

Trustee/Entity certification for existing annuity contracts

Use this form when a Trust owns an annuity contract issued by an insurance company listed on this form (*the "Company"*).

Metropolitan Life Insurance Company New England Life Insurance Company
 MetLife Insurance Company USA First MetLife Investors Insurance Company

Things to know before you begin

- This form can also be used to update Trustee information for an existing Trust owner.
- Submit this form along with the applicable paperwork for the transaction you are requesting, to validate the information for the Trust owner.
- New information provided on this form does not change or update information on the annuity contract.
- We will accept changes based on the terms of the contract and the underwriting rules in effect when the original annuity contract was issued. In general, annuities can be owned by:
 - Grantor Trusts;
 - Non-Grantor Trusts;
 - Other Trusts created specifically to benefit living (*or natural*) persons; and
 - Charitable Remainder Trusts.
- All Entity representative(s) with the power to buy, sell, manage, or transfer annuities on behalf of the Entity must complete and sign this form.
- We will assume (*unless otherwise notified in writing*) that all Entity representative(s) have the authority to act alone and independently concerning the choices and instructions in this form.
- Do not use this form for an Employee Benefit Trust or a Trust created in a foreign country.



Submit this form along with the **Owner/Annuitant change form** to change the owner of an annuity contract to a Trust.

Definitions

- Trust: a legal Entity that owns assets on behalf of a person who will benefit from the assets in the future.
- Annuity: a financial product in which an owner (*e.g. an individual, Trust, or Entity*) makes one or more upfront payments to an insurance company. In return, the owner may choose to receive (*or designate someone else to receive*) a lump sum or series of payments in the future.
- Grantor: a person who creates a Trust and/or transfers assets to the Trust.
- Grantor Trust: a Trust in which the Grantor is taxed on income from the Trust.
- Non-Grantor Trust: a Trust in which the Trust itself is taxed on income from the Trust.
- Charitable Remainder Trust: a Trust in which a non-charitable beneficiary receives income from the Trust for a set amount of time. After that, a charity receives the remainder of the Trust's assets.

SECTION 1: Annuitant information

First name	Middle name	Last name
Annuitant's relationship to Entity		Annuity contract number
Date of birth (<i>mm/dd/yyyy</i>)	Social Security number	

Sign Here	Signature of Annuitant	Date (<i>mm/dd/yyyy</i>)
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SECTION 2: EntityType of Entity: Corporation Partnership LLC Trust Other _____Entity name

Tax ID number	State where Entity is situated (<i>i.e., state law that applies to the Entity</i>)		
Permanent address	City	State	ZIP

If the new Entity is a Trust, please answer the questions below:

Question 1:

Is the Annuitant the Grantor, or a family member of the Grantor, who created the Trust?

 Yes No

If no, please contact your Representative or the Annuity Service center at 800-638-7732.

Question 2:Is this Trust a Grantor Trust as defined by section 671 et seq. of the Internal Revenue Code of 1986, as amended ("*Code*")? YesIf yes, the Grantor and the Annuitant listed above must be the same. Please list the name(s) and address(es) of the Grantor(s) who created the Trust.

_____ No**Question 3:**

Is the Tax ID number of the Trust the same as the Grantor's Social Security number?

 Yes

If yes, the Grantor and the Annuitant listed above must be the same.

 No**If both of the answers to Questions 2 and 3 are No, please answer Question 4 below.****Question 4:**Are any of the Trust's Grantor(s) or Beneficiary(ies) a non-natural entity (*e.g., Corporation, Charity, etc.*)? Yes. If yes, is this a Charitable Remainder Trust? Yes. Proceed to Section 3. No. If no, contact your Representative. No. If no, we will assume this Trust exclusively benefits individuals who are not employees or service providers of the Grantor.

13. That the Company will tax report to the named Entity on any annuity contract(s) issued to the Entity.

14. I/We have had the chance to consult with an attorney before signing this form.

15. I/We will inform the Company (*in writing*) of any facts that would affect or change the information on this certification (*e.g., entity amendments or representative changes*).

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.

All representatives with the power to buy, sell, or transfer annuities on behalf of the Entity must complete and sign below.

Printed name of Entity representative 1:			
First name	Middle name	Last name	
Address		City	State ZIP
Sign Here	Signature	Title (<i>e.g. Trustee</i>)	Date (<i>mm/dd/yyyy</i>)

All representatives with the power to buy, sell, or transfer annuities on behalf of the Entity must complete and sign below. If there are more than three representative(s), make a copy of this signature page, have the additional representatives sign it, and include it at the end of this form.

Printed name of Entity representative 2:			
First name	Middle name	Last name	
Address		City	State ZIP
Sign Here	Signature	Title (<i>e.g. Trustee</i>)	Date (<i>mm/dd/yyyy</i>)

(Additional signature fields on the following page, if needed)

Printed name of Entity representative 3:

First name	Middle name	Last name	
Address		City	State ZIP
Sign Here	Signature	Title (e.g. Trustee)	Date (mm/dd/yyyy)

SECTION 4: How to submit this form (Please submit this entire form by mail or fax.)

Regular mail:

MetLife
P.O. Box 10366
Des Moines, IA 50306-0366

Overnight mail only:

MetLife
4700 Westown Pkwy, Ste 200
West Des Moines, IA 50266

Fax:

877-547-9669

We're here to help

Please don't hesitate to contact your Representative if you have any questions.