

BENEFICIARY CHANGE FORM



- Name new Owner's beneficiary and/or new Owner's contingent beneficiary
- Must accompany Form A when naming new Owner/Joint Owner (NQ)

Please see the instructions before completing.

B1 Entry required for **BENE**.

(If any information needs to be updated on MetLife's records, please check (✓ or X) the box(es) next to the correct data.)

<input type="checkbox"/> Owner's Name (Print First, Middle, Last)	<input type="checkbox"/> Social Security/Tax ID#	<input type="checkbox"/> Telephone Number	
<input type="checkbox"/> Street Address (Include Apt/Floor/PO Box)	<input type="checkbox"/> City or Town	<input type="checkbox"/> State	<input type="checkbox"/> Zip Code
Contract/Certificate Number(s)	Annuitant(s) if not the Owner(s)		

B2 Entry required for **BENE**.

(Note: This section does **not** change the beneficiary of an Annuitant who is **not** the Owner.)

I revoke any prior choice of the beneficiary and contingent beneficiary to receive any amount payable under the contract/certificate on account of my death. I also revoke any prior choice of an optional income plan that applies to any amount payable under the contract/certificate on account of my death. I name the following revocable beneficiary to receive any amount payable at death:

Owner's Revocable Beneficiary —Name (Print First, Middle, Last)	Relationship to Annuitant(s)	Date of Birth	Social Security/Tax ID# (Helps in any later claim)
Street Address (Include Apt/Floor/PO Box)	City or Town	State	Zip Code

If the beneficiary named above predeceases me, I name the following revocable contingent beneficiary to become the beneficiary. If no beneficiary is alive when I die, my estate is to receive any amount payable.

Owner's Revocable Contingent Beneficiary —Name (Print First, Middle, Last)	Relationship to Annuitant(s)	Date of Birth	Social Security/Tax ID# (Helps in any later claim)
Street Address (Include Apt/Floor/PO Box)	City or Town	State	Zip Code

If more than one beneficiary is alive when I die, they will be paid in equal shares, unless otherwise noted. When there are two or more Owners, this designation applies to any amount payable at the death of the last Owner to die.

B3 Entry required for **BENE**

Owner's Signature	Date Signed
Joint Owner's Signature (if needed)	Date Signed
Witness Signature (Massachusetts Only)	Date Signed

For MetLife's Internal Use	Submitting Sales Office	Servicing Account Representative	<u>Office</u>	<u>Agency</u>	<u>Index</u>
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