## MetLife

## **Group Term Life Insurance Beneficiary Designation**

• This form **MUST** be signed before you return it. See "SECTION III – Signature" on page 7.

Customer Number			En	nployer Name	e/Group Policyho	lder Name
First Name	Midd	lle Name	La	st Name		
Address – Street	City		Sta	ate	ZIP Code	
Date of Birth	Phor (	ne Number )	SS	SN		
SECTION II – Beneficia	ry and Plan Infor	rmation				
You MUST designate at leas Anyone listed in the primary:				nroll. <b>A person</b>	may only be listed	l once.
<ul> <li>The sum of the Primary Benefit</li> </ul>		•	•	ontingent Benef	iciary percentages I	MUST equal
100%. Dollar amounts, fraction		•		onoficiary inform	mation and sign/dat	to the nego
If you need more space for a		<u> </u>				
Please complete each co	verage section and	l all sections	s that pertain to the	type of bene	eficiary you are d	lesignating.
RASIC LIFF - Repetici	ary Designation					
			ies to the Basic Life	e plans insure	d by MetLife:	
	esignation indicated		ies to the Basic Life	e plans insure	d by MetLife:	
elect that the beneficiary decided A. Individual Beneficiary PRIMARY BENEFICIARY	esignation indicated ciaries - Your first choice to	d below appl	r life insurance proce	eeds in the eve	ent of your death.	If any primar
elect that the beneficiary de A. Individual Benefi PRIMARY BENEFICIARY beneficiaries predecease you,	esignation indicated ciaries - Your first choice to	d below appl	r life insurance proce	eeds in the eve	ent of your death.	If any primar
elect that the beneficiary decided A. Individual Beneficiary PRIMARY BENEFICIARY	esignation indicated ciaries - Your first choice to that person's share we	d below appl	r life insurance proce	eeds in the eve	ent of your death.	If any primar
elect that the beneficiary decision of the control	esignation indicated ciaries - Your first choice to that person's share w	d below appl o receive you will be equally liddle Initial	r life insurance proce divided among any re	eeds in the eve	ent of your death. ry beneficiaries.	
elect that the beneficiary deposition of the control of the contro	esignation indicated ciaries - Your first choice to that person's share w	d below appl o receive you will be equally	r life insurance proce divided among any re	eeds in the eve	ent of your death.	Share:
elect that the beneficiary decided A. Individual Beneficiary BENEFICIARY beneficiaries predecease you,  First Name  Address – Street	esignation indicated  ciaries  - Your first choice to that person's share we had contained to the contained	d below appl o receive you vill be equally liddle Initial ity	r life insurance proce divided among any re Last Name	eeds in the eventure emaining prima	ent of your death.  ary beneficiaries.  ZIP Code	Share:
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elect that the beneficiary de A. Individual Beneficiary BENEFICIARY beneficiaries predecease you,  First Name  Address – Street  Relationship to Employee	esignation indicated  ciaries  - Your first choice to that person's share with the person of the perso	d below appl o receive you vill be equally liddle Initial ity	r life insurance proce divided among any re Last Name	eeds in the eventure emaining prima	ent of your death.  ary beneficiaries.  ZIP Code	Share:
elect that the beneficiary de A. Individual Benefi PRIMARY BENEFICIARY beneficiaries predecease you,  First Name  Address – Street  Relationship to Employee  First Name	esignation indicated  ciaries  - Your first choice to that person's share with the person of the perso	d below appl o receive you will be equally liddle Initial ity	r life insurance procedivided among any reLast Name	eeds in the eventure emaining prima	ent of your death.  ary beneficiaries.  ZIP Code	Share:
elect that the beneficiary description.  A. Individual Beneficiary PRIMARY BENEFICIARY beneficiaries predecease you, First Name  Address – Street  Relationship to Employee  First Name	esignation indicated  ciaries  - Your first choice to that person's share with the person with	d below appler or receive you will be equally liddle Initial lity	r life insurance procedivided among any reLast Name  Date of Birth  Last Name	State  Phone N	zip Code	Share:
elect that the beneficiary de  A. Individual Beneficiary BENEFICIARY BENEFICIARY beneficiaries predecease you,  First Name  Address – Street  Relationship to Employee  First Name  Address – Street	esignation indicated  ciaries  - Your first choice to that person's share with the person of the perso	d below appler or receive you will be equally liddle Initial lity	r life insurance procedivided among any reLast Name	State  Phone N	ZIP Code  ZIP Code	Share:
elect that the beneficiary de A. Individual Beneficiaries PRIMARY BENEFICIARY beneficiaries predecease you,  First Name  Address – Street  Relationship to Employee  First Name  Address – Street	esignation indicated  ciaries  - Your first choice to that person's share with the person with	d below appler or receive you will be equally liddle Initial lity	r life insurance procedivided among any reLast Name  Date of Birth  Last Name	State  Phone N	ZIP Code  ZIP Code	Share:
elect that the beneficiary decided A. Individual Beneficiary BENEFICIARY beneficiaries predecease you,  First Name  Address – Street	esignation indicated  ciaries  - Your first choice to that person's share with the person with the per	d below appler or receive you will be equally liddle Initial lity	r life insurance procedivided among any reLast Name  Date of Birth  Last Name	State  Phone N	ZIP Code  ZIP Code	Share:

Relationship to Employee

Date of Birth

Social Security Number

Phone 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 Initial Last Name Share: % Address - Street City State ZIP Code Social Security Number Date of Birth Phone Number Relationship to Employee First Name Middle Initial Last Name Share: % Address - Street City ZIP Code State Social Security Number Date of Birth Phone Number Relationship to Employee **B. Living Trust** − □ 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 Name Trust Date Trustee Phone Number Share: % Trustee - First Name Middle Initial Last Name Trustee Address - Street City State ZIP Code C. <u>Testamentary Trust Created in the Insured's Will</u> – Primary The trust(ee) under any last Will and Testament of mine as shall be admitted to probate. Share: %

	<ul> <li>— ☐ Primary ☐ Contingen</li> <li>nization and not the charity or organiz</li> </ul>		of that charity/org	ganization.
Charity/Organization Name		Phone Nu	mber	Share:
Address – Street	City	State	ZIP Code	

D. Insured's Estate - Primary Contingent

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

A. Individual Beneficiaries  PRIMARY BENEFICIARY - Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.							
First Name		Middle Initial	Last Name			Share:	
Address - Street		City		State	ZIP Code		
Relationship to Employee	Social Securit	y Number	Date of Birth	Phone Nu	ımber		
First Name		Middle Initial	Last Name			Share:	
Address - Street		City		State	ZIP Code		
Relationship to Employee	Social Securit	ty Number	Date of Birth	Phone Nu	mber		
First Name		Middle Initial	Last Name			Share:	
Address - Street		City		State	ZIP Code		
Relationship to Employee	Social Securit	ty Number	Date of Birth	Phone Nu	ımber		
CONTINGENT BENEFICIARY are not living at the time of your de any remaining contingent beneficia	eath. If any cont						
First Name		Middle Initial	Last Name			Share:	
Address - Street		City		State	ZIP Code	,,	
Relationship to Employee	Social Securit	ty Number	Date of Birth	Phone Nu	ımber		
First Name		Middle Initial	Last Name	-		Share:	
Address - Street		City		State	ZIP Code	70	
Relationship to Employee	Social Securit	ty Number	Date of Birth	Phone Nu	ımber		

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:

B. <u>Living Trust</u> – If this form is executed by the ins has been revoked or is not in effect this form.	sured, it is und					
Trust Name			Trust Date Trustee Phone Number			Share:
Trustee - First Name Middle In			Last Name	( )		
Trustee Address – Street		City		State	ZIP Code	
C. Testamentary Trus The trust(ee) under any last W				-	Contingent	
D. Insured's Estate If the Insured's Estate is selected  E. Charity/Organization  Be sure to name the charity or organization	as the Primary	Beneficiary, no C	Contingent Beneficiary ma			Share: %
Charity/Organization Name		Phone Number		Share:		
Address – Street		City		State	ZIP Code	- % -
SUPPLEMENTAL/OPTION I elect that the beneficiary designed MetLife:  A. Individual Beneficial PRIMARY BENEFICIARY - Y beneficiaries predecease you, that	gnation indica aries our first choice	ited below appli	es to the Supplementa	in the eve	nt of your death. If a	
First Name		Middle Initial	Last Name			Share:
Address – Street		City		State	ZIP Code	%
Relationship to Employee	Social Securi	ty Number	Date of Birth	Phone N	umber	
First Name		Middle Initial	Last Name			Share:
Address – Street		City		State	ZIP Code	<u>7</u> 0
Relationship to Employee	Social Securi	ty Number	Date of Birth	Phone N	umber	

First Name		Middle Initial	Last Name			Share:
T HOL HOME		Wildalo IIIIlai	Lactivamo			%
Address – Street		City		State	ZIP Code	
Relationship to Employee	Social Securi	tv Number	Date of Birth	Phone Nu	mber	
		.,		( )		
CONTINGENT BENEFICIARY are not living at the time of your de any remaining contingent beneficia	eath. If any con					
First Name		Middle Initial	Last Name			Share:
Address - Street		City		State	ZIP Code	,,
Relationship to Employee	Social Securi	ty Number	Date of Birth	Phone Nu	mber	
				( )		
First Name		Middle Initial	Last Name			Share:
Address - Street		City		State	ZIP Code	
Relationship to Employee	Social Securi	ty Number	Date of Birth	Phone Nu	mber	
If this form is executed by the ins has been revoked or is not in effect this form.	ured, it is und					
tills form.			Tonolary orian bo the mod	Ted 3 Estate	, unless otherwise in	dicated on
Trust Name			Trust Date		hone Number	Share:
		Middle Initial				
Trust Name			Trust Date			Share:
Trust Name  Trustee - First Name		Middle Initial City in the Insured	Trust Date  Last Name    Description	Trustee P ( )  State	hone Number	Share:
Trust Name  Trustee - First Name  Trustee Address – Street  C. Testamentary Trus		Middle Initial City in the Insured	Trust Date  Last Name    Description	Trustee P ( )  State	hone Number ZIP Code	Share:
Trust Name  Trustee - First Name  Trustee Address – Street  C. Testamentary Trus	ill and Testan	Middle Initial  City  in the Insured ment of mine as	Trust Date  Last Name    Last Name   Prime   P	Trustee P ( )  State  ary  Crobate.	ZIP Code ontingent	Share:
Trust Name  Trustee - First Name  Trustee Address – Street  C. Testamentary Trus The trust(ee) under any last W  D. Insured's Estate	ill and Testan	Middle Initial  City  in the Insuredment of mine as  Continge Beneficiary, no Continger  imary Contingent	Trust Date  Last Name  d's Will — Primshall be admitted to primate to primate tingent	Trustee P ( )  State  ary	zIP Code ontingent	Share:
Trust Name  Trustee - First Name  Trustee Address - Street  C. Testamentary Trus The trust(ee) under any last W  D. Insured's Estate If the Insured's Estate is selected  E. Charity/Organization	ill and Testan	Middle Initial  City  in the Insuredment of mine as  Continge Beneficiary, no Continger  imary Contingent	Trust Date  Last Name  d's Will — Primshall be admitted to primate to primate tingent	Trustee P ( )  State  ary	none Number  ZIP Code  ontingent	Share:

by MetLife:	•				•	
PRIMARY BENEFICIARY - Y beneficiaries predecease you, that	our first choice					ny primary
First Name		Middle Initial	Last Name			Share:
Address – Street		City		State	ZIP Code	
Relationship to Employee	Social Securit	ty Number	Date of Birth	Phone Nu	mber	
First Name		Middle Initial	Last Name			Share:
Address – Street		City	l	State	ZIP Code	
Relationship to Employee	Social Securit	ty Number	Date of Birth	Phone Nu	mber	
First Name		Middle Initial	Last Name			Share:
Address – Street		City		State	ZIP Code	,,
Relationship to Employee	Social Securit	ty Number	Date of Birth	Phone Nu	mber	
are not living at the time of your de any remaining contingent beneficia	eath. If any cont					
First Name		Middle Initial	Last Name			Share:
Address - Street		City		State	ZIP Code	70
Relationship to Employee	Social Securit	y Number	Date of Birth	Phone Nu	mber	
First Name		Middle Initial	Last Name			Share:
Address - Street		City		State	ZIP Code	70
Relationship to Employee	Social Securit	ty Number	Date of Birth	Phone Nu	mber	

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

B. <u>Living Trust</u> – Primary If this form is executed by the insured, it is undo has been revoked or is not in effect at the insure this form.	erstood and agree					
Trust Name		Trust Date	Trustee P	hone Number	Share:	
Trustee - First Name	Middle Initial	Last Name				
Trustee Address – Street	City		State	ZIP Code		
C. Testamentary Trust Created in The trust(ee) under any last Will and Testar			-	contingent		
					Share: %	
<ul> <li>D. Insured's Estate − □ Primary</li> <li>If the Insured's Estate is selected as the Primary</li> <li>E. Charity/Organization − □ Primary</li> </ul>	Beneficiary, no C	Contingent Beneficiary ma tingent				
Be sure to name the charity or organization and	not the charity or	organization director or a				
Charity/Organization Name			Phone Nu	ımber	Share: %	
Address – Street	City		State	ZIP Code		
SECTION III - Signature						
<ul> <li>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.</li> <li>I hereby revoke any previous designations, and I designate the person, people, or entity named in Section II as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.</li> </ul>						
Insured/Owner Name (Please Pri	i <b>nt)</b>					
Insured/Owner Signature			Date (must	be date form was co	mpleted)	
How to Submit This Form						
The employee should provide the completed form to their Employer. Retain a copy for your records.						
Please note: You MUST return all pages of this form.						