

MetLife

Beneficiary Change Form

Metropolitan Life Insurance Company • New England Life Insurance Company

- Name new Owner's beneficiary and/or new Owner's contingent beneficiary.
- Must accompany Form A when naming new Owner/Joint Owner (NQ).

1. Policy/Contract Information

Required for all Requests

(If any information needs to be updated on MetLife's records, please check (X) the box(es) next to the correct data.)

<input type="checkbox"/>	Owner's - First Name	Middle Name	Last Name

<input type="checkbox"/>	Street Address (Include Apt/Floor/PO Box)	<input type="checkbox"/>	City or Town
<input type="checkbox"/>		<input type="checkbox"/>	State
<input type="checkbox"/>		<input type="checkbox"/>	Zip Code

<input type="checkbox"/>	Social Security/Tax ID#	<input type="checkbox"/>	Telephone Number
<input type="checkbox"/>		<input type="checkbox"/>	DOB

Contract/Certificate Number(s)		Annuitant(s) if not the Owner(s)	
_____		_____	

2. Beneficiary Designation Change

(Note: This section does **not** change the beneficiary of an Annuitant who is **not** the Owner.)

Please note if more than one revocable beneficiary is named, payment/assumption will be made in equal shares to the survivors unless otherwise specified in writing by the Owner. Percentages must be in whole numbers.

I revoke any prior choice of the beneficiary and contingent beneficiary to receive any amount payable under the contract/certificate on account of my death. I also revoke any prior choice of an optional income plan that applies to any amount payable under the contract/certificate on account of my death. I name the following revocable beneficiary(ies) and contingent beneficiary(ies) to receive any amount payable at death:

Beneficiary Type	Beneficiary Name and Relationship to Annuitant(s)	Date of Birth/ Trust Date	Social Security/ Tax ID#	Address (Street, City, State, Zip)	Phone Number	Percentage
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship: _____					%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship: _____					%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship: _____					%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship: _____					%
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship: _____					%

If the primary beneficiary(ies) named above predeceases me, the named revocable contingent beneficiary(ies) will become the beneficiary (ies). If no beneficiary is alive when I die, my estate is to receive any amount payable.

If more than one beneficiary is alive when I die, they will be paid in equal shares, unless otherwise noted. Percentages must be in whole numbers. When there are two or more Owners, this designation applies to any amount payable at the death of the last Owner to die.

3. Signature(s) Required for all Requests

Owner's Signature

Date Signed



Joint Owner's Signature (if needed)

Date Signed



Witness Signature (Massachusetts Only)

Date Signed



For MetLife's Internal Use

Submitting Sales Office

Servicing Account Representative

Office

Agency

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Mailing Instructions

Please return completed forms to:
Metropolitan Life Insurance Company
P.O. Box 10342
Des Moines IA 50306-0342

OR

Fax Number:
877-547-9669
Please allow 24-48 hours to confirm receipt of faxed paperwork.