

# **Group Term Life Insurance Beneficiary Designation**

Metropolitan Life Insurance Company

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

#### 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.
- If you make a mistake anywhere on this form, cross it out and initial it.
- Please complete and return all pages or we cannot record your choices.

#### **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	Ci	ity		State	ZIP
Employer name		tomer numb	ber		

#### **SECTION 2: 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)

First name	Mid	dle name	Last name		Α
Address			Date of birth	Date of birth (mm/dd/yyyy)	
City		State	State ZIP		
Gender   Social Security numl	ber	Phone number	Relationship to Insured		person %
Individual					
First name	Mid	dle name	Last name		В
Address			Date of birth	n (mm/dd/yyyy)	Write in the % of
City			State ZIP		proceeds assigned to this
Gender   Social Security num!	ber	Phone number	Relationship to Insured		person %
Individual					
First name	Mid	dle name	Last name		С
Address Date of birth (mm/dd/yyyy)			Write in the % of		
City		State ZIP		proceeds assigned to this	
Gender Social Security number Phone number		Phone number	Relationship to Insured		person %
☐ Your Estate – If you name y contingent beneficiary.	our l	Estate as a primary be	neficiary, you c	annot name a	Proceeds
Testamentary Trust creat as shall be admitted to proba		<b>n your Will –</b> The tru	st under your la	ast Will and Testament	<b>⊐</b> Proceeds %
Living (Inter Vivos) Trust – See further instructions on page 4.					F Proceeds %
Charity/Organization – List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.				C Proceeds %	
Total proceeds for all primary b equal 100%.	enefi	ciaries (A-G plus any	listed on sep	arate pages) must	100%

#### **SECTION 3: 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.

🗌 Individu	ıal						
First name		Mide	dle name	Last name		н	
Address				Date of birth	Write in the % of		
City				State	ZIP	proceeds assigned to this	
Gender Social Security number Phone number		Phone number	Relationship to Insured		person		
🗌 Individu	al			-			
First name		Mide	dle name	Last name			
Address				Date of birth	(mm/dd/yyyy)	Write in the % of	
City				State	ZIP	proceeds assigned to this	
Gender	Social Security numb	er	Phone number	Relationship	to Insured	person %	
Your Es	tate					J	
						Proceeds	
						%	
	entary Trust creat	ed ir	<b>n your Will –</b> The trus	t under vour la	st Will and Testament	ĸ	
	e admitted to probate		,	,		Proceeds	
						%	
Living (	Inter Vivos) Trus	st – S	See further instructions	on page 4.			
_ 0	-			1 0		Proceeds	
						%	
Charity/	Organization – Lis	t the	charity or organization	name and not	an employee of the	Μ	
charity or	organization. See fu	rther	instructions on page 4.			Proceeds	
						%	
Total proce equal 100%	eds for all contingen	t ber	neficiaries (H-M plus a	ny listed on	separate pages) must	100%	

## SECTION 4: 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

## **SECTION 5: 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.

Please print and sign below					
Insured/Owner first name	Middle name	Last name			
Sign Insured/Owner signa	ature	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: <del>12/20/25</del> 12/20/15 HM 🗢 answer corrected, initials required

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

## **SECTION 6: How to submit this form**

Mail: MetLife Recordkeeping & Enrollment Services P.O. Box 14406 Lexington, KY 40512-4406

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

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

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