

Beneficiary Designation

This form is provided for your convenience when you need to add or change beneficiary information for your Total Control Account® (TCA) in the event of your death. You are not required to designate a beneficiary for your Account. However, if there is no beneficiary on file at the time of your death, the Total Control Account proceeds will be paid in accordance with the Total Control Account Customer Agreement.

Things to know before you begin

- Return **ALL pages** of this form regardless of your designation, or we cannot record your choices.
- Executors, personal representatives, guardians, conservators, trusts, and minors who are Accountholders generally may not designate beneficiaries.
- If you have more than one Account, you must complete a separate Designation form for each Account.
- Gather the name(s), date(s) of birth, Social Security/Tax ID number(s) and contact information for all of your beneficiaries.
- To request a new form call 800-638-7283 to request a new form or you may download one by logging onto www.metlife.com.
- Please make a copy of the completed form for your records.
- Specific individuals must be named as beneficiaries (*e.g., the term "Grandchildren" is not acceptable*).



Please follow instructions to avoid delays in processing your request(s).

SECTION 1: Account Information *(Required for all requests)*

Accountholder's Information

TCA Account Number _____

First Name	Middle Name	Last Name
_____	_____	_____

Address	City	State	Zip
_____	_____	_____	_____

Social Security Number	Phone Number
_____	_____

Designating your beneficiary(ies)

Complete the applicable section(s) 2 through 6 below to designate who/what will be payable upon your death.

- A financial institution may not be designated as a beneficiary.
- If you name a minor child as beneficiary, please bear in mind that depending on the amount payable, the funds may only be accessible to the court appointed guardian or conservator of the minor child's estate or property. If no guardian or conservator is appointed, the money may be held in an interest bearing account until the minor reaches legal age in the state in which he or she resides.
- To accommodate additional beneficiary(ies), either make a copy of the Total Control Account Beneficiary Designation form and submit more than one form, or attach a separate sheet of paper listing the name, relationship, date of birth, address, telephone number, Social Security Number, and shares of each additional primary and/or contingent beneficiary(ies). Each page must include the TCA account number, and must be signed and dated by the Accountholder.

SECTION 2: Individual Beneficiaries

Naming an Individual as a Primary Beneficiary - A Primary Beneficiary is your first choice to receive your Total Control Account proceeds in the event of your death. If any primary beneficiary predeceases you, that person's share will be equally divided among any remaining primary beneficiaries. You must name at least one (1) primary beneficiary. Please complete the fields below for each beneficiary you name. Having accurate information for your beneficiary(ies) ensures that we distribute the proceeds the way you want. Please use the proceeds % box to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*). **All shares must equal 100%**. In order to distribute the proceeds equally among your primary beneficiaries, leave all proceeds % boxes blank.

Primary Beneficiary

First Name	Middle Name	Last Name		Write in the % of proceeds assigned to this person _____
Address		City	State ZIP	
Relationship	Phone Number	Social Security Number	Date of Birth (mm/dd/yyyy)	

Primary Beneficiary

First Name	Middle Name	Last Name		Write in the % of proceeds assigned to this person _____
Address		City	State ZIP	
Relationship	Phone Number	Social Security Number	Date of Birth (mm/dd/yyyy)	

Primary Beneficiary

First Name	Middle Name	Last Name		Write in the % of proceeds assigned to this person _____
Address		City	State ZIP	
Relationship	Phone Number	Social Security Number	Date of Birth (mm/dd/yyyy)	

Primary Beneficiary

First Name	Middle Name	Last Name		Write in the % of proceeds assigned to this person _____
Address		City	State ZIP	
Relationship	Phone Number	Social Security Number	Date of Birth (mm/dd/yyyy)	

Naming an Individual as a Contingent Beneficiary - A Contingent Beneficiary is your second choice to receive your Total Control Account proceeds if **ALL** of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiary predeceases you, that person's share will be equally divided among any remaining contingent beneficiaries. Please use the proceeds % box to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers (*no fractions or decimals*). **All shares must equal 100%**. To distribute the proceeds equally between your contingent beneficiaries, leave all proceeds % boxes blank.

Contingent Beneficiary

First Name		Middle Name		Last Name		Write in the % of proceeds assigned to this person _____	
Address			City		State		ZIP
Relationship	Phone Number		Social Security Number		Date of Birth (mm/dd/yyyy)		

Contingent Beneficiary

First Name		Middle Name		Last Name		Write in the % of proceeds assigned to this person _____	
Address			City		State		ZIP
Relationship	Phone Number		Social Security Number		Date of Birth (mm/dd/yyyy)		

Contingent Beneficiary

First Name		Middle Name		Last Name		Write in the % of proceeds assigned to this person _____	
Address			City		State		ZIP
Relationship	Phone Number		Social Security Number		Date of Birth (mm/dd/yyyy)		

Contingent Beneficiary

First Name		Middle Name		Last Name		Write in the % of proceeds assigned to this person _____	
Address			City		State		ZIP
Relationship	Phone Number		Social Security Number		Date of Birth (mm/dd/yyyy)		



Please note: This page and Section 6 on the next page should only be completed if you are designating a living trust, testamentary trust, your estate, or a charity/organization as a beneficiary.

SECTION 3: Living Trust

If this form is executed by the accountholder, 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 accountholder's death, the account balance will be paid in accordance with the Total Control Account Customer Agreement when there is no beneficiary on file.

Primary Contingent

Trust Name			Date of Birth (mm/dd/yyyy)		Write in the % of proceeds assigned to this trust _____
Trustee - First Name	Trustee - Middle Name	Trustee - Last Name			
Address		City	State	ZIP	
Phone Number					

SECTION 4: Testamentary Trust in your will *(Trust under Last Will and Testament)*

The Trust under your Last Will and Testament as shall be admitted to probate.

Primary Contingent

Trustee - First Name			Trustee - Middle Name		Trustee - Last Name		Write in the % of proceeds assigned to this trust _____
Address		City		State	ZIP		
Phone Number							

SECTION 5: Accountholder's Estate

If the Accountholder's estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named. If you would like to designate the Estate as the Contingent beneficiary, please be sure to designate a Primary beneficiary for the form to be in good order

Primary Contingent

Estate Representative - First Name			Estate Representative - Last Name				Write in the % of proceeds assigned to your estate _____
Address		City		State	ZIP		
Phone Number							

SECTION 6: Charity/Organization

Be sure to name the charity or organization, and not name the director or employee of the charity/organization.

Primary Contingent

Charity/Organization name

Address

City

State

ZIP

Phone Number

Write in
the % of
proceeds
assigned
to this
Charity -
Organization

SECTION 7: Signature(s) (Required for all requests)

In accordance with the conditions of the Total Control Account listed above, I, as the accountholder, hereby revoke any previous designations, and designate the beneficiary(ies) listed on this form in the event of my death.

Sign
Here

Signature of Accountholder

Date form completed (mm/dd/yyyy)



Did You Remember To?

- Provide your TCA Account Number in Section 1.
- Provide complete information for each of your beneficiaries.
- Make sure the total "proceeds %" for your **primary beneficiaries** (including those on a separate page) equal 100%. Separately, did you remember to make sure the total "proceeds %" for you **contingent beneficiaries** (including those on a separate page) equal 100%.
- Complete, sign and date the form with today's date.
- Complete, sign and date any extra pages that list beneficiary information. Return ALL pages of this form regardless of your designation.
- Cross out and initial any mistakes you made. (If you crossed out any answers, your signature is not enough. You must also initial all of your corrections.)
- Provide the documentation showing the name change if your legal name has changed. (Marriage Certificate, Divorce Decree, Court Order, etc.)
- If you are completing and signing this form as Attorney-in-Fact for the accountholder under a valid Power of Attorney, please submit a copy of the Power of Attorney papers with this beneficiary form.
- Keep a copy of this completed form for your records

SECTION 8: How to Submit this Form

Please send us the entire form by mail or fax.

Mailing Address:

Metropolitan Life Insurance Company
Total Control Account
PO Box 6300
Scranton, PA 18505-6300

Fax:

570-207-1706

Email:

TCAForms@metlife.com

MetLife Services and Solutions, LLC provides administrative services for Total Control Accounts (TCAs), Guaranteed Interest Certificates (GICs), and Minor on Deposit Accounts (MODAs) established in connection with policies issued by Metropolitan Life Insurance Company (MLIC), certain of MLIC's insurance company affiliates, and certain non-affiliates.