Large Cap Growth	%
T. Rowe Price Large Cap Growth Portfolio	Large Cap Growth	%
Lazard Mid Cap Portfolio	Mid Cap Blend	%
MetLife Mid Cap Stock Index Portfolio	Mid Cap Blend	%
Clarion Global Real Estate Portfolio	Real Estate	%
Neuberger Berman Genesis Portfolio	Small Cap Value	%
American Funds Global Small Capitalization Fund	Global Small Cap	%
Loomis Sayles Small Cap Core Portfolio	Small Cap Blend	%
Russell 2000® Index Portfolio	Small Cap Blend	%
BlackRock Aggressive Growth Portfolio	Mid Cap Growth	%
Morgan Stanley Mid Cap Growth Portfolio	Mid Cap Growth	%
T. Rowe Price Mid Cap Growth Portfolio	Mid Cap Growth	%
Invesco Small Cap Growth Portfolio	Small Cap Growth	%
Loomis Sayles Small Cap Growth Portfolio	Small Cap Growth	%
T. Rowe Price Small Cap Growth Portfolio	Small Cap Growth	%
RCM Technology Portfolio	Sector/Technology	%

The above allocation applies to: ____ this purchase payment only ____ this purchase payment and future purchase payments.

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.

Primary Beneficiary(ies):

1.	Full Name	Date of Birth	Relationship	SSN
Address:				Benefit %:
2.	Full Name	Date of Birth	Relationship	SSN
Address:				Benefit %:

Secondary Beneficiary(ies):

1.	Full Name	Date of Birth	Relationship	SSN
Address:				Benefit %:
2.	Full Name	Date of Birth	Relationship	SSN
Address:				Benefit %:

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: _____

GEMBA 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) : \$ _____ Federal Tax Status: _____ %		Estimated Net Worth (Excluding Residence): \$ _____		Liquid Net Worth: \$ _____						
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="checkbox"/> No Surrender Charges <input type="checkbox"/> Surrender charge under the schedule listed below: <input type="checkbox"/> 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:	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