

## Electronic Payment (EP) account agreement

Use this form to establish or change an electronic payment.

### Company (Check the appropriate ONE.)

The Company indicated in this section is referred to as "the Company".

- Metropolitan Life Insurance Company       Metropolitan Tower Life Insurance Company

### Things to know before you begin

- **Instructions:** Use this form to establish or change an electronic payment account as a payment method for policies and contracts issued by the companies listed above. Once you have established an EP account, other products can be included with this account so that payments can be withdrawn on the same date from the same bank account.
- If you need assistance completing this form, please call your representative, sales office, or the appropriate number listed under How to submit this form.



Please complete this form in its entirety to avoid any delays in processing.

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### SECTION 1: Type of request

- New authorization (To make regular withdrawals)
- Change of bank account (Prior authorization)
- Add policy/contract to existing Electronic Payment account # \_\_\_\_\_

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### SECTION 2: Bank account Owner information

**Primary Owner of the bank account:**     Individual    or     Business entity

First name	Middle name	Last name
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Business entity

Street address	City	State	ZIP
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### Joint Owner of the bank account:

First name	Middle name	Last name
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### SECTION 3: Policy/Contract payment information

Please complete the following chart using a separate column for each policy/contract.	Policy/Contract number	Policy/Contract number	Policy/Contract number	Policy/Contract number
<b>Recurring payment type:</b> Please choose one or more of the following: Premium, Loan repayment, Annuity, PUAR, etc.				
<b>Recurring payment amount:</b> Amount to draft every month				
<b>Relationship of bank account Owner to Contract Owner:</b> Please choose one of the following: Self, Spouse/ Domestic Partner, Parent, Trustee, Business Owner, Step Parent, Child, Grandparent, Employer, or Guardian. <i>* Please review Bank Draft Disclosure for additional information.</i>				
<b>Initial premium advance payment amount:</b> <i>*Please review Bank Draft Disclosure for additional information.</i>				

**Withdrawal Date** is the day of the month we will withdraw from your bank account. If you do not specify a date, monthly withdrawals will occur on the same day of the month as the issue date.

Please specify **only one** option:  Issue date of Policy/Contract  Withdrawal on the \_\_\_\_ of each month

### SECTION 4: Bank information

**Account Type:**  Checking  Savings

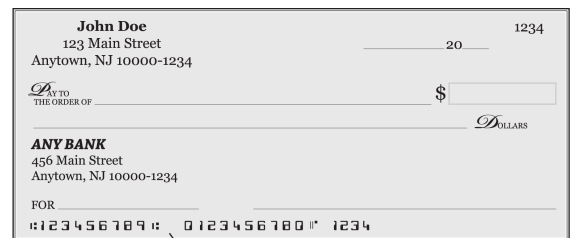
We **CANNOT** establish electronic payments from some brokerage, mutual funds or from foreign bank accounts (unless it is being paid in U.S. Dollars through a U. S. correspondent bank.)

Banking institution routing number

\_\_\_\_\_

Account number

\_\_\_\_\_



**BANK ROUTING NUMBER      BANK ACCOUNT NUMBER**



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Name of bank

Bank address & branch where account is located

If this is a brokerage account, please provide Firm name

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## SECTION 5: ACH withdrawal authorization

I, the Bank Account Holder, hereby authorize

1. The Companies named above (*MetLife*) to initiate withdrawal entries to the deposit account designated above at the Bank named above, using the Automated Clearing House;
2. Monthly recurring withdrawals in the amount set forth in Section 3 above and such additional amounts that may be required under the terms and conditions of the relevant policy/contract; and
3. Withdrawals made from time to time, as I authorize.

I understand that:

1. The origination of electronic withdrawals to my account must comply with the provisions of U.S. law;
2. MetLife requires notification of a least two business days before a scheduled payment to either terminate the EP account or to prevent a scheduled payment.
3. If payments are made for insurance premiums, paying my insurance premiums monthly may result in a higher yearly out-of-pocket cost or different cash values.
4. Premiums may increase in accordance with the terms and conditions of the policy or contract. If I am not the owner of any policy or contract identified above, I will not receive advance notice of any change in the amount of any authorized withdrawal with respect to such policy or contract.
5. The owner of the policy or contract is responsible for ensuring that adequate premiums are paid to keep the policy/contract in force.

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## SECTION 6: Signatures (*Signature requirements*)

All Bank Account Owners must sign this form. Please sign as shown below:

A Partnership	The full name of the firm should be printed with the signature of all general partners ( <i>not limited partners</i> ).
A Sole Proprietorship	The full name of the business should be printed with the signature of the owner followed by the word "owner."
A Trust	Signatures, followed by the word "Trustee," of all required Trustees. Also submit a Trust Certification, which is available from your representative, sales office, or the appropriate number listed under How to submit this form.
A Corporation	The signatures and titles of two authorized officers.
An Individual acting on Behalf of the Bank Account Owner	The full name of the Owner's fiduciary or agent and the legal documentation of the authority to act ( <i>e.g., power of attorney, guardianship papers, etc.</i> ).



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**By signing this document, I accept the terms of this EPA Agreement.**

Print name of Individual signing -			
First name	Middle name	Last name	
Title <i>(If you are acting in a representative capacity)</i>		Signed at city	State <input type="text"/>
<b>Sign Here</b>	Signature of Owner of the bank account		Date (mm/dd/yyyy)
Print name of Individual signing -			
First name	Middle name	Last name	
Title <i>(If you are acting in a representative capacity)</i>		Signed at city	State <input type="text"/>
<b>Sign Here</b>	Signature of Joint Owner of the bank account		Date (mm/dd/yyyy)

**Before mailing, please include the following items:**

- Banking Routing number, Account number and Bank information • All required signatures • Policy/Contract Number • Relationships of the Bank Account Owner to the Contract Owner

<b>For sales office use only</b>	Sales office/Agency number/Representative ID	Date (mm/dd/yyyy)
Sales representative - First name	Middle name	Last name

**SECTION 7: How to submit this form**

Return pages 1 through 4 of the completed form to the address or fax number listed below for the Company that issued the policy or contract. If policies or contracts are issued by more than one Company, return the completed form to any Company that issued at least one of the policies or contracts.

Issuing Company	Contact Phone Number	Fax Number	Address
Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company	1-800-638-5433	1-908-655-9581	P. O. Box 354, Warwick, RI 02887-0354
Metropolitan Life Insurance Company <b><i>(For Individual Disability Income Policies Only)</i></b>	1-800-638-5433	1-908-552-3960	P. O. Box 354, Warwick, RI 02887-0354
Annuity contracts issued by any of the Companies listed above	1-877-638-3279	1-877-547-9669	P. O. Box 10342 Des Moines, IA 50306-0342



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## Bank Draft Disclosure

### SECTION I: Automatic Withdrawals

- Recurring withdrawals will not start unless the policy/contract is in force.
- All withdrawals authorized will appear on your bank statement as "MetLife" or "MET-PAC."
- If the payment withdrawal date selected falls on a weekend, a holiday, or, in a shorter month, if the date selected is 29-31, the account will be billed on the next business day.
- By authorizing automatic withdrawals, MetLife established a MetLife Electronic Payment Account ("EP Account") for you. The EP Account is a payment method available to pay for policies/contracts issued or sold by MetLife companies. Once you have an EP Account, other MetLife products can be included with this account so that payments can be withdrawn on the same date.

### SECTION II: Multiple Payment Withdrawals

Multiple payments may be withdrawn when:

- More than one policy/contract payment is due or needed to bring your policy/contract up to date.
- You requested a life insurance/individual disability income policy be back-dated resulting in more than one payment due at time of issue.
- The withdrawal date selected is after the contract date for life insurance policies with flexible premiums.

Note: Guarantees may be affected if payments are missed or delayed.

### SECTION III: Initial Premium Advance Payment for Life Insurance and Individual Disability Income

This option will allow the advance payment to be withdrawn immediately at signing of an application or during the underwriting process. This option is available if the policy/contract applied for will be paid by recurring monthly withdrawal. The initial withdrawal is subject to the terms of the Temporary Insurance Agreement and/or Conditional Receipt.

### SECTION IV: Ending the Withdrawal

The EP Account shall remain in full force and effect until one of the following occurs:

- You notify MetLife of the termination of the EP Account. MetLife requires notification of at least 2 business days before a scheduled payment to either terminate the EP or to prevent a scheduled payment.
- MetLife notifies you of the termination of the EP Account.
- The policy(ies)/contract(s) is/are no longer in effect.
- The bank account used for withdrawals is closed or is otherwise terminated.

### SECTION V: General Information

If you change your bank or the bank account that you use for monthly deductions, you must stop your current agreement and complete a new form.

- If you are not able to submit the new EP Agreement form in advance of the previously authorized draft date, please be sure to leave sufficient funds in your original account to cover the deduction for that month.
- To obtain a new form refer to contact information below.

Paying insurance premiums monthly may result in a higher yearly out-of-pocket cost or different cash values.

Please be sure to have adequate funds in your bank account to cover the total monthly deduction on the Debit Authorization Form.

- If there are inadequate funds, your payment(s) into the policy(ies)/contract(s) may not be made, or may be made late. Either situation could result in a life insurance policy losing certain guarantees or a life insurance/individual disability income policy lapsing.
- Please note that many banks charge their customer when there are inadequate funds for an electronic draft.

Based on the policy/contract, premiums can increase.

Should a policy/contract no longer be paid by electronic draft, premiums or payments will be payable at the most frequent mode of payment available for that policy/contract.

MetLife will not consider refund requests until ten business days after the withdrawal.

If your mailing address changes, or if you want to determine the status of your policy and any guarantees, please contact your representative or call us at 1-800-METLIFE (1-800-638-5433).