

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
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Policy Number

Insured First Name	Middle Name	Last Name
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Policy Number

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

Policy Number

Insured First Name	Middle Name	Last Name
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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
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Social Security Number	Phone Number	E-Mail Address
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Co-Owner - First Name	Middle Name	Last Name
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Social Security Number



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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) or deposit into my existing TCA # _____

Please see the 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 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 \$10,000, or you have an existing TCA Account issued by the same MetLife affiliated insurance company that issued the policy (*you must provide the TCA account number*). 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

<p>We're Here to Help</p> <p>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.</p>
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