

MetLife Investors USA Single Premium
Deferred Fixed Annuity

Send application and check to:
MetLife Investors USA
Insurance Company
Policy Service Office, P.O. Box 295
Des Moines, IA 50301-0295
For assistance call: 800-848-3854

Fixed Annuity FA

1. ANNUITANT

Name (First, Middle, Last) Social Security #
Street Address Sex: M F Date of Birth
City State Zip Phone Number

2. OWNER (Complete only if different than Annuitant) Correspondence is sent to the Owner

Name (First, Middle, Last) TIN/Social Security #
Street Address Sex: M F Trust Date/Date of Birth
City State Zip Phone Number

3. JOINT OWNER

Name (First, Middle, Last) Social Security #
Street Address Sex: M F Date of Birth
City State Zip Phone Number

4. BENEFICIARY (Show full name(s), address(es), relationship to Owner, Social Security #(s) and percentage(s) each is to receive)

Unless specified otherwise in Special Request Section, if Joint Owners are named upon the death of either Joint Owner, the surviving Joint Owner will be the primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries.

PRIMARY Name (First, Middle, Last) Social Security # Percentage %
Street Address City State Zip Relationship
CONTINGENT Name (First, Middle, Last) Social Security # Percentage %
Street Address City State Zip Relationship

5. PURCHASE PAYMENT/OPTIONAL RIDERS

SINGLE PURCHASE PAYMENT (Make check payable to MetLife Investors USA Insurance Company) \$
PLAN TYPE (Choose One) Non-Qualified Traditional IRA 401 (a) SEP IRA 403 (b) Rollover Roth IRA
IRA TYPE Transfer Rollover IRA Contribution Year
OPTIONAL RIDERS: These riders may only be chosen at time of application. Once elected these options may not be changed. Earnings Preservation Benefit Rider

PRODUCT TYPE/INITIAL GUARANTEE PERIOD (Choose one initial Guarantee Period. Check availability - not all Guarantee Periods may be available.)
Fixed Annuity FA 1-year 3-years 5-years 7-years 10-years

6. REPLACEMENTS

Does the applicant have any existing life insurance policies or annuity contracts? Yes No
Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? Yes No
If "Yes," applicable disclosure and replacement forms must be attached.

7. ACKNOWLEDGEMENT AND AUTHORIZATION

Notice to applicant: [For Arkansas, Louisiana, and New Mexico Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. For District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. For Kentucky Residents Only: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. For Maine, Tennessee, and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. For New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. For Ohio Residents Only: A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud. For Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. For Florida Residents Only: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.]

I (We) agree that the above information and statements are true and correct to the best of my (our) knowledge and belief and are made as the basis of my (our) application. I (We) certify under penalties of perjury that the above social security number(s) is correct.

Signed at (City, State) Owner Signature & Title (Annuitant unless otherwise noted) Date
Joint Owner Signature & Title Annuitant Signature (if other than Owner) Date



8. AGENT'S REPORT

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)? Yes No

Agent's Signature _____ Phone _____ Agent's Name _____ Number _____

Name & Address of Firm _____

State License ID # (Required for FL) _____ Client Account Number _____

9. INTEREST INCOME PROGRAM

- A. I/We authorize monthly withdrawals of earnings from my Account Value to commence on my next monthly anniversary. Withdrawals under the Interest Income Program will not be subject to withdrawal charges or a Market Value Adjustment, as long as cumulative withdrawals in a Contract Year do not exceed the Free Withdrawal Amount in that year.

Important Tax Information: Withdrawals will not be taxed under special exclusion ratio rules applicable to annuity payments. A 10% Federal tax penalty may be assessed against distributions if the Owner is under 59½. Owners should consult their tax advisor regarding their personal situation. If no selection is made below, the Company will withhold the minimum amount required by the IRS. If applicable, a State Income Tax election will be made as elected below for Federal Income Tax withholding.

- B. **Check one:** Do not withhold Federal Income Taxes Withhold \$ _____ or _____%
- C. **Payments:** Payments will be mailed to the Owner. When completed below, I wish to utilize Electronic Funds Transfer in the processing of my Interest Income Program Withdrawal.

Bank/Brokerage Name: _____

Bank/Brokerage Street Address: _____

Account Number: _____ ABA Routing Number: _____

Checking (please attach a voided check) Savings

10. SPECIAL REQUESTS