

Annuity Withdrawal Form

This form is provided for your convenience in requesting a distribution under the provisions of your annuity contract. Please follow instructions to avoid delays in processing your request(s).

- **The Owner's signature is required on Page 2 of this form.** If there is more than one Owner, all Owners must sign. Please use black ink.
- The withdrawal check will be mailed to the Owner's address of record unless otherwise specified in the Special Instructions or Remarks section. (Please indicate in Section D on page 2 if payment is to go to previously established Bank/Brokerage Account.)
- Withdrawal charges may apply to any withdrawal or surrender; This form is not available for 1035 Exchanges or Annuitization.
- **Please read the Federal Income Tax Status and Withholding section carefully and indicate a withholding election.**

A. OWNER/ANNUITANT INFORMATION

Contract Number:		Annuitant's Name:	
Owner's Name:			
Street Address:		City or Town:	State: Zip Code:
Owner's Social Security Number Or Taxpayer Identification Number:		Owner's Phone Number:	

Check here if this is a change of address.

B. TYPE OF WITHDRAWAL

Important: Please review your contract and/or prospectus for detailed information regarding early withdrawal penalties and other withdrawal provisions. If you have elected Guaranteed Withdrawal Benefit (GWB) or Lifetime Withdrawal Guarantee Benefit (LWG), cumulative withdrawals that exceed the Annual Benefit Payment in any contract year may significantly reduce the value of the GWB or LWG benefit. If you have LWG and you make any withdrawals prior to age 59 1/2, we will not make payments to you over your lifetime. Any withdrawal will reduce your Account Balance and/or Death Benefit. For the LWG, Predictor Plus and GWB, prior withdrawals may affect your ability to take future step-ups or resets.

I request that the Company, subject to the terms of my contract, process the following transaction:

- FULL WITHDRAWAL PAYMENT METHOD. (Check one of the following withdrawal options):**
- Open a new **Total Control Account®** Money Market Option ("TCA") to receive my surrender proceeds of **\$5,000.00 or more**. The TCA gives you check writing privileges, while crediting competitive interest rates comparable to money market account rates. The interest rate is set weekly and will be equal to or higher than at least one of two nationally recognized money market rate indexes. Interest paid is taxable currently. Money in the TCA is guaranteed by the company. You can access all or part of your money at any time by writing one of your checks. You are not charged for processing or printing checks, there are no transaction or monthly fees, and there are no penalties for withdrawing all or part of your money. Monthly statements are provided. The Total Control Account is NOT available to residents of foreign countries, nor for amounts less than \$5,000.00. If you already have a TCA issued by the same company that issued the contract you are surrendering and want your proceeds added to that account, please provide your Account #: _____
 - Send a check for its **full** cash withdrawal value.
- PARTIAL WITHDRAWAL** - Partial withdrawal amount must be a minimum of \$500. **(Check and complete one of the following withdrawal options):**
- Net Partial Withdrawal** \$ _____ (Your check will be for the amount requested. Your account balance will be reduced by this amount **plus** any applicable withdrawal charges, federal/state tax.)
 - Gross Partial Withdrawal** \$ _____ (Your check will be for the amount requested **less** any applicable withdrawal charges, federal/state tax. Your account balance will be reduced by the amount requested.)
 - Contract Penalty Free Withdrawal Amount (if contractually available, 10% each contract year)
 - Gain Only Free Amount
 - The maximum amount available without a withdrawal charge
 - Required Minimum Distribution (IRAs only): One (1) Time Payment. For Tax Year: _____
 - Current Annual Benefit Payment (net of prior withdrawals in the same contract year) allowed under the **Guaranteed Withdrawal Benefit (GWB) or Lifetime Withdrawal Guarantee Benefit (LWG)**. (This option only applies to contracts where the GWB or LWG Rider has been elected.)
 - _____%** of the current Annual Increase Amount under **The Predictor or The Predictor Plus**. (This option only applies to contracts where the Predictor or Predictor Plus rider has been elected.)

**Percentage must be less than or equal to the Annual Increase Accumulation Rate, as provided on your contract schedule page, in order for the withdrawal adjustment that applies to the Annual Increase Amount to be equal to the dollar amount of the withdrawals.

Contract Number: _____ Annuitant: _____

C. SOURCE OF WITHDRAWAL – USE WHOLE PERCENTAGES ONLY

If no source is indicated, the withdrawal will be made from each portfolio or account in the proportion that it bears to the total account balance.

Funding Choices	Percentage	Funding Choices	Percentage
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %
Total 100%			

D. SPECIAL INSTRUCTIONS OR REMARKS

This section allows the check to be mailed to MetLife for a Long Term Care Payment or a Premium for a Life Insurance policy ONLY.

- Mail to MetLife: _____
(please list address)
- For Account No. _____ To pay premium due ____ / ____ / ____ Other _____

NOTE: Owner's tax obligation on a withdrawal may NOT be altered by MetLife making payment to one of the above options.

To send funds via Electronic Fund Transfer (EFT) To a Bank, the following information must be provided. Please also attach a voided check.

Bank Name: _____ Address: _____
 Bank ABA No: _____ Bank Account No: _____
 Account Title: _____ Type of Account: Checking Savings

Remarks: _____

E. FEDERAL INCOME TAX STATUS AND WITHHOLDING

The IRS requires us to withhold federal income tax at a rate of 10% from the taxable portion of your payments. You can elect not to have tax withheld. Even if you elect not to have income tax withheld from your payments, you are liable for payment of income tax on the taxable portion of your payments. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Additionally, a 10% federal tax penalty may apply to the taxable amount if the Owner is under age 59 1/2. A distribution from a Roth IRA attributable to a conversion within five years from the conversion may be subject to the 10% penalty tax. You should consult your tax advisor regarding your personal situation.

CHECK ONE:

- I elect to have federal income tax withheld from this distribution at a rate of 10% and any state tax where required.
- I elect to have federal and state income tax withheld from this distribution, as indicated below:
Federal _____% State _____% Owner's state of residence _____
- I elect NOT to have federal and state, if applicable, income tax withheld from these distributions.

NOTE: If neither of the withholding elections above is chosen, MetLife is required to withhold 10% of the taxable portion of annuity distributions for federal income taxes. State income tax may also be required to be withheld in certain states if federal tax is withheld.

F. SIGNATURE(S)

Under penalties of perjury I certify: 1) That the number shown above is my correct social security number or taxpayer identification number; and 2) that I am not subject to backup withholding because: (a) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding; and 3) I am a U.S. citizen or a U.S. resident for tax purposes. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner's Signature _____ Date _____

Joint Owner's Signature (if any) _____ Date _____

For MetLife's Internal Use: Submitting Sales Office _____
 Servicing Account Office _____ Agency _____ Index _____
 Representative _____

Contract Number: _____ Annuitant: _____

G. MAILING INSTRUCTIONS

For:

PPA-Preference Plus Accounts,
GPA-Growth Plus Accounts, or
Vestmet Accounts
(SEP and Simple IRAs only)

Mail this form to:

MetLife – Annuities
P.O. Box 10356
Des Moines, IA 50306-0356

Overnight mail only:

MetLife – Annuities
4700 Westown Parkway, Ste 200
West Des Moines, IA 50266

For:

All other
(Non-Qualified, Traditional, SEP, Simple and Roth IRAs)

Mail this form to:

MetLife – Annuities
P. O. Box 10342
Des Moines, IA 50306-0342

Overnight mail only:

MetLife – Annuities
4700 Westown Parkway, Ste 200
West Des Moines, IA 50266

Notice: No agent or representative of the Company is authorized to alter, change or waive any of the terms or conditions of this form or to bind the Company by any statement or representation as to the availability of a withdrawal, if any, under this contract. The Company suggests that you consult your own attorney, accountant or tax advisor for information relating to federal and state income tax liabilities that may be incurred as a result of a withdrawal.