

**LIFE INSURANCE BENEFICIARY DESIGNATION INSTRUCTIONS**

Group Policy Number \_\_\_\_\_ Insured's Social Security No. \_\_\_\_\_

You may name anyone you wish as your beneficiary, and you may change your beneficiary designation at any time. Insert the name, address, relationship and date of birth for both the Primary and Contingent beneficiary(ies) below. If no allocation of payment is specified, the payment will be divided equally among the listed beneficiaries or all to the survivor. If more than one primary beneficiary or contingent beneficiary is designated, and payment is to be made in equal shares, indicate the shares you would like to designate to each beneficiary in percentages (%) on the percentage area below. If you wish to name a Trust(ee) as beneficiary, complete one of the two Trust(ee) Designations on page 2 of this form instead of the Primary and Contingent Beneficiary sections. If the trust is an inter vivos trust, check only the first Trust(ee) Designation box, and complete the top Trust(ee) designation. You should enter (1) the name and address of the Trust(ee); (2) the Title of the Agreement; and (3) the date of its execution. NOTE: AN INTER VIVOS TRUST MUST BE A LEGALLY DRAWN AGREEMENT. If you wish to make a Trust(ee) under Will Designation, check only the second Trust(ee) Designation box. NOTE: A TRUST(EE) UNDER WILL OR TESTAMENTARY TRUST(EE) MUST BE ESTABLISHED UNDER THE LEGALLY DRAWN LAST WILL AND TESTAMENT OF THE INSURED OR OWNER (IF ASSIGNED). You should check with your legal advisor to make sure your beneficiary designation reflects your intent. Naming minors as a beneficiary may have legal consequences regarding benefit payment (e.g. need for court approval). Check with your legal advisor if you have any questions.

**BENEFICIARY DESIGNATION**

Before completing the Beneficiary Designation section below, please see the Life Insurance Beneficiary Designation Instructions above. Once this section is completed, return it to the Benefits Office (E19-215). In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following:

**PRIMARY BENEFICIARY (IES):**

Name	Address	Relationship	Date of Birth	Percentage

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

**CONTINGENT BENEFICIARY (IES):** If my primary beneficiary(ies) predecease(s) me, I hereby specify the value of my account to be distributed to my contingent beneficiary(ies). Primary beneficiary(ies) cannot be contingent beneficiary(ies).

Name	Address	Relationship	Date of Birth	Percentage

Payment will be made in equal shares or all to the survivor unless otherwise indicated. If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

**I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent.**

\_\_\_\_\_  
Print Name of Insured or Owner (if assigned)

\_\_\_\_\_  
Daytime Phone No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Signature of Insured or Owner (if assigned)

\_\_\_\_\_  
Date Signed

**Trust(ee) Designation** (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

And successor(s) in trust, as Trustee(s) under \_\_\_\_\_  
("Title of Agreement")

Dated \_\_\_\_\_ executed by me and said Trustee(s).

MetLife shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of MetLife under the Group Policy.

If this form is executed by the insured, it is understood and agreed, however, that if Metlife receives proof satisfactory to it 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, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

If this form is executed by the current owner (who is not the insured), it is understood and agree, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the current owner, if living at the insured's death, or the current owner's estate if the current owner is not living at the insured's death, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

**Trust(ee) (under Will) Designation** (applies only if a trust has been set forth in your Will)

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

If for any reason whatsoever, no Trust(ee) under any such last Will and testament shall be duly appointed, I hereby designate My Estate as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of MetLife under the Group Policy.

**I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent.**

\_\_\_\_\_  
Print Name of Insured or Owner (if assigned)

\_\_\_\_\_  
Daytime Phone No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Signature of Insured or Owner (if assigned)

\_\_\_\_\_  
Date Signed