

Annuity Service Request Form

1. Contract Information: - Required for all requests

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| Contract Number(s): | Name of Annuitant: |
| Contract Owner(s) Name: | |
| Contract Owner Social Security Number/TIN: | Daytime Phone: |

2. Address Change

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| Change Address of: <input type="checkbox"/> Owner <input type="checkbox"/> Beneficiary Please provide new address information in the sections to the right. | Address: |
| | City, State, Zip Code: |
| | If the Address of a Beneficiary has changed, please also identify which beneficiary. Beneficiary Name _____ |

3. Name Change/Correction

This section is to be used for a change in *Legal* name, NOT a change in ownership. **Please print.**

Note: If reason is other than correction of spelling, attach copy of legal evidence

| | | |
|---|---|-----------|
| <input type="checkbox"/> Correction to: <input type="checkbox"/> Change to: Name of <input type="checkbox"/> Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Beneficiary | Previous Name: | New Name: |
| | Reason for Name Change/Correction: | |
| | Previous Signature of Owner/Annuitant X | |
| | New Signature of Owner/Annuitant X | |

NOTE: Ownership and/or Beneficiary changes may result in the termination of the Guaranteed Minimum Withdrawal for Life Benefit, if applicable. Please see your Contract and prospectus or contact your financial representative for more details.

4. Owner or Custodian Change

Please note: If the beneficiary is not changed using Section 5 on the next page, the beneficiary designation from the previous owner will remain in place on the annuity contract unless and until the new owner changes the beneficiary. On Custodial IRA to non-Custodial IRA ownership changes, if the beneficiary instructions are not provided, the estate of the new owner will become the sole primary beneficiary on the contract.

If requesting a change/correction to the **name** of the current owner/annuitant, please complete Section 3 – Name Change. Changes to ownership may be made to non-qualified contracts only. If adding or removing a custodian or changing to a new custodian, please obtain signatures from previous and/or new custodians. For guardianship changes, please provide court-issued documents.

Any Owner change, where the new Owner would report income under an SSN/TIN that is different from the current Owner's, or current Owner's spouse's SSN, will result in a taxable event (with the exception of changes between Custodial IRA's and personal IRA's).

| | | |
|---|---|--|
| Change Owner to: <input type="checkbox"/> Individual <input type="checkbox"/> Joint Owners <input type="checkbox"/> Trust + <input type="checkbox"/> Custodian <input type="checkbox"/> Other Non-Natural Entity * <input type="checkbox"/> Add Joint Owner <input type="checkbox"/> Change Custodian Please provide new Owner, Joint Owner or Custodian information and signature(s) in the sections to the right. Please review the current beneficiary designation on the contract and make any necessary changes in Section 5. | Name of new Owner/Joint-Owner/Custodian (type or print name as it should appear on company records): | |
| | Social Security Number/TIN: | Date of Birth/ Trust Date: |
| | Daytime Phone: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity |
| | Address: | |
| | City, State, Zip Code: | |
| | Under penalties of perjury, I certify that the number shown above is my correct Taxpayer Identification Number and that I am <u>not</u> subject to backup withholding. (Cross out any part of this statement that is not applicable.) | |
| | Signature, with title (if applicable), of New Owner/Joint Owner X | |
| | Signature of previous custodian to <u>release</u> custodial ownership X | |
| | Signature of new custodian to <u>accept</u> custodial ownership X | |

Note: The existing Contract Owner(s) must sign in Section 8. *Non-Natural Entity requires additional Form # L-25480, Disclosure and Acknowledgement for Transfer of a Non-Qualified Annuity by an Individual to a Non-Natural Entity. + Trust-owned contracts require additional form ANNTRUSTEECERT, Trustee Certification for Annuity Products, to be submitted with request.

5. Beneficiary Change

If requesting a change/correction to the name of an existing Beneficiary, please complete Section 3 – Name Change.

If this is an Employer-sponsored contract, any beneficiary changes must be made through the Plan Trustee, Plan Administrator, or Employer.

If a Trust is designated, be sure to provide the complete Trust name, Trust date, and Trustee name.

Unless otherwise indicated, beneficiaries of like class shall share equally with rights of survivorship.

Please note that the beneficiary of any Custodial IRA must be the custodian.

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|--|---|--------------|--------------|-----|-----|
| Please indicate the changes you wish to make to the Beneficiaries for your contract. | | | | | |
| Name | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | DOB | Pct |
| Address | | | | | |
| Name | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | | Pct |
| Address | | | | | |
| Name | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | | Pct |
| Address | | | | | |
| Name | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | Relationship | SSN/TIN | | Pct |
| Address | | | | | |
| Trust Name | | Trust Date | Trustee Name | | |
| Comments or other changes: | | | | | |

NOTE: Percentages for all Primary Beneficiaries must total 100% and percentages for all Contingent Beneficiaries must total 100%.

6. Case Change:

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|-----------------|-----------------|---------------|------------------|
| Old Case Number | New Case Number | New Case Name | New Case Address |
| | | | |

7. Financial Representative Change:

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|---------------------------------------|--|
| Name of new Financial Representative: | Financial Representative's Social Security Number: |
| Company Name: | Phone number: |
| Company Address: | Branch number (if applicable): |

8. Signature(s) - Required for all requests

I, the Contract Owner referenced in Section 1, hereby request that the Company, subject to the provisions of my Contract, process the changes indicated on this form.

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| Signature of Owner (with title, if applicable) | Date: |
| Signature of Joint Owner | Date: |
| Agreed (Signature of Irrevocable Beneficiary or Assignee) | Date: |

Notice: No agent or representative of the Company is authorized to alter, change or waive any of the terms or conditions of this form or to bind the Company by any statement or representation. The Company suggests that you consult your own attorney, accountant or tax advisor for information relating to federal and state income tax liabilities that may be incurred as a result of any changes to your policy.

An acknowledgment will be forwarded upon completion of the change(s) requested herein.

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| | Mailing Instructions | |
| Mail this form to: MetLife P.O. Box 10366 Des Moines, IA 50306-0366 | Overnight mail only: MetLife 4700 Westown Parkway, Ste. 200 West Des Moines, IA 50266 | Fax to: 877-547-9666 |