

Instructions

This Statement must be completed by the beneficiary (or owner, for contracts providing payment to an owner at the annuitant's or joint owner's death), who is submitting a claim under this annuity contract.

Section A – Information About The Deceased

Please complete the information requested in this Section and list the annuity contract number(s) or annuity certificate number(s) on which you are submitting a claim.

Section B – Information About The Beneficiary Who Is Completing This Statement

- All the information requested about the beneficiary (Name, Legal Residence, Social Security Number, Date of Birth, Telephone Number, Relationship) should be entered. The beneficiary's Social Security Number or Tax Identification Number (Item B3) is especially important.
- If there is more than one beneficiary, a separate Statement should be completed by each beneficiary.
- If the Estate is beneficiary, this Statement must be completed by the executor or administrator of the Estate. The executor must also submit a copy of the Letters Testamentary to prove appointment as executor of the deceased's estate. The Estate's Federal Tax Identification Number must also be entered.
- If the beneficiary is a Trust, this Statement must be completed by the person acting as Trustee for the Trust. A full copy of the Trust must be submitted. The Trust's Federal Tax Identification Number should be entered.
- If the beneficiary is a minor or mentally incompetent person, we require a Court-Appointed Guardian to accept payment for the benefit of the beneficiary. As a general rule, minors or mental incompetents do not have the legal capacity to accept payment in satisfaction of a contractual obligation. The Social Security Number of the minor or incompetent person should be entered and a copy of the court order appointing guardianship should be submitted.
- If the contract has been collaterally assigned, this Statement should be completed by the beneficiary and the collateral assignee. A separate statement signed by both parties should be submitted showing the extent of the collateral assignee's interest in the contract.
- If the beneficiary of record is deceased, please furnish a certified copy of the beneficiary's death certificate.

Section C – Additional Requirements

Various States (CT, IN, KY, LA, MI, MT, NC, ND, NH, NJ, NY, OH, OK, OR, RI, SC, SD, TN, WI) have regulations on the transfer of funds (Tax Waiver) at the time of death. Information about these regulations and how to secure a Tax Waiver, when required, can be obtained from the Inheritance Tax Division of the State in which the annuitant or owner resided at the time of death.

The processing of this claim will be facilitated if the annuity contract(s) or certificate(s) is submitted with this completed Statement, certified copy of the death certificate, and a copy of the Tax Waiver or Consent to Transfer Funds issued by the State where the deceased resided.

NON-QUALIFIED ANNUITY DEATH CLAIM ELECTION FORM

Please make a selection from options D.-H, read and sign Section I. You may want to consult a tax advisor before making an election.

**D. Annuity Contract Continued –
If You Are The Sole Beneficiary And The Spouse Of The Deceased Owner, You May Continue The Annuity Contract As Owner.**

As spouse of the deceased, and sole beneficiary of this annuity contract, you may elect to become the contract owner (and annuitant, if the deceased was also the annuitant). You will be able to exercise all contract rights, and continue to defer Federal Income Tax. Please designate your new beneficiary below:

Beneficiary Name	Social Security Number	Relationship to Me	Date of Birth
Beneficiary Name	Social Security Number	Relationship to Me	Date of Birth

If selecting this option, continue to & complete Section I.

**E. Annuity Income Payments –
Election To Receive The Claim Payment As Income Payments**

We will pay you the death claim amount as income payments – monthly, quarterly, semi-annually, or annually. Such income payments must begin no later than the first anniversary of the date of death, and must be distributed over your lifetime, or a fixed number of years, not in excess of your life expectancy. If you select this option, we will send you quotations of the annuity income amounts payable, and the taxable portion of each.

If selecting this option, continue to & complete Section I.

F. Inherited Non-Qualified Annuity –

1.) Direct Exchange to an Inherited Non-Qualified Annuity (This option is only available with existing Preference Plus Select (PPS) contracts and is not available to non-natural beneficiaries). As a designated beneficiary under the contract(s), I wish to use the proceeds of this contract to establish an Inherited Non-Qualified Annuity. **An agent who is appointed with MetLife and licensed in your state must facilitate this request. For further information or assistance please contact your Account Representative or call our Customer Service Center at 1-800-638-7732. All paperwork must be submitted within 1 year from the date of death.**

For an Inherited Non Qualified Annuity, you must complete and return this form along with:

- Application for a MetLife Preference Plus Select Variable Annuity (PPS)
- Inherited Non-Qualified Election Form for Preference Plus Select (PPS)
- Non-Qualified Transfer/1035 Exchange Request Form
- Original or Certified Death Certificate
- Any applicable state replacement forms

2.) Exchange to an Inherited Non-Qualified Annuity with Another Company
In addition to this form, a completed 1035 Exchange Request form with Letters of Acceptance will be required. Additional requirements may exist at the receiving company.

Name of Company Where Proceeds Are To Be Transferred

If selecting this option, continue to & complete Section I.

**G. Election To Receive The Death Claim Within Five Years of the Date Of Death
(Not Available For Annuity Contracts Issued Before January 18, 1985)**

If you have not chosen Option D, E, or F above, you must receive the entire claim payment in a single sum by the 5th anniversary of the deceased's date of death. **If this is a variable annuity claim payment, the entire account balance will continue in the same investments in effect on the date of death, and will be subject to investment risk, until the claim payment is made.** You will not be able to request transfers, partial withdrawals, or exercise any other contractual rights. In addition, after the first anniversary of the deceased's date of death, you can not elect to receive annuity income payments (Option E).

If selecting this option, continue to & complete Section I.

H. Full Claim Payment –

Election To Receive The Taxable Annuity Claim Payment Now

We will send you the annuity death claim payment in a single sum, and report the taxable portion of the claim payment as taxable income (on Form 1099-R) for the calendar year of payment. If the amount of the claim payment is \$5,000 or more, we will open a **Total Control Account® Money Market Option in your name as soon as your claim is approved**. This Account allows you to access your money immediately, simply by writing a check (minimum \$250). The Total Control Account credits competitive interest rates, comparable to a money market account, and is fully guaranteed by the MetLife company that issued the annuity. The Total Control Account gives you immediate access to all or part of your money through check writing privileges. The Account is free, and there are no penalties for withdrawing any or all of your money. **If your claim payment is less than \$5,000, or if you reside in a foreign country, the Total Control Account is not available, and a lump sum check will be issued.** Corporations and similar entities are also not eligible for a Total Control Account. (You may also request a lump sum check below.) Under either method of claim payment, we will report the portion that is includible as taxable income for Federal Income Taxes, for the calendar year in which it is processed. If you elect this option, **please complete the withholding election below.**

Check this box to receive a check instead of a lump sum payment without the Total Control Account Money Market Option.

We will report the taxable portion of the claim payment as taxable income for the calendar year in which it is processed.

Tax Withholding Election (Must be completed for Option H. - Full Claim Payment)

Under current Federal Income Tax law, MetLife is required to withhold 10 percent of the taxable portion of annuity death claim payments for Federal Income Taxes, unless you elect not to have any withholding.

If you elect **NOT** to have withholding apply to this death claim, or if you do not have enough Federal Income Tax withheld, you may be responsible for paying estimated taxes. You may incur penalties under the estimated tax rules if your withholding plus the estimated taxes you have paid, are not sufficient to satisfy your tax liabilities.

Some States require us to withhold State Income Tax, when we withhold Federal Income Tax.

Please check 1, 2 or 3 below. Enter your Social Security Number, sign and date your election on page 6 and return it to MetLife.

1. I elect NOT to have Federal Income Tax withheld from the taxable portion of my claim payment.
2. I elect to have 10 percent Federal Income Tax withheld, and any State Income Tax withheld (where required), from the taxable portion of my claim payment.
3. I elect to have **MORE** than 10 percent Federal Income Tax withheld from the taxable portion of my claim payment. Please withhold _____ percent.

If selecting this option, continue to & complete Section I.

I. State Specific Fraud Warnings & Signatures

If a policy was issued in one of the following states, or if you reside in one of the following states, one of the following state warnings may apply to you:

Alaska, Delaware & Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of loss is subject to criminal and civil penalties.

Arkansas, Louisiana & New Mexico Residents: 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 civil fines and criminal penalties.

California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent 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: 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 life insurance and civil damages. It is also unlawful for 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 respect to a settlement or award from insurance proceeds. Such acts shall be reported to the Colorado Divisions of Insurance with the Department of Regulatory Agencies to the extent required by applicable law.

District of Columbia Residents: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

Indiana, Minnesota and Oklahoma Residents: WARNING: Any person who knowingly, and with the 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.

Kentucky Residents: Any person who knowingly and with the intent to defraud any insurance company or other person files a 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.

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

New Hampshire Residents: A person who, with a purpose to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Residents: Any person who knowingly files a statement of claim containing false or misleading information is subject to criminal and civil penalties.

Ohio Residents: A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

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

Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet 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 thousands dollars (\$5,000), not to exceed ten thousands 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 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.

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or omits or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

Under penalty of perjury, I certify that the information supplied is true, correct, and complete.

Required for All Claim Elections

Under penalties of perjury I certify: 1) That the number shown above is my correct Social Security/Trust/Estate Tax Identification Number or Taxpayer Identification Number; and 2) that I am not subject to backup withholding because: (a) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding; and 3) I am a U.S. citizen or a U.S. resident for tax purposes.

My Social Security/Trust/Estate Tax Identification Number is _____

Date

Signature

For Regular Mail:

MetLife Customer Service Center
P.O. Box 10342
Des Moines IA 50306-0342
1-800-638-7732

For Overnight Mail Only:

MetLife Customer Service Center
4700 Westown Parkway Ste 200
West Des Moines IA 50266
1-800-638-7732