

## ALTERNATIVE WITHDRAWAL REQUEST

 **INTEREST NOW**
 **SYSTEMATIC WITHDRAWAL**

Owner				Owner SS#	
Joint Owner				Joint Owner SS#	
Owner Address				Owner's Phone # (      )	
City		State		Zip	Policy Number

**IMPORTANT TAX INFORMATION – All withdrawals will be taxed under rules which apply to surrenders and not under special exclusion ratio rules applicable to annuity payments. Each withdrawal which includes interest earnings will be taxable. In addition, anyone under the age of 59 ½ may be subject to a 10% Income Tax penalty for early withdrawal.**

### General Alternative Withdrawal Information

- Any non “alternative” withdrawals taken in a given contract year will not be eligible for the contract’s penalty free withdrawal provision and are subject to surrender charges.
- The alternative withdrawal option you choose is in lieu of any other withdrawal option including the annual contractual penalty free.
- Any withdrawals in addition to the elected option will incur appropriate surrender charges as identified in your contract.
- Withdrawals are considered surrenders for purposes of determining your guaranteed purchase payment.
- Interest withdrawals will vary depending on the number of days in the period and the current credited interest rate.
- Disbursements are sent electronically to the financial institution of your choice.
- Any additional withdrawal taken will stop future alternative withdrawals from being generated. You may begin receiving alternative withdrawal distributions at the beginning of the next contract year. A new request is required to be submitted before alternative withdrawals can begin.

<b>A. Complete ONE section below.</b>	
<b>INTEREST NOW</b>	Available for products: 150S, 157, 157P, 180, 181, 161, 261, 281-286, 381-386
<ul style="list-style-type: none"> <li>• The stated interest rate in your contract is based on compounding of interest.</li> <li>• If you elect a payment frequency other than annual, your interest will not compound and your effective yield will be less than the stated interest rate found in your contract.</li> <li>• An amount equal to the interest earned is paid and is considered a withdrawal when determining the Guaranteed Return of Purchase Payment amount.</li> </ul>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual
<b>SYSTEMATIC WITHDRAWAL</b>	Available on all products
<ul style="list-style-type: none"> <li>• Not available for products 149, 150 and 170 until the second contract year.</li> <li>• Any withdrawal taken while this option is in place will suspend future payments from being sent until the beginning of your next contract year.</li> <li>• Account value must be at least \$5,000 before distributions can begin.</li> <li>• Minimum payout is \$100.00</li> </ul>	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> \$ _____ each <input type="checkbox"/> _____ % each

**B. DEPOSIT INFORMATION – EFT (Electronic Funds Transfer)**

Under the terms of the above referenced policy, I am entitled to receive payments from MetLife Investors USA Insurance Company (the Company), c/o MetLife Investors Group, P.O. Box 14593, Des Moines, IA 50306-3593  
 Until you receive notice from me in writing to the contrary, I am requesting that you forward all future payments to the institution indicated below.

Name of Financial Institution		Account Number (one (1) number only)		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Street Address		FRABA Routing Number (Must be provided)			
City		State		Zip	

If any payments are made by the Company after the death of the policy owner/annuitant, I/we authorize and direct the above financial institution to pay the Company and charge any payments to my/our account. If there are nonsufficient funds in the account for this purpose, on behalf of myself, my heirs and /or assigns, I agree to repay the Company the amount in question within 30 days of request.

*Please attach with tape or paperclip, a copy of a voided check from the account where the funds are to be sent. **Please DO NOT staple.***

**C. NOTICE OF WITHHOLDING: Please read this section carefully.**

The taxable portion of withdrawals you received from your MetLife Investors USA Insurance Company contract is subject to federal income tax withholding unless you elect not to have withholding apply. If you elect not to have withholding apply, please sign and date the election below. You are liable for payment of federal income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties if your withholding/estimated tax payments are insufficient. If an election is not made, taxes will be withheld until changed in writing by you.

Your withholding election will remain in effect for future payments under this Systematic Withdrawal Program until you change or revoke it by filing a new election with us. You may change your withholding election at any time and as often as you wish. Remember, part or all of your withdrawal is subject to income tax and a 10% IRS penalty may also apply to withdrawals made before age 59 ½.

<b>Withholding Election</b> (Tax is withheld at the rate of 10%)	I <input type="checkbox"/> <b>Do</b> <input type="checkbox"/> <b>Do Not</b> want Federal Income Tax Withheld.
---	---

**D. REQUIRED SIGNATURES**

I/we have read and understood the provisions under the option I have selected above. I/we request that payments be made in accordance with the instructions completed above. I/we understand that for interest options, the yield on payments other than annual will be less than the stated contract rate.

**Under penalties of perjury I certify: 1) that the number shown in section 1 is my correct social security 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.**

Owner Signature		Date	
Joint Owner Signature		Date	