

Beneficiary designation

Use this form to name the beneficiary or beneficiaries for your annuity benefit.

Things to know before you begin

- If you're naming more than two beneficiaries, please include the Additional Beneficiary Designations page with this form. If you have more than seven beneficiaries, you can provide the information requested on a separate sheet of paper.



You must complete this entire form and sign where indicated or your request may be delayed

SECTION 1: Annuitant information

First name	Middle name	Last name		
Address		City	State	ZIP
Email address			Phone number	
Social security number <i>(last 4 digits)</i>	Date of birth <i>(mm/dd/yyyy)</i>	Annuity ID		

SECTION 2: Beneficiary information

- You must name at least one Primary Beneficiary. If you name more than one beneficiary, be sure to check the box to select each beneficiary as Primary or Contingent. A Contingent Beneficiary is an individual who will receive benefits only if all Primary Beneficiaries are deceased.
- Make sure to fill in a percentage share in whole numbers for each beneficiary. The total percentage for all Primary Beneficiaries must add up to 100%. If you don't fill in percentages, the Primary Beneficiaries will share equally. If any Primary Beneficiary is deceased at the time of payment, the remaining Primary Beneficiaries will share equally.
- The total percentage share for all Contingent Beneficiaries must also total 100%. Payment to Contingent Beneficiaries will follow the same rules as for Primary Beneficiaries.

Beneficiary 1

Primary

First name	Middle name	Last name			Percentage share %
Street address		City	State	ZIP	
Social Security number	Date of birth <i>(mm/dd/yyyy)</i>	Relationship			
Email		Phone number			


Beneficiary 2

Primary Contingent (*check one*)

First name	Middle name	Last name		Percentage share %
Street address		City	State ZIP	
Social Security number	Date of birth (<i>mm/dd/yyyy</i>)	Relationship		
Email		Phone number		

SECTION 3: Authorization

I designate the individuals named in Section 2 as Beneficiary(ies). This designation supersedes any elections made prior to the date below. I reserve the right to change or revoke this designation at any time.

Name (<i>please print</i>)	Social security number (<i>last 4 digits</i>)
 Signature	Date (<i>mm/dd/yyyy</i>)

SECTION 4: How to submit this form

Please complete and sign this form and return by:

Mail:
MetLife
PO Box 14710
Lexington, KY 40512-4710

Fax:
866-855-2773

We're here to help

You can reach us at 800-638-2704, Monday through Friday, 8 a.m. to 9 p.m. Eastern Time.