

# Group Term Life Insurance Beneficiary Designation

Metropolitan Life Insurance Company

**!** This form **MUST** be signed in SECTION 3 before you return it.

## SECTION 1: About the Insured

First name	Middle name	Last name		
Date of birth ( <i>mm/dd/yyyy</i> )	Social Security number		Phone number	
Address		City	State	ZIP
Employer name			Customer number	

## SECTION 2: Beneficiary information

- You **MUST** designate at least one primary beneficiary. A person may only be listed once. Anyone listed in the primary section cannot be listed in the contingent section.
- The sum of the Primary Beneficiary percentages **MUST** equal 100%. The sum of the Contingent Beneficiary **MUST** equal 100%. Dollar amounts, fractions and decimals will not be accepted. If multiple primary or contingent beneficiaries are named and no percentage distribution is listed, proceeds payable to such beneficiaries will be divided equally.
- If you need more space for additional beneficiaries, attach a separate page. Include all beneficiary information, and sign/date the page.
- Please complete the section that pertains to the type of beneficiary you are designating.**

### A. Individual Beneficiaries

**Primary beneficiary:** Your first choice to receive your life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First name	Middle name	Last name			Benefit: _____ %
Address					
City		State	ZIP		
Relationship to Employee	Social Security number	Date of birth ( <i>mm/dd/yyyy</i> )	Phone number		

First name	Middle name	Last name			Benefit: _____ %
Address					
City		State	ZIP		
Relationship to Employee	Social Security number	Date of birth ( <i>mm/dd/yyyy</i> )	Phone number		

First name	Middle name	Last name		Benefit: _____ %
Address				
City		State	ZIP	
Relationship to Employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number	

**Contingent beneficiary:** Your second choice to receive your life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First name	Middle name	Last name		Benefit: _____ %
Address				
City		State	ZIP	
Relationship to Employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number	

First name	Middle name	Last name		Benefit: _____ %
Address				
City		State	ZIP	
Relationship to Employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number	

- B. Living Trust** (applies only if a trust has been created in an executed trust agreement)  
 Primary  Contingent

If this form is executed by the insured, 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 insured's death, the beneficiary shall be the insured's Estate, unless otherwise indicated on this form.

If this form is executed by the current owner (*who is not 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 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 name	Trust date (mm/dd/yyyy)	Trustee phone number		Benefit: _____ %
Trustee first name	Middle name	Last name		
Address				
City		State	ZIP	

- C. Testamentary Trust created in the Insured's Will** *(applies only if a trust has been set forth in your Will)*  
 Primary  Contingent

Benefit:

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

**D. Insured's Estate**

- Primary  Contingent

If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.

**E. Charity/Organization**

- Primary  Contingent

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

Charity/Organization name		Phone number	Benefit: _____%
Address			
City	State	ZIP	

**SECTION 3: Signature**

- Check if you are completing and signing this form as an agent for the employee under a valid Power of Attorney. Return a copy of the Power of Attorney with this beneficiary form. The Power of Attorney paperwork is subject to review by MetLife.

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section 2 as beneficiary(ies). I reserve the right to change or revoke this designation at any time.

Insured/Owner name *(Please print)*

**Sign Here**

Insured/Owner signature

Date *(mm/dd/yyyy)*

**SECTION 4: How to Submit This Form**

Return this signed and completed form to the address below. Retain a copy for your records.

**Mail:**

MetLife Record Keeping Center  
P.O. Box 14406  
Lexington, KY 40512-4406

**Please note: You MUST SIGN and return all pages of this form.**

**We're Here to Help**

Please don't hesitate to contact us if you have any questions. You can reach us at 1-866-492-6983, Monday through Friday, 8:00 a.m. to 11:00 p.m. Eastern time.