

## Policy Service Request Form

This Policy Service Request Form is provided for your convenience in handling routine, non-financial transactions concerning your policy or contract. Please follow instructions to avoid delays in processing your request(s).

- The current Policy/Contract Owner's signature is required on the third page of this form for all service requests. If there is more than one Owner, all owners must sign. Please use black or blue ink.
- The signature of the Owner's spouse is required under certain qualified plans.
- A change to the Owner or Annuitant may result in the termination of the Guaranteed Minimum Income Benefit (GMIB) Rider, Guaranteed Withdrawal Benefit (GWB) Rider, and Lifetime Withdrawal Guarantee (LWG) Rider, if such a rider is applicable to the contract.
- Any Owner change, where the new Owner would report income under a SSN/TIN that is different than the current Owner's, or current Owner's spouse's SSN, will result in a taxable event (with the exception of changes between Custodial IRA's and non-Custodial IRA's).
- No changes to your Policy/Contract will be valid until the signed Purchase Confirmation and Acknowledgement Form (if applicable to your Policy/Contract) is on file in our Customer Service Office.

### 1. Policy/Contract Information: - Required for all requests

Policy/Contract Number(s):		Name of Annuitant:	
Name of Policy/Contract Owner(s):		Social Security Number/TIN:	

### 2. Ownership Change

If requesting a change or correction to the name of the existing owner, please go to and complete Section 4 – Name Change/Correction.

**Please Note:** If the beneficiary is not changed using Section 3 on the next page, the beneficiary designation from the previous owner will remain in place on the annuity contract unless and until the new owner changes the beneficiary. On Custodial IRA to non-Custodial IRA ownership changes, if new beneficiary instructions are not provided, the estate of the new owner will become the sole primary beneficiary on the contract.

<b>Change Owner to:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Trust (submit Trustee Certification Form) <input type="checkbox"/> Custodian <input type="checkbox"/> Other Entity <input type="checkbox"/> Add Joint Owner  Please provide new Owner or Joint Owner information and signature in the sections to the right.  Please review the current beneficiary designation on the contract and make any necessary changes in Section 3.	Name of new Owner or Joint-Owner (type or print name as it should appear on company records):		
	Social Security Number/TIN:	Date of Birth/Trust Date:	
	Daytime Phone:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity	
	Street Address:		
	City, State, Zip Code:		
	If changing ownership from a qualified custodial account to an individual account, please indicate the type of account involved: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Decedent IRA <input type="checkbox"/> Decedent Roth IRA <input type="checkbox"/> 401		
X _____ Signature, with title (if applicable), of New Owner or Joint Owner			

**Note: The existing Policy/Contract Owner(s) must sign in Section 9 to authorize any changes in ownership.**

<input type="checkbox"/> Delete Owner (If Primary Owner is deleted, the existing Joint Owner will become sole Owner.)  Please provide name and signature of Owner to be deleted to the right.	Name of Owner to be Deleted:		Social Security Number/TIN:
	I wish to have my name removed, as Owner or Joint Owner, from the policy/contract referenced in Section 1 and I relinquish all rights to the policy/contract to the remaining Owner.  X _____ Signature of Owner or Joint Owner to be Deleted		

**Note: The existing Policy/Contract Owner(s) must sign in Section 9 to authorize any changes in ownership.**



### 3. Beneficiary Designation Change

If requesting a change or correction to the name of an existing Beneficiary, please go to and complete Section 4 – Name Change/Correction.

<input type="checkbox"/> <b>Change Primary Beneficiary*</b> <input type="checkbox"/> <b>Change Contingent Beneficiary</b> Please provide information for all Beneficiaries for your contract in the sections to the right. If additional space is required, please provide information on a separate sheet and include Contract Owner's signature. <b>Note: Percentages for all Primary Beneficiaries must total 100% and percentages for all Contingent Beneficiaries must total 100%.</b>	Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
	Address				
	Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
	Address				
	Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
	Address				
	Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
	Address				
	Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
	Address				
	Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Relationship	SSN/TIN	Percentage
	Address				

\*Unless specified otherwise in the Special Instructions section, if Joint Owners are named, upon the death of either Joint Owner, the surviving Joint Owner will be the primary beneficiary, and all other beneficiaries will be considered contingent beneficiaries.

### 4. Name Change/Correction

Note: If reason is other than correction of spelling, attach a copy of legal evidence.

<input type="checkbox"/> <b>Correction to:</b> <input type="checkbox"/> <b>Change to:</b> <b>Name of</b> <input type="checkbox"/> Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Beneficiary Please provide previous and new names in the sections to the right.	Previous Name:	New/Correct Name:
	Reason for Name Change/Correction:	
	If reason is other than correction of spelling and the name of the <b>Owner</b> or <b>Annuitant</b> of the Policy/Contract has changed, please also provide both the previous and new signatures. <b>X</b> _____ Previous Signature of Owner/Annuitant	
	<b>X</b> _____ New Signature of Owner/Annuitant	

### 5. Address Change

<b>Change Address of:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Beneficiary Please provide new address information in the sections to the right.	New Address:
	City, State, Zip Code:
	If the Address of a Beneficiary has changed, please also identify which beneficiary. Beneficiary Name _____

### 6. Annuitant Change (available on Deferred Annuities only - not allowed if Owner is non-natural or an entity)

If requesting a change or correction to the name of the existing Annuitant, please go to and complete Section 4 – Name Change/Correction.

<input type="checkbox"/> <b>Change Annuitant</b> Please provide new Annuitant information and signature in the sections to the right.	Name of new Annuitant (type or print name as it should appear on company records):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Social Security Number:		Date of Birth:
	Address:	City, State, Zip Code:	
	<b>X</b> _____ Signature of New Annuitant		

**7. Financial Representative Change (to be completed by Registered Representative)**

Name of new Financial Representative:	Financial Representative's SSN:
Company Name:	
Company Address:	
Financial Representative Phone Number:	Client Account Number:

**8. Special Instructions**

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**9. Signature(s) - Required for all requests**

I, the Policy/Contract Owner referenced in Section 1, hereby request that the Company, subject to the provisions of my Policy/Contract, process the changes indicated on this form.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Owner (with title, if applicable)

\_\_\_\_\_  
Printed name of individual signing above, if different than Contract Owner (Trustee, Conservator, Attorney-in-Fact, etc.)

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Joint Owner

X \_\_\_\_\_ Date \_\_\_\_\_  
Agreed (Signature of Irrevocable Beneficiary or Assignee)

**10. Custodian Acknowledgements and Signatures (Required for changes on Custodial IRAs only)**

We, the company named and signing below (Custodian) represent:

- a) We are a bank within the meaning of section 408(n) of the Internal Revenue Code of 1986, as amended; or otherwise have received an approval letter which has not been revoked as of the date below to act as custodian for the type of IRA indicated in Section 2 of this form.
- b) We currently hold, or have held, an account under which the beneficial interest is owned by the named annuitant on this form. Such account meets all the applicable requirements under the Code with respect to the type of IRA indicated in Section 2 of this form.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Individual authorized to sign on behalf of the above-named company as Custodian (with title, if applicable)

\_\_\_\_\_  
Printed name of individual signing above

\_\_\_\_\_  
Company Name

Notice: No agent or representative of the Company is authorized to alter, change or waive any of the terms or conditions to this form or to bind the Company by any statement or representation. The Company suggests that you consult your own attorney, accountant or tax advisor for information relating to federal and state income tax liabilities that may be incurred as a result of any changes to your policy.

**Contact Information**

For Regular Mail:  
MetLife Investors  
P. O. Box 10366  
Des Moines, IA 50306-0366

For Express Mail Only:  
4700 Westown Pkwy, Ste 200  
West Des Moines, IA 50266