

Life Insurance Absolute Assignment

Use this form to name a new absolute Assignee (*Owner*).

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

- An absolute Assignee is entitled to exercise all ownership rights and receive the death benefit.
- Do not use this form for Annuities.
- Complete this form in its entirety to avoid any delays in processing.
- If you need assistance in completing this form, please call your representative, sales office, or the appropriate number listed under How to submit this form.

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SECTION 1: About the Insured

Policy Number(s): (1) _____ (2) _____ (3) _____ (4) _____

First Name	Middle Name	Last Name	
Permanent Address		City	State ZIP
Social Security Number	Phone Number	Date of Birth (mm/dd/yyyy)	

SECTION 2: About the Assignment

Check here if this Assignment is a Reportable Policy Sale for tax purposes, such as a transfer to a life settlement company

Note: "Reportable Policy Sale" is defined under Internal Revenue Code ("IRC") §101(a)(3) as the acquisition of an interest in a life insurance contract, directly or indirectly, if the acquirer has no substantial family, business, or financial relationship with the insured apart from the acquirer's interest in such life insurance contract. If the box above is checked, the acquirer must provide the Company with IRS Form 1099-LS. See www.irs.gov for more information.

Complete either assignment Type A, B or C

TYPE A: Assignment to One or More Individuals

First Name	Middle Name	Last Name	
Relationship to Insured	Social Security Number	Date of Birth (mm/dd/yyyy)	% If Not Equal*
Permanent Address		City	State ZIP
Country of Citizenship		Phone Number	
First Name	Middle Name	Last Name	

Owner Initial Here _____ Date (mm/dd/yyyy) _____

Relationship to Insured	Social Security Number	Date of Birth (mm/dd/yyyy)	% If Not Equal*
Permanent Address		City	State ZIP
Country of Citizenship		Phone Number	
First Name	Middle Name	Last Name	
Relationship to Insured	Social Security Number	Date of Birth (mm/dd/yyyy)	% If Not Equal*
Permanent Address		City	State ZIP
Country of Citizenship		Phone Number	

*Total must equal 100%

If a Single Assignee Is Named: at the death of the Assignee, the Assignee's estate becomes both Owner and Beneficiary unless subsequent forms are completed.

If Joint Assignees Are Named:

1. The Assignees will share all ownership and beneficial rights under the policy(ies) equally, unless otherwise stated above.
2. If an Assignee predeceases the Insured (Check only one box)
 - a. that Assignee's ownership and beneficial share will be divided among the remaining surviving Assignees, with all to the survivor or to the estate of the last survivor.
 - b. that Assignee's ownership and beneficial share will pass to the executors or administrators of his/her estate.

If neither box above is checked, or if both boxes above are checked, the share of a deceased Assignee will pass to his/her estate.

Optional Designation of Custodian for Minor Assignee.

Note: Minor must be sole Assignee.

Custodian under the Uniform Transfers to Minors Act/Uniform Gifts to Minors Act (UTMA/UGMA) Acting on Behalf of the Minor Assignee.

Name of Custodian	Name of Minor	State	
as Custodian for		under the	UTMA/UGMA
Permanent Address of Custodian		City	State ZIP
Social Security Number		Phone Number	

TYPE B: Assignment to a Business or Charity

Name of Entity	Type of Entity (Corp., Partnership, etc.)			
Permanent Address		City	State	ZIP
Phone Number		Tax ID Number		

Owner Initial Here _____ Date (mm/dd/yyyy) _____

TYPE C: Assignment to a Living (*Inter Vivos*) Trust – Completed Trust certification form also required.

Name of Trust	Date of Trust (<i>mm/dd/yyyy</i>)	State Where Trust Was Created	
Permanent Address of Trust	City	State	ZIP
Grantor of the Trust - First Name	Middle Name	Last Name	
Phone Number	Trust Tax ID Number		

Names of All Currently Serving Trustees

Contact Trustee - First Name	Middle Name	Last Name	
Permanent Address	City	State	ZIP
Phone Number	Social Security Number		
Additional Trustee(s) - First Name	Middle Name	Last Name	
Phone Number	Social Security Number		
Additional Trustee(s) - First Name	Middle Name	Last Name	
Phone Number	Social Security Number		

If multiple Trustees are named, for any action
 all named Trustees must sign OR any one Trustee can sign.

SECTION 3: General Provisions

- This Absolute Assignment is subject to any policy loan or prior collateral assignment affecting the policy(ies).
- Trust Beneficiaries:
 - The Company reserves the right to require written evidence satisfactory to it that the Trust is in effect and evidence of the identity of the Trustee(s) who are qualified to act on behalf of the Trust with respect to a policy transaction. The Company shall be fully protected in acting in reliance upon such evidence.
 - The Company's responsibility for the payment of proceeds ends with the payment to the Trustee(s); it has no responsibility regarding any subsequent distribution.
- The Company is requested to waive any policy provision requiring the endorsement of the policy.
- The Company is authorized to consider a fax or a photocopy of this signed form as valid as the original signed form.
- The Company is authorized to make any clarifying additions or amendments to the Life Insurance Absolute Assignment.
- Unless I have indicated otherwise by checking the box in Section II above, I represent that this Absolute Assignment does not constitute a Reportable Policy Sale as defined under IRC § 101(a)(3).
- I understand that this Absolute Assignment may have tax consequences and it is my responsibility to seek advice from my tax and legal advisors.

Owner Initial Here _____ Date (*mm/dd/yyyy*) _____

SECTION 4: Signatures – Current Owner(s)

All Owners are required to sign this form. Any Irrevocable Beneficiary must also sign this form.

If any Owner resides in Massachusetts, that Owner’s signature must be witnessed by a disinterested person over 18 who is not being named as an Assignee. In all other states, witnessing is recommended but not required.

The undersigned hereby revoke(s) any prior designation of Beneficiaries and Contingent Owners and any Settlement Option/Optional Income Plan election, and absolutely assign(s) all ownership and beneficial rights to the Assignee(s).

By signing below, I certify that I have read and agree to the contents of this form.

Individually Owned Please sign as shown below:

Each Individual Owner Should sign and provide all additional requested information. Space is provided for up to two Individual Owners. Any additional Individual Owners should sign and provide all requested information in the blank space at the bottom of this page.

A party signing on behalf of an Owner The full name of both the Owner and the Owner's fiduciary or agent should be shown. When submitting these forms, include legal documentation of the authority to act (*e.g., power of attorney, guardianship papers, etc.*).

Sign Here	Signature	Date (mm/dd/yyyy)
<hr/>		
Print - First Name	Middle Name	Last Name
<hr/>		
Signed at City		State
<hr/>		
Sign Here	Signature of Witness	Date (mm/dd/yyyy)
<hr/>		
Print - First Name	Middle Name	Last Name
<hr/>		

Sign Here	Signature	Date (mm/dd/yyyy)
<hr/>		
Print - First Name	Middle Name	Last Name
<hr/>		
Signed at City		State
<hr/>		
Sign Here	Signature of Witness	Date (mm/dd/yyyy)
<hr/>		
Print - First Name	Middle Name	Last Name
<hr/>		

Corporate, Partnership or Trust Owned

Please sign as shown below:

- Trust Owned Signatures, followed by the word "Trustee", of all required Trustees.
- Corporate Owned Signature and title of one authorized officer (*other than the Insured*).
- Partnership Owned Signature and title of one authorized partner (*other than the Insured*).
- Limited Liability Company Signature and title of one authorized individual (*other than the Insured*).
- Sole Proprietorship Owned Signature of Owner, followed by the title "Sole Owner".

Name of Corporation, Partnership or Trust _____ | If Trust, Date of Trust (*mm/dd/yyyy*) _____

Sign Here	Signature _____	Title _____	Date (<i>mm/dd/yyyy</i>) _____
Print - First Name _____		Middle Name _____	Last Name _____
Signed at City _____			State _____
Sign Here	Signature of Witness _____	Date (<i>mm/dd/yyyy</i>) _____	
Print - First Name _____		Middle Name _____	Last Name _____

Sign Here	Signature _____	Title _____	Date (<i>mm/dd/yyyy</i>) _____
Print - First Name _____		Middle Name _____	Last Name _____
Signed at City _____			State _____
Sign Here	Signature of Witness _____	Date (<i>mm/dd/yyyy</i>) _____	
Print - First Name _____		Middle Name _____	Last Name _____

Owner Initial Here _____ Date (*mm/dd/yyyy*) _____

RESERVED FOR ADMINISTRATIVE OFFICE CLARIFICATION

SECTION 5: General Information and Certification – New Owner(s)

If you acquired this policy in a Reportable Policy Sale as defined under IRC § 101(a)(3), you have an obligation to timely provide the Company with a completed IRS Form 1099-LS.

Under the penalties of perjury, I certify that:

- 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.

Sign Here	Signature _____	Date (mm/dd/yyyy) _____	Tax ID or Social Security Number _____
	Print - First Name _____	Middle Name _____	Last Name _____
Sign Here	Signature _____	Date (mm/dd/yyyy) _____	Tax ID or Social Security Number _____
	Print - First Name _____	Middle Name _____	Last Name _____
Sign Here	Signature _____	Date (mm/dd/yyyy) _____	Tax ID or Social Security Number _____
	Print - First Name _____	Middle Name _____	Last Name _____

SECTION 6: How to Submit This Form

Return pages 1 through 6 of the completed form to the address or fax number listed below for the Company that issued the policy. If policies are issued by more than one Company, return one completed form to any Company that issued at least one of the policies.

Mail:
P.O. Box 392
Warwick, RI 02887-0392

Phone Number:
1-800-638-5000

Fax:
1-401-827-2771

Email:
INDLifeRequests@metlife.com

Owner Initial Here _____ Date (mm/dd/yyyy) _____