

Full Policy Surrender Request

Use this form to request a full surrender and termination of your life insurance policy(ies).

Metropolitan Life Insurance Company
Metropolitan Tower Life Insurance Company



82608873-c3bc-4233-
b43f-051adaf7195d

Things to Know Before You Begin

- Social Security or Tax ID number is required in Section 2.
- All policy owners must sign and date the form in Section 5.

Complete and return pages 1-4 of this form to avoid processing delays

SECTION 1: About Your Policy *(All policies listed below must have the same policy owner(s))*

Policy Number

| | | |
|--------------------|-------------|-----------|
| Insured First Name | Middle Name | Last Name |
|--------------------|-------------|-----------|

Policy Number

| | | |
|--------------------|-------------|-----------|
| Insured First Name | Middle Name | Last Name |
|--------------------|-------------|-----------|

Policy Number

| | | |
|--------------------|-------------|-----------|
| Insured First Name | Middle Name | Last Name |
|--------------------|-------------|-----------|

Policy Number

| | | |
|--------------------|-------------|-----------|
| Insured First Name | Middle Name | Last Name |
|--------------------|-------------|-----------|

SECTION 2: About the Owner *(Choose one and complete appropriate sub-section):*

Individual *(or individuals, if the policy is co-owned)*

| | | |
|--------------------|-------------|-----------|
| Owner - First Name | Middle Name | Last Name |
|--------------------|-------------|-----------|

| | | |
|------------------------|--------------|----------------|
| Social Security Number | Phone Number | E-Mail Address |
|------------------------|--------------|----------------|

| | | |
|-----------------------|-------------|-----------|
| Co-Owner - First Name | Middle Name | Last Name |
|-----------------------|-------------|-----------|

Social Security Number



1%1%2%07%4%10603%7%1%14%T

A Trust, Charity, or Business Entity

Print Full Name of Trust/Charity/Business Entity

Date of Trust (mm/dd/yyyy)

Tax ID Number of Trust/Charity/Business Entity

Contact Person - First Name

Middle Name

Last Name

Phone Number

E-Mail Address

SECTION 3: Full Surrender, Termination and Payment

I request a full surrender and termination of the life insurance policy(*ies*) listed in **Section 1** and request payment of the proceeds as indicated below.

Payment Options: Please select one of the following payment methods

Receive a check

*Open a new Total Control Account® (TCA) _____

*Additional information page for features of the Total Control Account (TCA) to help you make an informed decision. The decision whether or not to select a check or the TCA, if available, as a payment method is entirely yours. The features listed are merely general factual information about the TCA and do not constitute a recommendation or advice on the payment method you should select.

If you choose to receive a check, please let us know where we should mail it.

Street Address

City

State

ZIP

Should we use this address for all future correspondence with you? Yes No

Special Instructions:

Florida Residents Only:

Check this box: If your insurance agent recommended (*advised*) you to surrender your life insurance policy and the surrender proceeds will NOT be used to fund or purchase another life insurance policy or annuity contract.

- The state of Florida requires that we first provide you with important disclosure information.
- We are unable to send your surrender proceeds via EFT or wire. We will promptly send you a check.
- Include your email address or fax number in the space provided below so we can send the important disclosure information to you.

E-Mail Address

Fax Number

SECTION 4: About Income Tax Withholding

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash surrender value and pay it to the IRS unless you tell us in writing not to withhold tax. Some states also require us to withhold state income tax if we withhold federal tax.



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You are responsible for paying income tax on the taxable portion of your payment, even if we do not withhold taxes. In making your decision about withholding taxes, you should consider that penalties under the estimated income tax rules may apply if your withholding and estimated income tax payments are not sufficient.

- Check here if you **do not** want us to withhold federal and state income tax.
(This choice is void if we do not have your Social Security number or Tax ID number or if you reside outside the U.S.)

SECTION 5: Certification and Signature

Under the penalties of perjury I certify:

1. The number shown on this form is my correct taxpayer identification number, and;
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and; *(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)*
3. I am a U.S. citizen or other U.S. person, and;
4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States. *(If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation, e.g. IRS Form W-8BEN for individuals, which can be found on the IRS website).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

All Policy owner(s) must sign and date option A or B.

- If there are more than two Owners, each additional Owner must sign, date, and provide their name and social security number on a separate page and submit with this form.
- For an individual acting on behalf of the Owner, the full name of the Owner's fiduciary or agent and supporting legal documentation is required.

Option A: Individual Owner Signature(s)

| | | | |
|--|---------------------------------------|-------------------|-----------|
| Sign Here | Signature of Owner | Date (mm/dd/yyyy) | |
| | _____ | | |
| Title (if acting in a representative capacity) | | | |
| _____ | | | |
| Print - First Name | | Middle Name | Last Name |
| _____ | | _____ | _____ |
| Sign Here | Signature of Co-Owner (If applicable) | Date (mm/dd/yyyy) | |
| | _____ | | |
| Title (if acting in a representative capacity) | | | |
| _____ | | | |
| Print - First Name | | Middle Name | Last Name |
| _____ | | _____ | _____ |



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Option B: Trust/Business Entity Owner Signature(s)

Before signing, see signature requirements on page 5

| | | | |
|--------------------|--------------------------------|-----------|-------------------|
| Sign Here | Signature of Authorized Person | Title | Date (mm/dd/yyyy) |
| | _____ | _____ | _____ |
| Print - First Name | Middle Name | Last Name | |
| _____ | _____ | _____ | |
| Sign Here | Signature of Authorized Person | Title | Date (mm/dd/yyyy) |
| | _____ | _____ | _____ |
| Print - First Name | Middle Name | Last Name | |
| _____ | _____ | _____ | |

SECTION 6: Collateral Assignee and/or Irrevocable Beneficiary Signature(s)

- All Collateral Assignee(s) must sign and date this form.
- Any Irrevocable Beneficiary must also sign and date this form.

Before signing, see signature requirements on page 5

| | | | |
|--------------------|--------------------------------|-----------|-------------------|
| Sign Here | Signature of Authorized Person | Title | Date (mm/dd/yyyy) |
| | _____ | _____ | _____ |
| Print - First name | Middle Name | Last Name | |
| _____ | _____ | _____ | |
| Sign Here | Signature of Authorized Person | Title | Date (mm/dd/yyyy) |
| | _____ | _____ | _____ |
| Print - First Name | Middle Name | Last Name | |
| _____ | _____ | _____ | |

For Sales Office Use Only

Sales Office/Agency Number – Representative ID | Date (mm/dd/yyyy)

Print Sales Representative

First Name | Middle Name | Last Name

SECTION 7: Additional Information and Instructions

About the Total Control Account

Total Control Account (TCA) - Please keep this page for your records.

If payment is made by establishing a new TCA, the signature you provide will be placed on file with that account.

Availability:

A TCA may be elected when the amount payable to you is at least \$50,000.

The TCA generally is not available to corporate entities, or to residents of foreign countries. For more information, call our Customer service center at 1-800-638-7283.

Features:

- **Interest compounded daily.** Rates are set weekly and are equal to or higher than one of two nationally recognized money market rate indexes. Interest is credited monthly and is currently taxable.
- **Detailed, easy-to-read statements.**
- **Free unlimited check writing privileges** - Minimum check amount \$250.
- **No penalties** for withdrawing all or part of your money.
- **No charge** for processing or printing checks. Free check reorders.
- **No transaction or monthly fees**, although there may be charges for stop orders and special services.
- **Additional amounts** from other sources may not be added to the TCA, nor can amounts withdrawn be redeposited. However, proceeds from other life insurance policies and annuity contracts issued by the same insurer may be added to an existing TCA in some circumstances.
- **Information available electronically** through MetLife's eSERVICE web site.
- **Principal and interest are guaranteed** by the financial strength and claims paying ability of the affiliated MetLife insurance company which issued the policy/policies above.

Signature Requirements

| Owner Type | Signature Requirement |
|-----------------------|---|
| Partnership owned LLP | Signature and title of one general partner other than the insured (<i>not a limited partner</i>). |
| Sole proprietorship | Signature of Owner, followed by the title "Sole Owner". |
| Corporate/Charity | Signature and title of one authorized officer (<i>other than the insured</i>). Most common authorized officers include: CFO, President, Vice President, Treasurer, Corporate Secretary, Principal(LLC), Managing Member (LLC), or Loan Officer (<i>on behalf of collateral assignee</i>) |
| Trust | Signature of all required Trustees, followed by the title "Trustee." Please submit a copy of the Trust Certification with this form. |

SECTION 8: How to Submit This Form

Retain a copy of this completed form for your records.

Return pages **1-4** of this form to the appropriate address or fax number listed below. Please note that there may be printing on both sides of each page. We cannot process your request unless we receive all 4 pages.

| | | |
|-----------------------------------|---|--|
| Life Policies | Mail: Metlife P.O. Box 336 Warwick, RI 02887-0336 | Fax: 401-827-2225 Email: INDLifeRequests@metlife.com |
| For Variable Life Policies | Metlife P.O. Box 358 Warwick, RI 02887-0358 | |

We're Here to Help

You can reach us at 1-800-638-5000. Our customer service center is open Monday through Friday, 8:00 a.m. to 6:00 p.m., Eastern time.

Fraud Warnings

Fraud Statement and Disclosure

Alabama, Arkansas, District of Columbia, Louisiana, New Mexico, Ohio, Rhode Island and West Virginia

Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Residents Only: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents Only: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Residents Only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Kansas and Oregon Residents Only: Any person who knowingly presents a materially false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico Residents Only: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.