

Owner/Annuitant change

This form is provided for your convenience in handling Owner/Annuitant changes.

Metropolitan Life Insurance Company
MetLife Insurance Company USA

New England Life Insurance Company
First MetLife Investors Insurance Company

Things to know before you begin

- Please fill out all required sections completely. Missing information can lead to delays in processing your request.
- We reserve the right to request additional information we may deem necessary to process your request.
- The request for a change of ownership revokes ALL previous ownership designations.
- Changes to your contract may be fully taxable and/or reportable, and may impact riders on your contract.
- **Please use blue or black ink and please PRINT.**



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

SECTION 1: Current contract information *(Required for all requests)*

Contract number(s)

--	--	--	--

Owner information

First name

Middle name

Last name

--	--	--

Entity name, if applicable

--	--	--

Social security number/TIN

Date of birth

Date of execution of trust

--	--	--	--

Address

City

State

ZIP

--	--

Phone number

Email address *(optional)*

Check here if this is a new address to be updated on your contract.

Annuitant information *(If different than Owner information)*

First name	Middle name	Last name	
Social Security number	Date of birth	Phone number	
Address	City	State	ZIP
Email address <i>(optional)</i>			

Joint Owner information

First name	Middle name	Last name	
Social Security number	Date of birth	Phone number	
Address	City	State	ZIP
Email address <i>(optional)</i>			

SECTION 2: Ownership change

Note: The existing contract Owner(s) must sign in Section 6 to authorize any changes in ownership.

2a. Name of new Owner

Same as current Owner

First name	Middle name	Last name	
Entity name, if applicable			
Social security number/TIN	Date of birth/trust date	Relationship to original Owner	
Address	City	State	ZIP
Email address <i>(optional)</i>	Phone number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	

2b. Name of new Annuitant

Note: Annuitant changes are only available for certain deferred annuities. **They are not allowed if the Owner is non-natural or an entity.**

Same as current Annuitant

First name	Middle name	Last name	
Social Security number	Date of birth	Phone number	
Address	City	State	ZIP
Email address (optional)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

2c. Name of new Joint Owner

Same as current Joint Owner Remove Joint Owner

First name	Middle name	Last name	
Social Security number	Date of birth	Relationship to Owner	
Address	City	State	ZIP
Email address (optional)	Phone number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

SECTION 3: Beneficiary designation change (All fields required)

Please review the Good Order Guide and definitions in Section 9 prior to completing this section.

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 beneficiaries listed.

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.

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	Relationship to Owner	%

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	Relationship to Owner	%

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 <i>(If applicable)</i>				
Street address				
City	State	ZIP		
Date of birth <i>(mm/dd/yyyy)</i>	Social Security number	Phone number	Relationship to Owner	%

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 <i>(If applicable)</i>				
Street address				
City	State	ZIP		
Date of birth <i>(mm/dd/yyyy)</i>	Social Security number	Phone number	Relationship to Owner	%

SECTION 4: Maturity date election *(Optional: Only complete if you would like to change your maturity date)*

Your new maturity age or date may not exceed beyond the Latest Maturity Date (LMD) allowed for your contract and tax market. Check and complete **one** of the following options. If you chose an age or date that exceeds the LMD, we will automatically defer to the latest LMD allowed.

- Change to owner age _____ *(The maturity date will be set to the contract anniversary following this age)*
- Change to specific date _____ *(The maturity date will be set to the date specified)*
- Change to Latest Maturity date (LMD) allowed

Note: New maturity date must be at least 180 days in the future.

SECTION 5: Financial representative change *(To be completed by registered financial representative)*

New financial representative:

First name	Middle name	Last name	Percentage
Broker/Dealer name			
Street address			
City	State	ZIP	
Social Security number	Phone number	Client account number	

First name	Middle name	Last name	Percentage
Broker/Dealer name			
Street address			
City	State	ZIP	
Social Security number	Phone number	Client account number	

First name	Middle name	Last name	Percentage
Broker/Dealer name			
Street address			
City	State	ZIP	
Social Security number	Phone number	Client account number	

SECTION 6: Signature(s) *(Required for all requests)*

I/We, the Contract Owner(s) referenced in Section 1, hereby request that MetLife, subject to the provisions of my contract, process the changes indicated on this form.

U.S. Tax Certification

Under penalties of perjury, I certify that

- 1. The number shown on this form is my correct taxpayer identification number, and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)

- 3. I am a U.S. citizen or other U.S. person, and**

- 4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.**

(If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here	Signature of current Owner <i>(with title, i.e. Trustee, Conservator, Attorney-in-Fact, etc. if applicable)</i>	Date <i>(mm/dd/yyyy)</i>
Sign Here	Signature of current Joint Owner	Date <i>(mm/dd/yyyy)</i>
Sign Here	Signature of current Annuitant	Date <i>(mm/dd/yyyy)</i>
Sign Here	Signature of new Owner <i>(with title, i.e. Trustee, Conservator, Attorney-in-Fact, etc. if applicable)</i>	Date <i>(mm/dd/yyyy)</i>
Sign Here	Signature of new Joint Owner	Date <i>(mm/dd/yyyy)</i>
Sign Here	Signature of new Annuitant	Date <i>(mm/dd/yyyy)</i>

SECTION 7: Custodian acknowledgements and signatures

Required for changes to custodial IRAs only

We, the company named and signing below (Custodian) represent:

- a) We are a bank within the meaning of section 408(n) of the Internal Revenue Code of 1986, as amended; or otherwise have received an approval letter, which has not been revoked as of the date below, to act as custodian for the type of IRA indicated in Section 2 of this form.
- b) We currently hold, or have held, an account under which the beneficial interest is owned by the annuitant named on this form. Such account meets all the applicable requirements under the Code with respect to the type of IRA indicated in Section 2 of this form.

Receiving Custodian Signature

Signature of the individual authorized to sign on behalf of the below-named company as custodian *(with titled, if applicable)*

First name	Middle name	Last name	
Sign Here	Signature of Custodian	Title	Date (mm/dd/yyyy)
Company name			

SECTION 8: How to submit this form *(Please send us the entire form by mail or fax)*

Regular Mail:

MetLife
PO 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

SECTION 9: Good order guide and definitions

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

▶ SECTION 1: Current contract information

- This section must be completed in its entirety.

▶ SECTION 2: Ownership/Annuitant Change

- This section must be completed in its entirety.

▶ SECTION 3: Beneficiary designation change

- Updating the beneficiary designation on your contract is an optional, but important step.
- Percentages for all like beneficiary classes must total 100%. i.e. Percentages for Primary Beneficiaries must total 100% and percentages for Contingent Beneficiaries must total 100%.
- If additional space is required, please provide the necessary information (*in the same format as Section 3*) on a separate piece of paper that includes the owner's dated signature.
 - If the owner is being changed the signature should be that of the new owner.
- 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 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 streamline 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.
 - Per Stirpes means that proceeds will be distributed to a beneficiary's descendants in the event the beneficiary is not living.

▶ SECTION 4: Maturity date election

- Maturity date is the date when the contract owner/annuitant must decide whether or not to annuitize their contract.
- This section is required for owner/joint owner changes and/or changes to their date of births for non-qualified and Roth IRA tax markets, and for all tax markets for the following products: Portfolio Architect, Portfolio Architect Select, Premier Advisers Class I and II, PrimElite I, and Vintage.
- New maturity dates must be at least 180 days in the future.

▶ SECTION 5: Financial Representative change

- Percentages for all agents must total 100%

▶ SECTION 6: Signature(s)

- This section is broken into two sub-sections. The first sub-section is for current owners.
- All original parties to the contract must sign in the first sub-section and all new or remaining parties to the contract must sign in the second sub-section.

▶ SECTION 7: Additional acknowledgments and signatures

- If the ownership on an IRA contract is being changed to a Custodian, the new custodian owner must sign this section of the form. The custodian signing Section 6 as the new owner is optional.