



Thank you for calling **METLIFE** and giving us the opportunity to be of service to you.

I have enclosed the forms required allow the ownership and the beneficiary to be changed on an Annuity contract.

The current contract owner should complete and sign Form A, as needed. The new owner should complete and sign Form B. After the new owner and beneficiary have been recorded, a confirmation letter will be sent to you.

The completed forms may be mailed or faxed to:

**For regular mail:**

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

**For Overnight mail only:**

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

**Fax to:**

908-552-3403

If you have any questions or need help completing the form, please call us at **1-800-638-7732**.

MetLife Customer Response Center

FORM A—Use this form to:



- Change your address
- Update name on contract records
- Name a new Owner or new Joint Owner (NQ)

Please see instructions before completing

**A1** Entry required for **ADDR, NAME** or **OWNR**.

(If any information needs to be updated on MetLife’s records, please check ( ✓ or X ) the box(es) next to the correct data.)

<input type="checkbox"/> Owner’s Name	<input type="checkbox"/> Social Security/Tax ID#	<input type="checkbox"/> Telephone Number	
<input type="checkbox"/> Street Address (Include Apt/Floor/PO Box)	<input type="checkbox"/> City or Town	<input type="checkbox"/> State	<input type="checkbox"/> Zip Code
Contract/Certificate Number(s)		Annuitant(s) if not the Owner(s)	

**A2** Entry required to update **NAME**. (Please do **not** use this section to name a **new** person.)

Please update records to change the name of the:  Owner/Joint Owner  Annuitant  Beneficiary  Contingent Beneficiary

From \_\_\_\_\_ To \_\_\_\_\_

The reason for this change is:  Marriage  Divorce  Assumption of new name  Correction

Other (please specify) \_\_\_\_\_

**A3** Entry required for **OWNR** (**Not** available for Traditional IRA or Roth IRA)

Please change the ownership of the contract/certificate as shown below. In making this request, I understand that this assignment may result in a taxable event for me to the extent the value at the time of transfer exceeds my cost basis in the contract/certificate unless the transfer qualifies as a nontaxable transfer of property between spouses or incident to a divorce.

<b>Owner</b> —Name (Print First, Middle, Last)	Relationship to Annuitant(s)	Date of Birth	Social Security/ Tax ID#
Street Address (Include Apt/Floor/PO Box)	City or Town	State	Zip Code
<b>Joint Owner</b> (in addition to the person named as Owner above)— Name (Print First, Middle, Last)	Relationship to Annuitant(s)	Date of Birth	Social Security/ Tax ID#
Street Address (Include Apt/Floor/PO Box)	City or Town	State	Zip Code

**A4** Entry required for **ADDR, NAME** or **OWNR**

Owner’s Signature		Date Signed
Joint Owner’s Signature (if needed)		Date Signed
For MetLife’s Internal Use	Submitting Sales Office	Servicing Account Representative <u>Office</u> <u>Agency</u> <u>Index</u>

FORM B—Use this form to:



- Name new Owner's beneficiary and/or new Owner's contingent beneficiary
- Must accompany Form A when naming new Owner/Joint Owner (NQ)

Please see the instructions before completing.

<b>B1</b> Entry required for <b>BENE</b> .			
(If any information needs to be updated on MetLife's records, please check (✓ or X) the box(es) next to the correct data.)			
<input type="checkbox"/> Owner's Name	<input type="checkbox"/> Social Security/Tax ID#	<input type="checkbox"/> Telephone Number	
<input type="checkbox"/> Street Address (Include Apt/Floor/PO Box)	<input type="checkbox"/> City or Town	<input type="checkbox"/> State	<input type="checkbox"/> Zip Code
Contract/Certificate Number(s)		Annuitant(s) if <i>not</i> the Owner(s)	

<b>B3</b> Entry required for <b>BENE</b> .
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(Note: This section does not change the beneficiary of an Annuitant who is not the Owner.)

I revoke any prior choice of the beneficiary and contingent beneficiary to receive any amount payable under the contract/certificate on account of my death. I also revoke any prior choice of an optional income plan that applies to any amount payable under the contract/certificate on account of my death. I name the following revocable beneficiary to receive any amount payable at death:

Owner's Revocable Beneficiary—Name (Print First, Middle, Last)	Relationship to Annuitant(s)	Date of Birth	Social Security/Tax ID# Helps in any later claim
Street Address (Include Apt/Floor/PO Box)	City or Town	State	Zip Code

If the beneficiary named above predeceases me, I name the following revocable contingent beneficiary to become the beneficiary. If no beneficiary is alive when I die, my estate is to receive any amount payable.

Owner's Revocable Contingent Beneficiary—Name (Print First, Middle, Last)	Relationship to Annuitant(s)	Date of Birth	Social Security/Tax ID# Helps in any later claim
Street Address (Include Apt/Floor/PO Box)	City or Town	State	Zip Code

If more than one beneficiary is alive when I die, they will be paid in equal shares, unless otherwise noted. When there are two or more Owners, this designation applies to any amount payable at the death of the last Owner to die.

<b>B3</b> Entry required for <b>BENE</b> .
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Owner's Signature	Date Signed
Joint Owner's Signature (if needed)	Date Signed
Witness Signature (Massachusetts Only)	Date Signed

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