

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		n your Will – The tru	st under your la	ast Will and Testament	⊐ 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	n your Will – 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: 12/20/25 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