

Required Minimum Distribution (RMD) Form

- If you are referencing multiple contracts, please complete a separate Required Minimum Distribution (RMD) Form for each request.
- This Form is only applicable to IRA and inherited contracts.
- Fund units must be liquidated pro-rata, based on fund allocations at the time of processing.
- For distributions during the IRA owner's life, if your spouse is named as the sole beneficiary AND he/she is more than 10 years younger than you, your Required Minimum Distribution will be based on a joint life expectancy.
- **Each section of the Form must be completed.**

1. Contract Information

Contract Number:		Name of Annuitant:	
Name of Contract Owner (if different than Annuitant):		Social Security Number Or Tax ID Number:	
Daytime Telephone Number:	Owner's Date of Birth:	Spouse's Date of Birth:	
Previous year-end Policy/Contract Value*:	*This policy/contract value only need be provided if MetLife Investors did not hold the policy/contract on December 31 of the previous year.		

2. Required Minimum Distribution (RMD) Payment Options

A. Automated RMD Options – MetLife Investors will calculate your RMD amount and distribute the payments based on the frequency selected below. You will continue to receive a reminder letter each year in January as required by the IRS, regardless of your instructions for future years.

Restrictions: If you currently have a Systematic Withdrawal Program (SWP) in effect on your contract, you may only elect an annual payment frequency for your Automated RMD option. Your RMD will be withdrawn annually in December after all SWP payments for the year have been processed. The Annual payment option is available on all products; however, Quarterly and Monthly payment options are only available on certain products. If you elect a Quarterly or Monthly option, but it is unavailable for your product, we will process your request as an Annual payment scheduled in December.

Important Information Regarding the Treatment of RMDs Exclusive for contracts with Guaranteed Withdrawal Benefit (GWB) or the Lifetime Withdrawal Guarantee (LWG) riders. The Required Minimum Distribution (RMD) may be larger than your annual Benefit Payment. In order to qualify for the increased RMD payment without the increase being considered an excess withdrawal, after the first contract year, you must enroll in the Automated RMD program and elect annual payment frequency. In such case we will increase your Annual Benefit Payment to equal your most recently calculated RMD amount, if such amount is greater than your Annual Benefit Payment. Any cumulative withdrawals you make to satisfy your required minimum distribution amount outside of the Automated RMD program will be treated as excess withdrawals if they exceed your Annual Benefit Payment, and this can have an adverse impact on the value of the benefit (see the prospectus for details). If you have elected another Systematic Withdrawal (SWP) program or have taken or are considering taking a partial withdrawal from your contract electing a RMD program may significantly reduce the value of the GWB or LWG benefit. Prior to requesting a RMD program for your contract you should consult with your representative and review and discontinue any active SWP program.

Automated **Annual** payments to be processed on the following date each year*:

Month: _____ Day: _____

*If this date has passed for the current year, the RMD will be processed upon receipt of the request, and then scheduled for the selected date in future years.

Automated **Quarterly** payments to begin on ____/____/____ (date must be 1st through 28th of month)

Automated **Monthly** payments to begin on ____/____/____ (date must be 1st through 28th of month)

(Section 2 continued on next page)



2. Required Minimum Distribution (RMD) Payment Options (continued)

B. One-time RMD Options – MetLife Investors will process your RMD as of the date that the request is received.

- A one-time RMD payment for the **current tax year** (for IRAs, the RMD must be taken on or before December 31st):
 Please calculate my RMD amount or Withdraw \$ _____
- A one-time **first** RMD payment for the **previous tax year** (only available for the first RMD taken by the IRA owner after turning age 70 ½ and must be taken on or before April 1st of the following year):
 Please calculate my RMD amount or Withdraw \$ _____

3. Income Tax Withholding Election

Choose One:

- I elect to have Federal and State, if applicable, Income Tax withheld from my RMD(s).
Federal _____% State _____%
- I elect **NOT** to have Federal and State, if applicable, Income Tax withheld from my RMD(s).

Note: If neither of the above withholding elections is chosen, 10 percent of the taxable portion will automatically be withheld for Federal Income Tax. State Income Tax may be withheld, if applicable. Even if you elect not to have income tax withheld from a distribution, you are liable for payment of income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules, if your payments of estimated tax and withholding, if any, are not adequate. You should consult your tax advisor regarding your personal situation.

4. Alternate Payment Instructions

It is the Contract Owner's responsibility to inform MetLife Investors of any changes to banking information.

Method of payment (choose one):

- Check Electronic Funds Transfer (please attach a voided check)

Account Number:

Alternate Payee Name (Bank, Brokerage Firm, etc.):

Alternate Payee Mailing Address (For Electronic Funds Transfer, a street address of financial institution must be provided – not a P.O. Box):

City, State, Zip Code:

The following fields are only applicable for Electronic Funds Transfer to a bank account:

ABA Routing Number:

Type of Account:

- Checking Savings Account

5. Signature

Under penalties of perjury I certify that: 1) That the number shown above 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) that I am a U.S. citizen or a U.S. resident for tax purposes.

Policy/Contract Owner's signature and title, if applicable:

Date:

Note: If you are signing on behalf of another individual or entity, please indicate your title, position or status (e.g., Trustee, Attorney-in-Fact, Guardian, Conservator, Executor, Administrator) following your above signature and include the proper documentation.

Contact Information

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

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