

## INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

Please read instructions before completing this form. Do not erase or attempt to make corrections. Please use a new form.

1. If you wish to name a Primary Beneficiary(ies), please complete page 2. Fill in the certificate holder's Name of Employer, Group Policy Number (found on your Certificate) and Social Security Number at the top of the form. If the insured has had a name change, please indicate in the section provided. Complete section A. Initial and date at the bottom of the page.

**Primary Beneficiary:** Your primary beneficiary should be the individual(s) or organization that you wish to receive the 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%.

2. If you wish to name a Contingent Beneficiary(ies), please complete page 2. Fill in the certificate holder's Name of Employer, Group Policy Number (found on your Certificate) and Social Security Number at the top of the form. If the insured has had a name change, please indicate in the section provided. Complete section B. Initial and date at the bottom of the page.

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

**Contingent Beneficiary:** Your contingent beneficiary should be the individual(s) or organization that you wish to receive the 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%.

3. If you wish to name a Trust as beneficiary, please complete one of the two Trust Designations on page 3 **instead** of the Primary and Contingent Beneficiary sections. If the trust is an inter vivos trust, check only the first Trust Designation box, and complete the Trust designation section. You should enter (1) the name and address of the Trustee; (2) the Title of the Trust; and (3) the date of its execution. **NOTE: AN INTER VIVOS TRUST MUST BE A LEGALLY DRAWN AND EXECUTED DOCUMENT.**

If you wish to designate a Testamentary Trust, check only the second Trust Designation box on page 3. **NOTE: A TESTAMENTARY TRUST MUST BE ESTABLISHED UNDER A VALID LAST WILL AND TESTAMENT OF THE INSURED OR OWNER (IF ASSIGNED).**

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

**Trust Designation:** If you plan to have the insurance proceeds distributed to a Trust, you should complete this section with the appropriate information. The Trustee of the Trust will be responsible for the application for and disposition of the insurance proceeds in accordance with the terms of the trust. **This section should only be used if you have established an intervivos trust or directed the establishment of a trust under your Last Will and Testament. If you complete this section, do NOT complete the Primary or Contingent Beneficiary sections.**

**Inter vivos Trust:** 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.

4. The owner of the coverage should sign and date the form in the spaces provided on page 3. Retain a copy for your records.
5. Submit your completed form to:

**Critical Illness Insurance, Metropolitan Life Insurance Company, P.O. Box 6120, Scranton, PA 18505-9972**

**If you wish to name more beneficiaries than this form provides for, secure (create) an additional copy.** Complete your list of beneficiaries on that additional copied 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.

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

### PLEASE NOTE

If death occurs as a result of a covered illness and a minor (a person not of legal age) is the beneficiary, it may be necessary to have a guardian appointed before any death benefit can be paid. If death occurs as a result of a covered illness and your estate is the beneficiary, the representative of the estate may need to finalize formal court procedures before any death benefit can be paid. In either case, the procedures may result in expenses for the beneficiary and/or a delay in the payment of the insurance proceeds. Please take this into consideration when naming your beneficiary.

# MetLife Critical Illness Insurance Change / Designation of Beneficiary By Certificate Owner

Please Print or Type Information.



**Critical Illness Insurance**  
**Metropolitan Life Insurance Company**  
 P.O. Box 6120  
 Scranton, PA 18505-9972  
 Toll Free Phone: 1 800 GET-MET 8  
 Fax Number: 1-866-268-2621

Name of Employer \_\_\_\_\_

Group Policy Number **0119513** Insured's Social Security Number \_\_\_\_\_

Has your name changed? If so, check reason:  Marriage  Divorce  Correction  Naturalization  Court Order

**Insured's Name:** \_\_\_\_\_  
 (Prefix) (First) (Middle) (Last) (Suffix)

**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).**

**A. I name the following Revocable Primary Beneficiary(ies) to receive any amount payable under the policy in the event of my death:**

Individual's Name Prefix	First	Middle	Last	Suffix	Share % (Leave blank for equal distribution)
Date of Birth	SSN/EIN		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to Insured
Street		City		State	Zip Code
Primary Residence Business Mailing Other					
Home Phone			Business Phone & Ext.		

Individual's Name Prefix	First	Middle	Last	Suffix	Share % (Leave blank for equal distribution)
Date of Birth	SSN/EIN		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to Insured
Street		City		State	Zip Code
Primary Residence Business Mailing Other					
Home Phone			Business Phone & Ext.		

**B. If all the Beneficiaries named above shall predecease me, I name the following Revocable Contingent Beneficiary(ies) to receive any amount payable under the policy in the event of my death:**

Individual's Name Prefix	First	Middle	Last	Suffix	Share % (Leave blank for equal distribution)
Date of Birth	SSN/EIN		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to Insured
Street		City		State	Zip Code
Primary Residence Business Mailing Other					
Home Phone			Business Phone & Ext.		

Individual's Name Prefix	First	Middle	Last	Suffix	Share % (Leave blank for equal distribution)
Date of Birth	SSN/EIN		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to Insured
Street		City		State	Zip Code
Primary Residence Business Mailing Other					
Home Phone			Business Phone & Ext.		

**If you wish to designate more than 2 Revocable Primary Beneficiaries or Contingent Beneficiaries, contact MetLife, Critical Illness Insurance Service Center at 1 800 GET-MET 8 (1-800-438-6388), 9:00 a.m. to 6 p.m., ET, or your agent for a form which can accommodate that request.**

**Initial form here and Sign on last page** \_\_\_\_\_  
 Certificate Owner's Initials Date

**TRUST DESIGNATION:**

- Intervivos Trust Designation** (applies only if a trust has been created in an executed trust agreement e.g., John Doe, Trustee of the Jane Smith Family Trust dated January 1, 2000)

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.

- Testamentary Trust 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.**

I agree that any decision MetLife makes in determining unnamed contingent beneficiaries based upon written evidence acceptable to MetLife, will be final.

If multiple Beneficiaries or Contingent Beneficiaries are named above, payment will be made in equal shares or all to the survivor, unless otherwise specified. The share of any Beneficiary or Contingent Beneficiary who shall predecease me will be divided among the surviving beneficiaries in proportion to their interest, with all to the survivor. If there is no survivor, then payment shall be made to my estate.

Any payment by MetLife in good faith pursuant to the foregoing designation shall fully discharge MetLife of its liability under the policy.

I understand that this change shall be binding on MetLife only after it has been recorded and filed in the MetLife Home Office or Customer Service Center. Once recorded, the change will be effective as of the date signed below.

By signing below, I certify that I have read the information on all pages of this form and that I am in agreement with it.

MetLife means the Metropolitan Life Insurance Company or any of its affiliates.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Certificate Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name (Prefix First Middle Last Suffix)