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

The insurance company indicated above is referred to as "the Company."

Trustee Certification for Annuity Products

This form is for use in situations where a Trust is the owner of an annuity contact issued by one of the insurance companies noted above. The Trustee(s) should complete and execute this form.

Note: *This Trust Certification form may not be used for a foreign-situed trust or an Employee Benefit Trust. In both instances, the full trust/plan documents are required.*

Annuitant: _____ Contract/Application Number: _____

Name of Trust: _____

Date Trust was executed: ____/____/____ Tax I.D. Number* _____

*In the case of a living trust, the Tax I.D. number may be the same as the grantor's social security number.

State where sitused: _____

Name(s) and address(es) of Grantor(s)/Settlor(s)/Plan Sponsor(s) who established the Trust:

If multiple trustees please check the applicable box
(If no box is checked, the Company will require all signatures for any request):

- any one may act alone a majority may act for all all must act unanimously certain trustees must act jointly
(print names below)

The undersigned Trustee(s) do hereby certify and affirm the following:

1. All Information provided on this form is accurate and complete.
2. The named trust is presently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this Certification to be incorrect.
3. I/We acknowledge and agree that the Company is relying exclusively on the representations in this agreement and not upon a review of the trust document, even if the trust document has been or is later provided. The Company is permitted to rely upon the representations in this document unless and until notice of any change, amendment or revocation is provided in writing and delivered to the Company.
4. I/We are duly authorized to act as trustee(s) under the terms of the trust provisions and/or applicable law. I/We have the power to exercise all rights associated with ownership of an annuity contract, including, but not limited to purchase, surrender, selection of and transfers between variable options, withdrawal of funds, taking a loan or other encumbrment and assigning the contract.

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5. Each of the undersigned, jointly and severally, individually, and as trustee, indemnifies the Company and agrees to hold the Company harmless against all obligations, demands, losses or liabilities (including attorney's fees) that the Company incurred, suffered, or paid or may incur, suffer or pay in the future because of the Company's reliance on this document and/or transactions or actions by the undersigned. By indemnifying the Company, each of the undersigned, jointly and severally, individually, and as trustee, indemnifies the Company's agent's, officers and employees. This indemnification shall survive termination of this document or the annuity contract

 6. I(We), on behalf of the Owner, understand that, in general, unless the non-qualified annuity contract is held by a non-natural person as mere agent for a natural person, a non-qualified annuity contract that is owned by a non-natural person (e.g., trust) is not eligible for tax deferral. Accordingly, If the owner is subject to federal income tax, it is required to include in its taxable income each year the increase in the value of the contract (adjusted for contributions and distributions). Further, I(We) acknowledge and agree that the issuer is not responsible for any adverse tax consequences including tax consequences resulting from limitations on the availability of income payout options on the death of the annuitant and is not bound by any representations made that the owner is holding the annuity as an agent for a natural person or that the owner is a grantor trust within the meaning of section 671 et.seq of the Internal Revenue Code of 1986. However, if the Owner is a trust that is using the social security number of an individual for its tax identification number, that individual must also be named as the annuitant under the contract.

 7. I (We) have had the opportunity to consult with an attorney, to the extent necessary, before executing this document.

 8. I(We) agree to inform the Company in writing promptly of any trust amendments, change of Trustee(s), or other facts and events that would affect or alter this certification

Print Name of Trustee 1: _____

Address _____

Signature: _____ Date: _____

Print Name of Trustee 2: _____

Address _____

Signature _____ Date: _____

Print Name of Trustee 3: _____

Address _____

Signature: _____ Date: _____

Print Name of Trustee 4: _____

Address _____

Signature: _____ Date: _____

Print Name of Successor Trustee: _____

Address _____

Signature: _____ Date: _____