



MetLife Investors Insurance Company
 MetLife Investors USA Insurance Company
 First MetLife Investors Insurance Company
 (hereinafter referred to as MetLife Investors)

Assignment and Transfer/Direct Rollover Request

This request form must be accompanied by any required state-specific replacement forms.

For New Business Operations: 866-654-6249

My MetLife Investors contract is (check one): A new contract, and I have attached an application.
 An inforce MetLife Investors contract. # _____

SECTION 1. POLICY/CONTRACT INFORMATION (THIS SECTION MUST BE COMPLETED AS WELL AS APPROPRIATE SECTION BELOW.)

Existing Company		Phone Number ()	
Existing Company Address (Please provide overnight mailing address)		City	State Zip
Owner's Name	Owner's Social Security No./TIN	Existing Policy/Contract/Account No.	
Joint Owner Name	Joint Owner Social Security No.	Estimated amount of transfer/exchange \$ _____	
Annuitant's/Insured's Name (If different from Owner or if Jointly Owned)	Annuitant's/Insured's SS# (If different from Owner or if Jointly Owned)	Existing Product Type: <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Other _____	Proposed Product Type: <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Immediate Annuity
Joint Annuitant Name (Joint Annuitants only available for Single Premium Immediate Annuity products)	Joint Annuitant Social Security No.		
Current Policy is: <input type="checkbox"/> Lost or Destroyed: I certify that the policy/contract is lost or destroyed. In addition, I certify that the policy/contract has not been assigned or pledged as collateral. <input type="checkbox"/> Enclosed			

- For a Non-Qualified 1035 Exchange from a Life Insurance or Annuity Contract, complete Option A
- For a Qualified Transfer or Direct Rollover, complete Option B
- For a Non-Qualified CD/Mutual Fund/Brokerage Account Transfer, complete Option C

SECTION 2. FUND TRANSFER OPTIONS (Complete Appropriate Option)

• OPTION A: REQUEST FOR NON-QUALIFIED 1035 EXCHANGE OF LIFE INSURANCE OR ANNUITY CONTRACT

The proceeds of the above referenced Policy/Contract shall represent (choose one):
 A full non-qualified 1035 exchange A partial non-qualified 1035 exchange of \$ _____

Proceeds should be transferred immediately unless otherwise indicated. When indicated, transfer as of ____/____/____ (Date must be within 30 days)

I hereby absolutely assign and transfer all or, in the case of a partial exchange, the designated portion, of my right, title and interest in and to the above referenced contract to MetLife Investors including, but not limited to, the right to surrender, assign, transfer or change beneficiary.

Section 1035 of the Internal Revenue Code permits certain nontaxable exchanges of insurance and annuity policies. It is my intention that this transfer qualify as a Section 1035 exchange and that no portion of this exchange be actually or constructively received by me. MetLife Investors makes no representation concerning my tax treatment for this transaction and the company has no responsibility nor liability for my tax treatment. I understand that the new contract shall have the same annuitant(s) and owner(s) as the policy/contract listed above, and I agree to execute any additional documents required to complete the transfer. I understand that the exchange is not complete if the company issuing the contract is unable or unwilling to pay the value of the above referenced contract to MetLife Investors within 6 months of the request for surrender or if said company is placed under the control or supervision of a state insurance department. I request that this transfer be accomplished as quickly as possible.

If you are exchanging the above referenced contract, fully or partially, to transfer the proceeds to an existing MetLife Investors non-qualified annuity contract pursuant to Revenue Ruling 2002-75, you should be aware that the cost basis and income of your MetLife Investors non-qualified annuity may include greater amounts of taxable income than if you had not made the exchange.

Current tax laws are subject to change. You should consult your own tax advisor if you have any questions about the tax treatment of your non-qualified annuity contract(s). **MetLife Investors is not responsible for the tax consequences of this transaction.**

Please provide us with the following Cost Basis information on the above named annuity contract.	Pre-TEFRA (Prior to 8/14/82)	Adjusted Cost Basis	\$ _____
		Gain	\$ _____
	Post-TEFRA	Adjusted Cost Basis	\$ _____
		Gain	\$ _____

ACCEPTANCE OF ASSIGNMENT MetLife Investors, as assignee, accepts this assignment and hereby requests full surrender of the above referenced policy/contract. The surrender represents a transfer of funds to MetLife Investors to qualify as a Section 1035 exchange. When the surrender is completed, please provide MetLife Investors a report of the pre- and post-TEFRA cost basis in the policy/contract. Please make the check payable to MetLife Investors, attach a copy of this form to the check and send to the address selected below in the signature section.

Please sign and date Section 3 on page 2.

• OPTION B: REQUEST FOR QUALIFIED TRANSFER/DIRECT ROLLOVER

From Type of Plan: 401(k) 403 (b) SEP IRA 401 Traditional IRA Roth IRA Date of first contribution ____/____/____
 457 Simple Other _____

To Type of Plan: 403 (b) SEP IRA 401 Traditional IRA Roth IRA Other _____

AUTHORIZATION TO TRANSFER FUNDS (choose one)
 This will serve as authorization to liquidate and transfer ALL A partial amount of \$ _____ of my account as listed above to the annuity I have established or am establishing through MetLife Investors Insurance Company.

Proceeds should be transferred immediately unless otherwise indicated. When indicated, transfer as of ____/____/____ (Date must be within 30 days)

I, the undersigned Owner/Trustee of the above named policy/contract/account(s), request that you directly transfer the amount specified above to MetLife Investors. Please do not withhold any amount for taxes from the proceeds.

It is my intention that this surrender and payment shall not constitute either the actual or constructive receipt of income for federal income tax purposes, and would therefore qualify as a transfer/rollover of assets. I request that my name not appear as a joint payee on the check nor shall any endorsement thereon be necessary for transfer or deposit. I request that the funds be made payable to MetLife Investors.

Age 70½ restrictions apply to transfers from a traditional individual retirement account. If owner is age 70½ or older this year, you may not transfer or rollover required minimum distribution amounts. If necessary, instruct your present trustee/custodian, prior to effecting this transfer, to either: (1) pay your own required minimum distribution to you now; or (2) retain that amount for distribution to you later.

Please make check payable to MetLife Investors, attach a copy of this form to the check and send to the address selected below. Do not withhold taxes from the proceeds. Please sign and date Section 3 below.

• OPTION C: REQUEST FOR NON-QUALIFIED CERTIFICATE OF DEPOSIT (CD)/MUTUAL FUND/BROKERAGE ACCOUNT TRANSFER

From Type of Account: CD (non-qualified) Mutual Fund Brokerage Account (non-qualified) Other _____
 (check one) Note: If Qualified funds are being transferred from a CD, Mutual Fund or Brokerage Account, please complete Option B.

For Mutual Funds/Brokerage Account - I/We request that funds: The Total Account Value
 In the amount of \$ _____ (refer to product specific minimum) be transferred to MetLife Investors upon receipt of this request. I/We am aware of any surrender/withdrawal penalties and income tax consequence which may apply to this transfer.

For Certificate of Deposit - I /We request that funds: Upon Maturity
 Upon receipt if this request, all funds (\$5,000 minimum) be transferred to MetLife Investors. I/We am aware of any surrender/withdrawal penalties and income tax consequence which may apply to this transfer.

Please sign and date Section 3 below.

SECTION 3. SIGNATURE SECTION (THIS SECTION MUST BE COMPLETED)

Yes. By checking this box I acknowledge that this is an exchange from a MetLife or affiliate variable annuity contract to a MetLife Investors variable annuity contract and that I have received the MetLife Investors Internal Exchange Disclosure Form and understand the implications of this exchange.

I hereby authorize my current Account Custodian/Trustee, Contract Issuer or Plan Administrator to provide MetLife Investors, at its request, information regarding the status of my request for an exchange, direct transfer or rollover.

 Owner(s) Signature (title, if applicable) Date

 Joint Owner Signature or Spouse, if Community Property (title, if applicable) Date

Medallion Signature Guarantee

Mail to: P.O. Box 10366 When selected, Express Mail to:
 Des Moines, IA 50306-0366 4700 Westown Parkway, Suite 200
 West Des Moines, IA 50266-6718
 Please bill overnight charges to # _____

SECTION 4. ACCEPTANCE (To be completed by MetLife Investors)

This will serve as authorization to liquidate and transfer any and all funds which discharge the obligation listed above. MetLife Investors, will accept the above captioned funds. **The check should be made payable to the MetLife Investors Company indicated below, and sent to the address indicated in Section 3.**

MetLife Investors Insurance Company
 MetLife Investors USA Insurance Company
 First MetLife Investors Insurance Company

 Authorized Signature/Title Date

 New Contract/Policy Number