

## Group Term Life Insurance Beneficiary Designation

Use this form to name the persons or entities you want to receive your life insurance proceeds after your death.

Metropolitan Life Insurance Company

### Things to Know Before You Begin

- Completing this form replaces your existing beneficiary designations. Please provide details for **each** beneficiary, even if you have already given us this information in the past.
- Gather the name(s), date(s) of birth, Social Security/Tax ID number(s) and contact information for all of your beneficiaries.
- The beneficiaries you name on this form apply to your Group Term Life insurance coverage insured by MetLife.
- To name additional beneficiaries, attach a separate page. Provide the requested information including the beneficiary type (*Primary or Contingent*) and the % proceeds for each. Sign and date these page(s), making sure the date is the same as the date next to the signature on this form.
- Please complete and return all pages or we cannot record your choices.

**!** If you make a mistake anywhere on this form, cross it out and initial it.

### SECTION 1: About the Insured

First Name	Middle Name	Last Name		
Date of Birth ( <i>mm/dd/yyyy</i> )	Social Security Number	Phone Number		
Address	City	State	ZIP	
Employer Name		Customer Number		

### SECTION 2: About the Plan

The beneficiaries you name on this form apply only to the MetLife-insured plan(s) selected below:

All group term life coverage currently in effect

**OR**

Basic Life/Personal Accidental Death & Dismemberment (AD&D)

Supplemental/Optional Accidental Death & Dismemberment (AD&D)

*To name separate beneficiaries for the Basic or Supplemental coverages in this section, photocopy this form and complete a different form for each type of coverage.*

### SECTION 3: About the Primary Beneficiaries

These parties are your first choice to receive the insurance proceeds after your death. If a primary beneficiary dies before you, we will divide their share(s) equally between the remaining primary beneficiaries.

- You must name at least one (1) primary beneficiary.
- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*) and make sure they (*and any listed on separate pages*) add up to 100%. To distribute them equally between your primary beneficiaries, leave **all** of the proceeds % fields blank.

**About the Primary Beneficiaries (Continued)**

**Individual**

First Name	Middle Name	Last Name	<b>A</b>
Address		Date of Birth ( <i>mm/dd/yyyy</i> )	
City		State   ZIP	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Phone Number   Relationship to Insured	
			Write in the % of proceeds assigned to this person _____ %

**Individual**

First Name	Middle Name	Last Name	<b>B</b>
Address		Date of Birth ( <i>mm/dd/yyyy</i> )	
City		State   ZIP	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Phone Number   Relationship to Insured	
			Write in the % of proceeds assigned to this person _____ %

**Individual**

First Name	Middle Name	Last Name	<b>C</b>
Address		Date of Birth ( <i>mm/dd/yyyy</i> )	
City		State   ZIP	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Phone Number   Relationship to Insured	
			Write in the % of proceeds assigned to this person _____ %

**Your Estate** – If you name your Estate as a primary beneficiary, you cannot name a contingent beneficiary.

<b>D</b>
Proceeds _____ %

**Testamentary Trust Created in Your Will** – The trust under your last Will and Testament as shall be admitted to probate.

<b>E</b>
Proceeds _____ %

**Living (*Inter Vivos*) Trust** – See further instructions on page 4.

<b>F</b>
Proceeds _____ %

**Charity/Organization** – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.

<b>G</b>
Proceeds _____ %

**Total proceeds for all primary beneficiaries (A-G plus any listed on separate pages) must equal 100%.**

<b>100%</b>
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## SECTION 4: About the Contingent Beneficiaries

Skip this section if you're not naming a contingent beneficiary or if you named your Estate as a primary beneficiary. Contingent beneficiaries receive the insurance proceeds **only** if all of the primary beneficiaries are deceased at the time of your death. If a contingent beneficiary dies before you, we will divide their share(s) equally between the remaining contingent beneficiaries.

- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Do not list the same person or entity as both a primary and a contingent beneficiary.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*) and make sure they (*and any listed on separate pages*) add up to 100%. To distribute them equally between your contingent beneficiaries, leave **all** of the proceeds % fields blank.

**Individual**

First Name		Middle Name	Last Name		<b>H</b>	
Address				Date of Birth ( <i>mm/dd/yyyy</i> )		Write in the % of proceeds assigned to this person  _____ %
City			State	ZIP		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Phone Number	Relationship to Insured			

**Individual**

First Name		Middle Name	Last Name		<b>I</b>	
Address				Date of Birth ( <i>mm/dd/yyyy</i> )		Write in the % of proceeds assigned to this person  _____ %
City			State	ZIP		
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number	Phone Number	Relationship to Insured			

**Your Estate**

<b>J</b>
Proceeds _____ %

**Testamentary Trust Created in Your Will –** The trust under your last Will and Testament as shall be admitted to probate.

<b>K</b>
Proceeds _____ %

**Living (*Inter Vivos*) Trust –** See further instructions on page 4.

<b>L</b>
Proceeds _____ %

**Charity/Organization –** List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.

<b>M</b>
Proceeds _____ %

**Total proceeds for all contingent beneficiaries (*H-M plus any listed on separate pages*) must equal 100%.**

100%

## SECTION 5: About Your Trust/Charity/Organization Beneficiaries

Skip this section if you did not name a Living Trust or Charity/Organization as one of your beneficiaries.

Otherwise, please provide the information requested below on a separate page. Make sure you include the type of beneficiary (*Primary or Contingent*) and that you sign and date these page(s).

Please include:

- Trust/Charity/Organization name
- Address
- Phone number
- Type of Beneficiary (*Primary or Contingent*)
- % of proceeds you are assigning to the Trust/Charity/Organization

Additional information required for Living (*Inter Vivos*) Trust(s):

- Trust date
- Trust Tax ID number
- Trustee first, middle and last name

## SECTION 6: Signature Required

By signing below, I hereby revoke any previous designations, and I designate the person, people, or entity named herein as beneficiaries.

- Check if you are completing and signing this form as agent for the insured under a valid Power of Attorney. Please submit a copy of the Power of Attorney with this beneficiary form.

<b>Please Print and Sign Below</b>		
Insured/Owner - First Name	Middle Name	Last Name
<b>Sign Here</b> Signature of Insured/Owner		Date Form Completed ( <i>mm/dd/yyyy</i> )



### Did You Remember To...

- ✓ Provide complete information for each of your beneficiaries?
- ✓ Make sure the total "proceeds %" for your **primary beneficiaries** (*including those on a separate page*) equals 100%? Separately, did you remember to make sure the total "proceeds %" for your **contingent beneficiaries** (*including those on a separate page*) equals 100%?
- ✓ Complete, sign and date any extra pages that list beneficiary information (*such as Living Trust/Charity/Organization beneficiaries*)?
- ✓ Cross out and initial any mistakes you made? (*If you crossed out any answers, your signature is not enough. You must also initial all your corrections.*)

Example: ~~12/20/25~~ 12/20/15 *J.M* ⇌ **answer corrected, initials required**

**Please note: we cannot record your beneficiary choices unless you complete these items.**

## SECTION 7: How to Submit This Form

### Mail:

MetLife Recordkeeping & Enrollment Services  
P.O. Box 14401  
Lexington, KY 40512-4401

### Phone:

1-866-492-6983

### Fax:

1-866-545-7517

Be sure to keep a copy of this completed form for your records.