

# BENEFICIARY DESIGNATION

(Before Completing This Form, See Page 2)

(Do not erase or attempt to make correction, use a new form)



Metropolitan Life Insurance Company

Group Policy No. \_\_\_\_\_

Insured's Social Security No. \_\_\_\_\_

In accordance with the conditions of the Group Policy listed above, I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following:

### Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

Total:

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)

### Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share %
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payment will be made in equal shares or all to the survivor unless otherwise indicated.

Total:

If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

### Optional Elections (please check box(es) if desired)

**Unborn Child(ren)** – Any Child(ren) designated as contingent beneficiary(ies) born of the marriage of my said spouse (primary beneficiary), with me, who shall be then living, in equal shares, or all to the survivor.

It is understood and agreed that all decisions upon questions of fact, which are made in good faith by Metropolitan Life Insurance Company (MetLife) in determining unnamed contingent beneficiaries hereby designated and which are based on proof by affidavit or other written evidence satisfactory to it, shall be conclusive and shall fully protect MetLife in acting in reliance thereon.

**Common Disaster** – The amount payable by reason of the insured's death shall be paid to my primary beneficiary(ies), or contingent beneficiary(ies), as applicable, only if such beneficiary(ies), is (are) living at the expiration of 24 hours following the insured's death.

OR

### Note: See Reverse Side for Important Information

**Trust(ee) Designation** (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

and successor(s) in trust, as Trustee(s) under \_\_\_\_\_  
("Title of Agreement")

Dated \_\_\_\_\_ executed by me and said trustee(s).

✓ MetLife shall not be responsible for the application or disposition of the proceeds by said Trustee(s), and the receipt of the proceeds by said Trustee(s) shall be full discharge of the liability of MetLife under the Group Policy.

✓ If this form is executed by the insured, it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

✓ If this form is executed by the current owner (who is not the insured), it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the current owner, if living at the insured's death, or the current owner's estate if the current owner is not living at the insured's death, and payment to the estate's legal representative based on such proof shall be full discharge of liability of MetLife under the Group Policy or certificate.

**Trust(ee) (Under Will) Designation** (applies only if a trust has been set forth in your will)

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

If for any reason whatsoever, no Trust(ee) under any such last Will and Testament shall be duly appointed, I hereby designate **My Estate** as beneficiary and any payment made in good faith to the legal representative of my estate shall be full discharge of the liability of MetLife under the Group Policy.

I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent. (Please Print)

Name of Insured or Owner (if assigned) \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Branch or Plant \_\_\_\_\_

Location \_\_\_\_\_

Signature of Insured or Owner (if assigned) \_\_\_\_\_

Date Signed \_\_\_\_\_

You may find the following definitions helpful in completing your Beneficiary Designation form.

**Primary Beneficiary:** Your primary beneficiary should be the individual(s) or organization that you wish to receive the life insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your Total shares must equal 100%

**Contingent Beneficiary:** Your contingent beneficiary should be the individual(s) or organization that you wish to receive the life insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your Total shares must equal 100%

**Unborn Child(ren) Clause:** By completing this section, you can indicate that you wish to have the life insurance proceeds distributed evenly among all of the children born to you and your spouse. Children who are not yet born when you complete the beneficiary designation form will be included in the distribution of proceeds if they are alive at the time of the insured's death.

**Common Disaster Clause:** In this section, you may indicate that the life insurance proceeds should be paid to your beneficiary(ies) only if they survive the insured by at least 24 hours. This provision ensures that your intentions are carried out in the event the insured and your beneficiary are involved in a common accident.

**Trust(ee) Designation:** If you plan to have the insurance proceeds distributed through a Trust, you should complete this section with the appropriate information. Your Trust(ee) will be fully responsible for the application for and disposition of the life insurance proceeds. **This section should only be used if you have a legally drawn inter vivos trust agreement or an appropriate Trust(ee) is designated under your last Will and Testament. If you complete this section, do NOT complete the Primary or Contingent Beneficiary Sections.**

An inter vivos trust is a trust established during the life of the trustor (the person who creates the trust) for the benefit of the trustor or other living persons.

#### **INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION**

1. Fill in the insured's Group Policy Number and Social Security Number at the top of the form. At the bottom of this form, fill in the name of the insured person or owner (if assigned), the daytime phone number, address, the branch or plant and location of the company, and sign and date the form.
2. Fill in the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary(ies) listed, enter the relationship (when the relationship of the beneficiary is other than by blood or marriage, the relationship should be shown as "Nonrelative"), date of birth, address(es) (permanent residence) and percentage of share (all shares must add up to 100%).
3. If you wish to name a Trust(ee) as beneficiary, complete one of the two Trust(ee) Designations **instead** of the Primary and Contingent beneficiary sections. If the trust is an inter vivos trust, check only the first Trust(ee) Designation Box, and complete the top Trust(ee) designation. You should enter (1) the name and address of the Trust(ee); (2) the Title of the Agreement; and (3) the date of its execution.  
**NOTE: AN INTER VIVOS TRUST MUST BE A LEGALLY DRAWN AGREEMENT**

If you wish to make a Trust(ee) under Will Designation, check only the second Trust(ee) Designation box. **NOTE: A TRUST(EE) UNDER WILL (OR TESTAMENTARY TRUST(EE) MUST BE ESTABLISHED UNDER THE LEGALLY DRAWN LAST WILL AND TESTAMENT OF THE INSURED OR OWNER(IF ASSIGNED)**

4. The owner of the coverage should sign and date the form in the spaces provided. Retain the duplicate copy for your records.
5. Give the completed form to the employer.

**If you wish to name more beneficiaries that this form provides for, secure an additional Copy.** Complete your list of beneficiaries on that form. Attach the additional form to the first, indicating clearly on **each** form the number of additional forms attached. For example, if three forms are used, number the forms as follows 1 of 3, 2 of 3, and 3 of 3.

It is important that you review your beneficiary designation periodically to be sure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.

#### **PLEASE NOTE**

If death occurs and a minor (a person not of legal age) or your estate is the beneficiary, it will be necessary to have a guardian or an administrator appointed before any death benefit can be paid. This means court expenses for the beneficiary and delay in the payment of the insurance proceeds. Please take this into consideration when naming your beneficiary.