

**Certification of Attorney in Fact**



Metropolitan Life Insurance Company  
MetLife Investors USA Insurance Company  
Hereinafter referred to as "the Company"

The complete power of attorney document must be submitted with this form upon initial establishment of the power of attorney, but not for subsequent renewal. This certification will be effective for 60 days from the date the form is signed: a new form will be required after 60 days to keep the power of attorney in place.

Contract Number: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
(First) (Middle) (Last)

Under penalties of perjury, I, (printed name of attorney in fact): \_\_\_\_\_,  
hereby attest and certify the following: (First) (Middle) (Last)

1. I am the attorney in fact for: \_\_\_\_\_  
(First) (Middle) (Last)

Pursuant to a power of attorney dated: \_\_\_\_\_

- 2. To the best of my knowledge and belief, the grantor is alive as of the date hereof.
- 3. I understand that the Company prefers that the Contract Owner signs on his/her own behalf; however, in certain circumstances such as disability, incompetence, or inability to sign, this may not be possible. With this knowledge, I certify to the best of my knowledge and belief, the grantor (**check one**):
  - is serving the military in a war zone
  - is mentally incapacitated
  - is blind or physically unable to sign
  - other

**If the grantor is not in one of the first three categories,** please indicate the reason(s) the grantor is unable to sign on his/her own behalf:

\_\_\_\_\_  
\_\_\_\_\_

4. To the best of my knowledge and belief, neither the grantor nor the grantor's conservator, guardian, or other fiduciary has revoked or amended the power of attorney specified in statement 1 as of the date hereof.

Signed by (Attorney in Fact): \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last)

Address (Attorney in Fact): \_\_\_\_\_  
(Street, City, State, Zip Code)

Social Security Number/TIN (Attorney in Fact): \_\_\_\_\_ Date of Birth (Attorney in Fact): \_\_\_\_\_

**Notice:** Any person who knowingly provides 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 Regular Mail:**  
Annuity Service Center  
P.O. Box 770001  
Cincinnati, OH 45277-0050

**In New York:**  
Annuity Service Center  
P.O. Box 770001  
Cincinnati, OH 45277-0051

This annuity is issued by MetLife Investors USA Insurance Company (MLI USA) and, in New York, by Metropolitan Life Insurance Company (each a "MetLife" company). MLI USA and Metropolitan Life Insurance Company are affiliates. The contract's financial guarantees are solely the responsibility of the issuing insurance company. **Fidelity Brokerage Services LLC, Member NYSE, SIPC,** and Fidelity Insurance Agency, Inc., are the distributors; they are not affiliated with any MetLife company.

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INDIVIDUAL ACKNOWLEDGMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_



SS:

On the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known to be the individual described in and who executed the certification of attorney in fact above and acknowledged to me that \_\_\_\_\_ be executed the same.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_