

Non-qualified transfer/1035 exchange request

This non-qualified transfer request form is provided for your convenience in handling all full and partial non-qualified transfers and 1035 exchanges.

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

Things to know before you begin:

- Do not use this form for qualified transfers. Instead, use form ANN-QUALTRAN.
- Call the current Contract Issuer for the correct address and other exchange requirements, including use of their withdrawal forms, specific liquidation instructions, Medallion Signature Guarantee requirements, and compliance with their replacement requirements.
- Mail the form and any of the following items, if applicable or required, to the appropriate address indicated in Section 7; application for the new non-qualified annuity; replacement forms; the original contract that is being exchanged; the other company's withdrawal form and cost basis information.
- MetLife will **not** send a TOA out if the maturity date is more than 30 days into the future.



Please complete the entire form as applicable to avoid delays in processing your request.

SECTION 1: New account information

Indicate how you want your transferred or exchanged amount invested under a MetLife annuity:

- Deposit into my existing account number: _____
- Open a new MetLife annuity. *(An annuity application must accompany this form.)*

Your transferred or exchanged amount will be applied to your annuity according to the future contribution allocation instructions in effect for your annuity when MetLife receives the transferred or exchanged amount, unless you include a completed payment allocation form.

SECTION 2: Information for contract or account to be liquidated and transferred

I hereby direct the institution indicated below to **LIQUIDATE** and transfer funds from my current contract or account to MetLife as follows:

Financial Institution name	Company phone number
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Street Address *(Overnight mailing address – No P.O. Boxes)*

City	State	ZIP
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Account or Contract number



► **OPTION 1: Owner information**

Contract Owner - First name	Middle name	Last name
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Entity name (if applicable)

Owner's Social Security number / Tax ID (Required)	<input type="checkbox"/> Owner and Annuitant are the same person
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► **OPTION 2: Joint Owner information**

Contract Joint Owner - First name	Middle name	Last name
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Entity name (if applicable)

Joint Owner's Social Security number
(Required when Joint Owner information is completed)

► **OPTION 3: Annuitant/Insured information (Required when the source of funds is Annuity or Life Insurance)**

Annuitant/Insured - First name	Middle name	Last name
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Entity name (if applicable)

Annuitant/Insured Social Security number
(Required when Annuitant/Insured information is completed)

► **OPTION 4: Joint Annuitant/Insured information (Only available for Individual Flexible Premium Deferred Paid-Up and Single Premium Immediate Annuity products)**

Joint Annuitant/Insured - First name	Middle name	Last name
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Entity name (if applicable)

Joint Annuitant/Insured Social Security number
(Required when Joint Annuitant/Insured information is completed)

SECTION 3: Type of transaction (Complete Option 1 or Option 2)

► **OPTION 1: Request for Non-Qualified 1035 Exchange Of Life Insurance Or Annuity contract**

Source of funds for 1035 Exchange: (choose one)

Fixed Annuity Variable Annuity Life Insurance Indexed Annuity Endowment

Authorization to transfer funds (Required)

Proceeds should be transferred immediately unless otherwise indicated. When indicated transfer as of _____. The proceeds of the above referenced Policy/Contract shall represent: (choose one)

A full non-qualified 1035 Exchange \$ _____

A partial non-qualified 1035 exchange \$ _____



I hereby absolutely assign and transfer all or, in the case of a partial exchange, the designated portion, of my right, title and interest in and to the above referenced contract to MetLife, including, but not limited to, the right to surrender, assign, transfer, or change beneficiary. Section 1035 of the Internal Revenue Code permits certain nontaxable exchanges of insurance and annuity policies. It is my intention that this transfer qualify as a Section 1035 exchange and that no portion of this exchange be actually or constructively received by me. MetLife makes no representation concerning my tax treatment for this transaction and MetLife has no responsibility nor liability for my tax treatment. I understand that the new contract shall have the same annuitant(s) and owner(s) as the policy/contract listed above, and I agree to execute any additional documents required to complete the transfer. I understand that the exchange is not complete if the company that issued the above referenced contract is unable or unwilling to pay the value of such contract to MetLife within 6 months of the request for surrender or if said company is placed under the control or supervision of a state insurance department. I request that this transfer be accomplished as quickly as possible. Please provide us with the following Cost Basis Information on the above named annuity contract.

Pre-TEFRA (Prior to 8/14/82)

Post-TEFRA

Adjusted Cost Basis \$ _____
 Gain \$ _____

Adjusted Cost Basis \$ _____
 Gain \$ _____

▶ OPTION 2: Request for Non-Qualified transfer

Source of funds for Non-Qualified transfer: *(choose one)*

Certificate of Deposit - I /We request funds be transferred: *(choose one)*

Upon Maturity. Date: _____ Upon receipt of request, all funds *(\$5,000 minimum)* be transferred to MetLife.

Brokerage Account Mutual Funds

Money Market Stocks/Bonds Other: _____

Authorization to transfer funds *(Required)*

Proceeds should be transferred immediately unless otherwise indicated. When indicated, transfer as of _____. *(Not required for CDs)*

This will serve as authorization to liquidate and transfer: *(Complete appropriate option)*

The Total Account Value \$ _____

In the amount of \$ _____ *(refer to product specific minimum)* to be transferred to MetLife upon receipt of this request.

Maximum free amount *(Estimated Amount)* \$ _____

Liquidate \$ _____ from specific funds of my account, as listed below, to the annuity I have established or am establishing through MetLife. *(If more than five funds are to be liquidated, please complete an additional ANN-NONQUALTRAN form.)*

Fund Name _____	\$ _____	OR _____	%
Fund Name _____	\$ _____	OR _____	%
Fund Name _____	\$ _____	OR _____	%
Fund Name _____	\$ _____	OR _____	%
Fund Name _____	\$ _____	OR _____	%

I/We am aware of any surrender/withdrawal penalties and income tax consequence which may apply to this transfer. *(Please sign and date signature section below.)*



SECTION 4: Signatures, tax and other disclosures

Pursuant to Internal Revenue Code ("IRC") Section 1035, the exchange of a permanent life insurance policy, endowment, or non-qualified annuity contract for a non-qualified annuity contract is generally not income taxable where the insured(s) and owner(s) are the same on the exchanged and replacing contracts and where funds are transferred directly between insurers.

Taxable income may arise if the exchanged contract has an outstanding loan or if any part of the cash surrender value is taken as cash or if the requirements of tax law are otherwise not met.

Under current IRS guidance, a direct transfer of less than the entire account value from one non-qualified annuity to another non-qualified annuity ("*partial 1035*") exchange may be challenged by the Internal Revenue Service if the contract owner takes a withdrawal from any of the non-qualified annuity contracts associated with the partial 1035 exchange within 180 days following the partial 1035 exchange [*this includes the portion remaining in the original contract(s) as well as the new contract(s)*]. To avoid adverse tax consequences to the owner, no withdrawal should occur within 180 days of a partial 1035 exchange. Customers considering partial 1035 exchanges should be advised that any withdrawal from the existing or new contract could nullify the partial 1035 exchange protection or result in other adverse tax consequences to the owner. The only exception for amounts received during the 180 day periods that would not nullify the partial 1035 exchange protection is for amounts received as part of an annuitized payment stream for a period of 10 years or more during one or more lives.

Under current IRS guidance for partial 1035 exchanges, the after-tax basis is allocated pro-rata between the contracts involved in the partial exchange based on the percentage of the cash value transferred to the new contract(s).

If you transfer proceeds from the above referenced contract into an existing MetLife non-qualified annuity contract in a full or partial 1035 exchange your MetLife non-qualified annuity contract's after-tax basis and tax-deferred gain will be adjusted to include the basis and gain transferred from the exchanged contract. Therefore, because partial withdrawals from non-qualified annuities are treated as taxable to the extent of the gain and your contract's gain may be increased as a result of a 1035 exchange, the taxable portion of your withdrawals may be greater than if you had not made the exchange.

Current tax laws are subject to change. You should consult your own tax advisor if you have any questions about the tax treatment of your non-qualified annuity contracts. **Some states do not follow the federal rule which treats a 1035 exchange as a tax-free exchange and in those states the exchange may be treated as a taxable exchange. MetLife is not responsible for the tax consequences of this transaction.**

If my contract requires a single premium payment, I understand that MetLife may refuse funds not received within 90 days of the contract's effective date.

MetLife, its agents, and representatives may not give legal, tax or accounting advice and this document should not be construed as such. Clients should confer with their qualified legal, tax and accounting advisors as appropriate.

_____ Owners initials

_____ Joint Owners initials

Please select one:

- Original contract attached
- Original Contract has been lost or destroyed: I certify that the policy/contract is lost or destroyed. In addition, I certify that the policy/contract has not been assigned or pledged as collateral.

IMPORTANT ENTERPRISE EXCHANGE INFORMATION MUST BE COMPLETED FOR ENTERPRISE EXCHANGES ONLY

- By checking this box I acknowledge that this is an exchange from a MetLife or affiliate annuity contract to a MetLife annuity contract and that I have received the Enterprise Annuity Transfer Disclosure Form and understand the implications of this exchange.



Your current financial institution MAY require a Medallion Signature Guarantee. Please contact your current account holder for their requirements.

A Medallion Signature Guarantee must be provided by a bank, member of national securities exchange, savings and loan association, credit union, broker or other acceptable Financial Institution. *(A notary public cannot provide a Medallion Signature Guarantee.)*

Original transfer paperwork with an original Medallion Signature Guarantee should be sent by mail to address listed in Section 7.

Medallion Signature Guarantee

US 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 United States person and the account is located within the United States.**

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

Sign Here	Owner's signature	Title <i>(if applicable)</i>	Date <i>(mm/dd/yyyy)</i>
Sign Here	Joint Owner Signature or Spouse, if Community Property	Title <i>(if applicable)</i>	Date <i>(mm/dd/yyyy)</i>

SECTION 5: Payment information *(For Home Office use only)*

Please make check payable to: MetLife

FBO *(Owner)* _____ *(Joint Owner, if applicable)* _____

and reference the following Contract # _____ on the check.



SECTION 6: Acceptance and request for surrender *(For Home Office use only)*

MetLife accepts the liquidation and assignment of the amounts referenced in Section 2 and has established a non-qualified annuity to receive the proceeds (and, for a 1035 exchange, the receiving contract shall have the same owner(s) and annuitant(s) as the contract listed in Section 2). Please send a check for the cash surrender value as indicated below. If this transaction is intended to qualify as a tax-free exchange under IRC Section 1035, please (a) do not withhold any amounts for taxes, and (b) provide us with cost basis information by completing Section 2 above and returning a copy with the payment check. Please mail check to MetLife as instructed below.

Authorized representative of MetLife should complete this section on behalf of the client.

Sign Here	Authorized Signature from MetLife	Title	Date (mm/dd/yyyy)
	_____	_____	_____

SECTION 7: How to submit this form *Please submit this entire form by mail.*

Regular mail:
MetLife
P.O. Box 10342
Des Moines, IA 50306-0342

Overnight mail only:
MetLife
4700 Westown Parkway, Suite 200
West Des Moines, IA 50266



Non-qualified/1035 exchange request good order guide

This form is provided for your convenience in submitting good order paperwork for form ANN-NONQUALTRAN.

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

Things to know before you begin

- Please ensure the correct transfer of assets form is completed. Form ANN-NONQUALTRAN is for non-qualified transfer/1035 exchange requests. Form ANN-QUALTRAN is for qualified transfer request.
- This guide is not required to be submitted to MetLife.
- The minimum premium amount must be at least \$500. *(This excludes Group products).*
- Transfer of asset paperwork with medallion signature guarantee should be sent by mail to the address listed in Section 7.
- Please send this form at least 15 days prior to maturity date, but no more than 30 days out.
- Please ensure that Licensing and Appointments are in place prior to submitting the application.
- Please ensure all transfer of asset form sections are completed. If available, please include a current statement from the previous carrier to speed processing time.
- Please ensure the source company allows faxed paperwork before submitting via fax.
- If you would like the check express mailed to MetLife, please contact the source company with those instructions.

SECTION 1: New account information

- Indicate how you want your transferred amount invested by checking only one of the appropriate boxes.
- If deposit into an existing account, please indicate the existing contract number.

SECTION 2: Information for contract or account to be liquidated and transferred

- Financial institution name:** Current source company name must be provided.
- Company phone number:** Please complete source company phone number.
- Mailing address:** The source company overnight mailing address must be provided *(P.O. Boxes should not be listed).*
- Account or contract number:** The current source company account or contract number must be provided.
- OPTION 1 - Owner information:** The Contract Owner's name is required and should be listed as titled at the source company.
- Owner's Social Security number/Tax ID:** The Owner's Social Security number or tax ID is required and should match what is listed on the application.
- OPTION 2 - Joint Owner's information:** Required when applicable. The name should be listed as titled at the source company.
- Joint Owner's Social Security number:** Required when applicable.
- OPTION 3 - Annuitant/Insured information:** When the source of funds is Annuity or Life Insurance this is required.
- Annuitant/Insured's Social Security number:** The Annuitant's Social Security number is required, when applicable, and should match the application.
- OPTION 4 - Joint Annuitant/Insured information:** MetLife only allows joint annuitants for Individual Flexible Premium Deferred Paid-Up and Single Premium Immediate Annuity products. If it's one of these products, please complete Joint Annuitant/Insured name and Social Security number.

SECTION 3: Type of transaction

OPTION 1: Request for non-qualified 1035 exchange of Life Insurance or Annuity Contract

Source of funds for 1035 exchange:

- Only one source of funds options should be selected.

Authorization to transfer funds

- Please complete a transfer date, unless proceeds should be transferred immediately.
- Select full or partial non-qualified 1035 exchange and enter dollar amount.
- Pre-Tefra/Post-Tefra Cost Basis: Please complete the Cost Basis if known, otherwise the source company will complete this section.

OPTION 2: Request for non-qualified transfer

Source of funds for non-qualified transfer

- Only one source of funds option should be selected.
- If certificate of deposit, either upon maturity date or upon receipt of this request should be marked.

Authorization to transfer funds

- Please complete a transfer date, unless proceeds should be transferred immediately.
- Select one of the three transfer amount checkboxes and enter amount (*and fund names when applicable*).

SECTION 4: Signatures, taxes, and other disclosures

- Owner's initials:** This is required if it's a Life Contract with an outstanding loan or a partial exchange.
- Joint Owner's initials:** This is required if it's a Life Contract with an outstanding loan or a partial exchange for Joint Owner's only
- Please select one:** Please select either "Original contract attached" or "Original contract has been lost or destroyed".
- Important Enterprise Exchange information: Must be completed for Enterprises Exchanges only:** This should only be marked for Affiliate/Internal annuity company exchanges.
- Owner signature:** This is required and must be original signatures with applicable titles.
- Owner signature:** This is required and must be original signatures with applicable titles.
- Date:** This is required and must be within 6 months of paperwork being received.
- Joint Owner's signature and date:** This is required when Joint Owner is referenced on non-qualified transfer/1035 exchange form.
- Medallion signature guarantee:** If the source company requires a Medallion Signature Guarantee, this section will need to be completed.

SECTION 5: Payment information

- Do not complete; MetLife will complete this section.

SECTION 6: Acceptance and request for surrender

- Do not complete; MetLife will complete this section.

SECTION 7: How to submit this form

- The entire form must be mailed to MetLife.