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## Life Insurance Change of Beneficiary

**INSTRUCTIONS:** Use this form to designate an individual or trust as a beneficiary for a life insurance policy. This form should not be used to name an irrevocable beneficiary; change the beneficiary on a rider, annuity, joint life or survivor policy; if the current policy owner is a corporation, partnership, or pension plan, or if you want to change the policy owner.

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

<input type="checkbox"/> Metropolitan Life Insurance Company	<input type="checkbox"/> First MetLife Investors Insurance Company
<input type="checkbox"/> New England Life Insurance Company	<input type="checkbox"/> MetLife Investors USA Insurance Company
<input type="checkbox"/> General American Life Insurance Company	<input type="checkbox"/> MetLife Investors Insurance Company
<input type="checkbox"/> MetLife Insurance Company of Connecticut	<input type="checkbox"/> Metropolitan Tower Life Insurance Company

Policy Number(s) \_\_\_\_\_

### SECTION I - Insured

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The policy proceeds payable upon the death of the insured for each policy listed above will be paid to the beneficiaries named herein.

### SECTION II - Beneficiaries

**How to complete this form:** All Beneficiary Changes MUST include the designation of a Primary Beneficiary. Even if you only want to change the Contingent Beneficiary, you must restate the Primary Beneficiary. You can also choose to include the other provisions and directions. If you wish to designate more than four Beneficiaries, attach a signed and dated sheet listing additional beneficiaries including all details requested in this form below.

Beneficiary Types	Proceed To
Individual Beneficiary	Section IIA (If a child is named in this section, proceed to Section III for optional provisions and requests.)
Testamentary Trust	Section IIB
Living Trust	Section IIC
Insured's Estate	Section IID

**A. Individual Beneficiaries**

If two or more Beneficiaries are named, payment will be made in equal shares to those who survive the Insured, unless otherwise specified.

**PRIMARY BENEFICIARY**

Name (First, Middle, Last)	Home Address (including City, State, Zip, Foreign Province or Country)	Date of Birth	Relationship to Insured	Social Security Number	Percentage of Proceeds* (if not equal)

\*Total must equal 100%

U Owner Initial Here \_\_\_\_\_ Date \_\_\_\_\_

**CONTINGENT BENEFICIARY**

Name (First, Middle, Last)	Home Address (including City, State, Zip, Foreign Province or Country)	Date of Birth	Relationship to Insured	Social Security Number	Percentage of Proceeds* (if not equal)

\*Total must equal 100%

**B. Testamentary Trust Created in the Insured's Will**       Primary       Contingent

**C. Living (inter vivos) Trust described below**       Primary       Contingent

Name of Trust \_\_\_\_\_ Date of Trust \_\_\_\_\_ Taxpayer ID No. \_\_\_\_\_

Grantor of the Trust - First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_


Names of All Trustees - First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address of the First Trustee \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country of Legal Residence \_\_\_\_\_

**D. Insured's Estate**       Primary       Contingent       (If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.)

**SECTION III - Optional Beneficiary Provisions and Requests**

<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Check here to include all future, natural and adopted, children of the Insured as Primary or Contingent Individual Beneficiary. Any of the Insured's current children who are not listed as Beneficiaries will be excluded.
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Check here to include future, natural and adopted, children of the Insured and _____, Spouse of the Insured, as Primary or Contingent Individual Beneficiary. Any of the Insured's current children who are not listed as Beneficiaries will be excluded.
<input type="checkbox"/>	<b>Payment to Issue of a Deceased Child.</b> If a child of the Insured is designated to receive any proceeds and that child predeceases the Insured, the share that would have been paid to the child if living will be paid in equal shares to the surviving children of that deceased child.
<input type="checkbox"/>	<b>Custodian under the UTMA Acting on Behalf of Beneficiary:</b>  One Custodian per minor Beneficiary. Name of Custodian _____ Name of Minor _____ State _____ _____ as Custodian for _____ under the UTMA/UGMA of _____ Custodian Mailing Address _____ City _____ State _____ Zip _____ To designate Custodians for additional minor beneficiaries, attach a signed and dated sheet including all details required above for each additional child.
<input type="checkbox"/>	<b>Simultaneous Death:</b> If any beneficiary dies within 30 days after the Insured's death, the beneficiary will be considered to have predeceased the Insured.

U Owner Initial Here \_\_\_\_\_ Date \_\_\_\_\_

**SECTION IV - General Provisions**

- ⌘ Except as may be stated in certain policies issued by General American Life Insurance Company, all beneficiary designations, including creditor and business beneficiaries, are revocable unless otherwise designated.
- ⌘ The Company may rely on an affidavit of the Owner or other adult in determining family relationships and in identifying members of a class.
- ⌘ Trust Beneficiaries: If any Trustee fails to make a claim for the proceeds within 12 months after the Insured's death or if the Company receives written evidence satisfactory to it that the Trust is not in effect, payment shall be made as if the Trust was not named as a Beneficiary.  
Before making payment to any Trust, the Company will 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. 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.
- ⌘ **CANCELLATION OF POLICY ENDORSEMENT REQUIREMENT:** The Company is requested to waive the provision of any policy requiring endorsement of a change of beneficiary.
- ⌘ 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 this Change of Beneficiary form.

**Signature of All Owners**

⚠ 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 a beneficiary.

**Signature Requirements**

- In all states other than Massachusetts, a signature witnessed by a disinterested adult is recommended but not required.
- Initial and date any cross outs or corrections
- Any previously named irrevocable beneficiaries must date and sign this form
- If the Owner is a Trust
  - ⌘ print title of Trust and names of all Trustees;      ⌘ obtain signatures of all Trustees; and,
  - ⌘ furnish proof of their authority to act (e.g., Trustee Certification form or a copy of the trust).

**By signing below, I certify that I have read and agree to the contents of this form. I hereby revoke any previous beneficiary designations under the above policies.**

Type of Owner:     Individual     Trust      Owner E-Mail Address \_\_\_\_\_

Name of Trust \_\_\_\_\_ Date Trust was Executed \_\_\_\_\_

⌘ Signature of Owner/Trustee \_\_\_\_\_ Signed at City \_\_\_\_\_ State \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

⌘ Witness to Signature \_\_\_\_\_ Signed at City \_\_\_\_\_ State \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

⌘ Signature of Owner/Trustee \_\_\_\_\_ Signed at City \_\_\_\_\_ State \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

⌘ Witness to Signature \_\_\_\_\_ Signed at City \_\_\_\_\_ State \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name - First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Recorded and Filed by: \_\_\_\_\_ RESERVED FOR ADMINISTRATIVE OFFICE CLARIFICATION

**How To Submit This Form**

Return pages 1 through 3 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.

Issuing Company	Contact Phone Numbers	Fax Number	Contact Address
Metropolitan Life Insurance Company MetLife Investors USA Insurance Company First MetLife Investors Insurance Company Metropolitan Tower Life Insurance Company	1-800-638-5000	1-401-827-2771	P.O. Box 392 Warwick, RI 02887-0392
New England Life Insurance Company	1-800-388-4000	1-401-827-3156	
General American Life Insurance Company MetLife Investors Insurance Company	1-800-638-9294	1-401-827-2344	
MetLife Insurance Company of Connecticut	1-800-334-4298	1-908-655-9573	
NEF Company Owned Life Insurance (COLI) EEA products only	1-732-602-4716	1-732-602-6456	485-B Route One South 4th Floor Iselin, NJ 08830