

Full Policy Surrender Request

INSTRUCTIONS:

Use this form to request a full surrender of your policy. Please complete this form in its entirety to avoid any delays in processing. If you need assistance in completing this form, please call your representative, sales office, or the appropriate number listed under How to Submit this Form.



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b43f-051adaf7195d

The Company indicated in this section is referred to as **"the Company."**

- | | |
|---|--|
| <input type="checkbox"/> Metropolitan Life Insurance Company | <input type="checkbox"/> First MetLife Investors Insurance Company |
| <input type="checkbox"/> New England Life Insurance Company | <input type="checkbox"/> MetLife Investors USA Insurance Company |
| <input type="checkbox"/> General American Life Insurance Company | <input type="checkbox"/> MetLife Investors Insurance Company |
| <input type="checkbox"/> MetLife Insurance Company of Connecticut | <input type="checkbox"/> Metropolitan Tower Life Insurance Company |

Policy Number _____

SECTION I - About the Owner

Type of Owner: ☐ Individual or ☐ Trust/Business Entity

If Individual or Co-Owner:

First Name _____ Middle Name _____ Last Name _____

Phone Number _____ Social Security Number _____ E-Mail Address _____

Co-Owner - First Name _____ Middle Name _____ Last Name _____

Phone Number _____ Social Security Number _____ E-Mail Address _____

If Trust/Business Entity Owner:

Name of Trust _____ Date Executed _____

Name of Business Entity _____ Tax ID Number of Trust/Business Entity _____

Trust/Business Entity Contact Person
First Name _____ Middle Name _____ Last Name _____

Contact Phone Number _____ E-Mail Address _____

Please provide the address where your proceeds should be sent:

Number and Street/Post Office Box _____

City _____ State _____ Zip _____ Should we use this address for all future correspondence? ☐ Yes ☐ No

SECTION II - About the Insured

First Name

Middle Name

Last Name

SECTION III - Full Surrender, Termination and Payment

I request a full surrender and termination of the life insurance policy/policies identified above and request payment of the proceeds as indicated below.

Payment Options: Please select one of the following methods of payment:

- ☐ **A. Pay by check.**
- ☐ **B. Open a new Total Control Account® Money Market Option (TCA) or deposit to my existing TCA# _____***
- ☐ **C. Open a new MetLife Bank Money Market Account to receive my surrender proceeds.***

*** Please see features and benefits of the Total Control and MetLife Bank Accounts on page 4 for important information to help you make an informed decision.**

Special Instructions:

SECTION IV - About Income Tax Withholding

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash surrender value and pay it to the IRS unless you tell us in writing not to withhold tax. Certain states also require us to withhold state income tax if we withhold federal tax.

You are responsible for paying income tax on the taxable portion of our payment even if we do no withholding. In making your decision about withholding, you should consider that penalties under the estimated income tax rules may apply if your withholding and estimated income tax payments are not sufficient.

- ☐ **Check here** if you do not want us to withhold federal and state income tax
(This choice is void if we do not have your social security or Tax ID Number).

Social Security or Taxpayer ID Number of Policy Owner

Under penalties of perjury, I, the Owner, certify that:

1) The number shown in this document is my correct social security or taxpayer identification number, and

2) I am not subject to backup withholding because:

(a) I am exempt from backup withholding, or

(b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or

(c) the IRS has notified me that I am not subject to backup withholding.

3) I am a U.S. Citizen or resident alien or a domestic business entity.

(If you are not a U.S. citizen or a U.S. resident alien, or a domestic business entity for tax purposes, please cross out this certification, complete and return IRS form W-8BEN, which can be located on www.irs.gov.)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Please note: The IRS does not require your consent to any provision of this document other than the above certifications required to avoid backup withholding.

Signatures

Signature Requirements

All Owners must sign this form. Any Irrevocable Beneficiary or Collateral Assignee must sign this form.

Please sign as shown below:

A Partnership The full name of the firm should be printed with the signature of all general partners (not limited partners).

A Sole Proprietorship The full name of the business should be printed with the signature of the owner followed by the word "owner."

A Trust Signatures, followed by the word "Trustee," of all required Trustees. Also submit a Trust Certification, which is available from your representative, sales office, or the appropriate number listed under How to Submit this Form.

A Corporation The signature and title of one officer (other than the Insured).

An Individual acting on behalf of the Owner The full name of the owner's fiduciary or agent and the legal documentation of the authority to act (e.g., power of attorney, guardianship papers, etc.)

Signature of Owner	Title (If you are acting in a representative capacity)	
▶		
Print Name of Individual Signing - First	Middle	Last
Signed at City	State	Date

Signature of Co-Owner	Title (If you are acting in a representative capacity)	
▶		
Print Name of Individual Signing - First	Middle	Last
Signed at City	State	Date

For Sales Office Use Only	Sales Office/Agency Number - Representative ID		Date
Sales Representative Name - First	Middle	Last	

How to Submit this Form

Return pages 1 through 3 of the completed form to the address or fax number listed below for the Company that issued the policy. If policies are issued by more than one Company, return one completed form to any Company that issued at least one of the policies.

Issuing Company	Contact Phone Number	Fax Number	Variable Life Policies	All Other Life Policies
Metropolitan Life Insurance Company MetLife Investors USA Insurance Company First MetLife Investors Insurance Company Metropolitan Tower Life Insurance Company	1-800-638-5000	All Life Policies 1-401-827-2225	P.O. Box 390 Warwick, RI 02887-0390	P.O. Box 391 Warwick, RI 02887-0391
New England Life Insurance Company	1-800-388-4000	Variable Life Policies 1-401-827-2169 All Other Life Policies 1-401-827-2188		
General American Life Insurance Company MetLife Investors Insurance Company	1-800-638-9294	All Life Policies 1-401-827-3298		
MetLife Insurance Company of Connecticut	1-800-334-4298	Variable Life Policies 1-908-655-9580 All Other Life Policies 1-908-655-9579		
NEF Company Owned Life Insurance (COLI) EEA products only	1-732-602-4716	1-732-602-6456	485-B Route One South 4th Floor Iselin, NJ 08830	N/A

About Payment Options

TOTAL CONTROL ACCOUNT (TCA) - Please keep this page for your records.

If payment is made by establishing a new TCA, the signature you provide will be placed on file with that account.

Availability:

A TCA may be elected when the amount payable to you is at least \$5,000, or you have an existing TCA Account issued by the same MetLife affiliated insurance company that issued the policy (you must provide the TCA Account number). The TCA generally is not available to corporate entities, or to residents of foreign countries. For more information, call our Customer Service Center at 1-800-638-7283.

Features:

- **Interest Compounded Daily.** Rates are set weekly and are equal to or higher than one of two nationally recognized money market rate indexes. Interest is credited monthly and is currently taxable.
- **Free unlimited check writing privileges** - Minimum check amount \$250.
- **No penalties** for withdrawing all or part of your money.
- **Detailed, easy-to-read statements.**
- **No charge** for processing or printing checks. Free check reorders.
- **No transaction or monthly fees**, although there may be charges for stop orders and special services.
- **Additional amounts** from other sources may not be added to the TCA, nor can amounts withdrawn be redeposited. However, proceeds from other life insurance policies and annuity contracts issued by the same insurer may be added to an existing TCA in some circumstances.
- **Information available electronically** through MetLife's eSERVICE web site.
- **Principal and interest are guaranteed** by the financial strength and claims paying ability of the affiliated MetLife insurance company which issued the policy/policies above.

METLIFE BANK ACCOUNT

Availability:

A MetLife Bank account may be selected as the depository for the cash surrender proceeds, provided that the amount payable to you meets the minimum amounts required to open an account, as follows: Money Market Account - \$1,500 Certificate of Deposit - \$2,000 To open a MetLife Bank account, call one of our Banking Advisors at 1-866-BANKMET (1-866-226-5638). The Banking Advisor will establish an account for you as well as assist you in completing a Direct Deposit Form.

Features:

- **Competitive tiered interest rates**
- **Check writing privileges**
 - Three checks per statement cycle
 - no minimum dollar amount
 - Free first order of standard checks
- **MetLife Bank ATM** card
- **Additional deposits** allowed
- **Monthly statements** provided
- **FDIC** insured.

Visit www.MetLifeBank.com for more information on the Bank's products, services and features.