

You MUST return all

pages of this form.

Group Term Life Insurance Beneficiary Designation

Metropolitan Life Insurance Company

Things to know before you begin

 This form MUST be signed before you return it. See "SECTION 3 - Signature" on page 8.

SECTION 1: Insured information

Customer number

Employer name/Group policyholder name

First name	Middle name		Last name	
Address - Street		City	1	State ZIP code
Date of birth (<i>mm/dd/yyyy</i>)	Phone number		SSN	

SECTION 2: Beneficiary and plan information

- You MUST designate at least one primary beneficiary for <u>each</u> coverage in which you enroll. A person may only be listed once. Anyone listed in the primary section cannot be listed in the contingent section.
- The sum of the Primary Beneficiary percentages **MUST equal 100%**. The sum of the Contingent Beneficiary percentages **MUST equal 100%**. Dollar amounts, fractions and decimals will not be accepted.
- If you need more space for additional beneficiaries, attach a separate page. Include all beneficiary
 information, and sign/date the page.

Please complete each coverage section and all sections that pertain to the type of beneficiary you are designating.

Basic life - Beneficiary designation

I elect that the beneficiary designation indicated below applies to the Basic Life plans insured by MetLife:

A. Individual beneficiaries

First name	Middle initial		Last name		Share %
Address - Street		City	State	ZIP code	
Relationship to employee	Social security number	Date of birth	n (mm/dd/yyyy)	Phone number	

First name		Middle initial		Last name		Share %
Address - Street			City		State ZIP code	_
Relationship to employee	Soci	al security number	Date of birth	n (mm/dd/y	yyy) Phone number	
First name		Middle initial	·	Last name		Share %
Address - Street			City	L	State ZIP code	-
Relationship to employee	Soci	al security number	Date of birth	n (mm/dd/y	yyy) Phone number	-
Contingent beneficiary - Y beneficiary(ies) are not living person's share will be equal	g at t	he time of your dea /ided among any re	ath. If any con	tingent bene ngent benef	eficiaries predecease you	
First name		Middle initial		Last name		Share %
Address - Street			City		State ZIP code	
Relationship to employee	Soci	al security number	Date of birth	n (mm/dd/y	yyy) Phone number	
First name		Middle initial	•	Last name		Share %
Address - Street			City		State ZIP code	-
Relationship to employee	Soci	al security number	Date of birth	n (mm/dd/y	yyy) Phone number	
□ B. <u>Living trust</u> - □ If this form is executed by th the aforesaid trust has been insured's Estate, unless othe	e ins revo	sured, it is understo oked or is not in effe	od and agree ect at the insu			
Trust name		Trust date (mm/d	d/yyyy)	Trustee pho	one number	Share %
Trustee - First name		Middle initial		Last name		_
Trustee address - Street			City		State ZIP code	_
C. <u>Testamentary trus</u> The trust(ee) under any last V				Prima Drima		Share %

D. Insured's estate - Primary Contingent

If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.

E. <u>Charity/Organization</u> - Primary Contingent

Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization.

Charity/Organization name	Phone number				
Address - Street	City	State ZIP code			

Accidental Death & Dismemberment for basic life - Beneficiary designation

I elect that the beneficiary designation indicated below applies to the Accidental Death & Dismemberment plans insured by MetLife:

A. Individual beneficiaries

GR-TR-BENE-EMP-M (12/18)

First name		Middle initial		Last name			Share %
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	al security number	Date of birth	ו (<i>mm/dd/yy</i>	<i>ıyy)</i> P	hone number	
First name		Middle initial		Last name			Share %
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	al security number	Date of birth	ו (<i>mm/dd/yy</i>	<i>ıyy)</i> P	hone number	
First name		Middle initial		Last name			Share %
Address - Street			City		State	ZIP code	
Relationship to employee	Soc	al security number	Date of birth	ו (mm/dd/yy	<i>ıyy)</i> P	hone number	

Contingent beneficiary - Your second choice to receive your life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First name	Middle in	Middle initial		Last name		Share %
Address - Street		Cit	ty	Stat	ZIP code	_
Relationship to employee	Social securit	ty number D	Date of birth	(mm/dd/yyyy)	Phone number	
First name	Middle in	nitial		Last name		Share %
Address - Street	·	Cit	ty	Stat	ze ZIP code	
Relationship to employee	Social securit	ty number [Date of birth	n (mm/dd/yyyy)	Phone number	
□ B. <u>Living trust</u> - □ If this form is executed by th the aforesaid trust has been insured's Estate, unless oth	e insured, it is revoked or is	s understood not in effect	at the insu	d that if MetLife r red's death, the t	eceives satisfactory peneficiary shall be	/ proof that the
Trust name	Trust da	te (mm/dd/រួ	<i>ld/yyyy)</i> Trustee phone number		number	Share %
Trustee - First name	Middle in	nitial		Last name		
Trustee address - Street		Cit	ty	Stat	ZIP code	_
C. <u>Testamentary trus</u> The trust(ee) under any last				Primary admitted to proba	Contingent Contingent	Share %
D. Insured's estate - If the Insured's Estate is sele			•	ntingent Beneficia	ry may be named.	Share %
E. <u>Charity/Organizat</u> Be sure to name the charity or charity/organization.			•	ganization directo	r or an employee o	f that
Charity/Organization name				Phone number		Share %
Address - Street		Cit	ty	Stat	ZIP code	

Supplemental/Optional life - Beneficiary designation

I elect that the beneficiary designation indicated below applies to the Supplemental/Optional Life plans insured by MetLife:

A. Individual beneficiaries

First name	Middle i	Middle initial		Last name		Share %
Address - Street	I	(City	St	ate ZIP code	
Relationship to employee	Social securi	ty number	Date of birth	า (mm/dd/yyyı	<i>y)</i> Phone number	
First name	Middle in	nitial		Last name		Share %
Address - Street		0	City	St	ate ZIP code	
Relationship to employee	Social securi	ty number	Date of birth	n (mm/dd/yyyy) Phone number	
First name	Middle i	nitial		Last name		Share %
Address - Street			City	St	ate ZIP code	
Relationship to employee	Social securi	ty number	Date of birth	n (mm/dd/yyyy) Phone number	
Contingent beneficiary - Ye beneficiary(ies) are not living share will be equally divided	at the time of	your death.	If any conting	gent beneficiarie		
First name	Middle i	•		Last name		Share %
Address - Street	·		City	St	ate ZIP code	
Relationship to employee	Social securi	ty number	Date of birth	n (mm/dd/yyyy) Phone number	
First name	Middle i	nitial		Last name		Share %
Address - Street	I		City	St	ate ZIP code	
Relationship to employee	Social securi	ty number	Date of birth	า (mm/dd/yyyı	<i>j)</i> Phone number	

□ **B.** <u>Living trust</u> - □ Primary □ Contingent

If this form is executed by the insured, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, unless otherwise indicated on this form.

Trust date (mm/dd/yyyy)		Trustee phone number		Share %				
Middle initial		Last name		-				
	City		State ZIP code	_				
□ C. <u>Testamentary trust created in the insured's will</u> - □ Primary □ Contingent The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.								
□ D. Insured's estate - □ Primary □ Contingent If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.								
- 🗌 Primary 🗌	Contingent							
ganization and not t	he charity or or	ganization di	rector or an employee of	that				
		Phone num	ber	Share %				
	City	1	State ZIP code					
	Middle initial	Middle initial City Ceated in the insured's will - und Testament of mine as shall be Primary Contingent as the Primary Beneficiary, no Con - Primary Contingent ganization and not the charity or or	Middle initial Last name City reated in the insured's will - Prima Ind Testament of mine as shall be admitted to p Primary Contingent as the Primary Beneficiary, no Contingent Beneficiary, no Contingent - Primary Contingent ganization and not the charity or organization di Phone num	Middle initial Last name City State ZIP code reated in the insured's will - Primary Contingent and Testament of mine as shall be admitted to probate. Primary Contingent Primary Contingent Contingent as the Primary Beneficiary, no Contingent Beneficiary may be named. Primary Contingent Primary Contingent Primary may be named. Primary Primary Contingent Primary may be named. Primary Primary Primary or organization director or an employee of Phone number				

Accidental Death & Dismemberment for Supplemental/Optional life - Beneficiary designation I elect that the beneficiary designation indicated below applies to the Accidental Death & Dismemberment plans insured by MetLife:

A. Individual beneficiaries

First name	Middle initial		Last name		Share %
Address - Street		City	State	ZIP code	
Relationship to employee	Social security numbe	r Date of birth	ו (<i>mm/dd/yyyy</i>) P	hone number	

First name		Middle initial		Last name			Share %
Address - Street			City		State	ZIP code	_
Relationship to employee	Soci	al security number	Date of birth	ו (<i>mm/dd/y</i>	 <i>yyy)</i> F	Phone number	_
First name		Middle initial	1	Last name			Share %
Address - Street			City	I	State	ZIP code	_
Relationship to employee	Soci	al security number	Date of birth	ו (<i>mm/dd/y</i>	 <i>yyy)</i> F	Phone number	_
Contingent beneficiary - Y beneficiary(ies) are not living person's share will be equal First name	g at t	he time of your dea	ath. If any con	tingent bene	ficiarie	s predecease yo	
Address - Street			City		State	ZIP code	
Relationship to employee	Soci	al security number	Date of birth	ה (<i>mm/dd/y</i>	 <i>yyy)</i> F	Phone number	_
First name		Middle initial	Last name		ł		Share %
Address - Street			City	I	State	ZIP code	_
Relationship to employee	Soci	al security number	Date of birth	ו (<i>mm/dd/y</i>	 <i>yyy)</i> F	Phone number	_
B. Living trust -	e insu oked (ired, it is understood	d and agreed t the insured's d		neficiar	y shall be the insu	
Trustee - First name Middle initial		u, gggg)	Last name	·		Share %	
Trustee address - Street			City		State	ZIP code	_
C. <u>Testamentary trus</u> The trust(ee) under any last \				Prima admitted to p	•	Contingent	Share %

D. Insured's estate - Primary Contingent

If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.

E. <u>Charity/Organization</u> - Primary Contingent

Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization.

Charity/Organization name	Phone number	Share %	
Address - Street	City	State ZIP code	

SECTION 3: Signature

Check if you are completing and signing this form as agent for the employee under a valid Power of Attorney. Return a copy of the Power of Attorney with this beneficiary form. The Power of Attorney paperwork is subject to review by MetLife.

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section 2 as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

Insured/Owner name (Please print)									
First nan	ne	Middle name		Last name					
Sign Here			Date (mm/	/dd/yyyy) (must be date form was completed)					

SECTION 4: How to submit this form

The employee should provide the completed form to their Employer. Retain a copy for your records.