

**TAX SHELTERED ANNUITY
 ROLLOVER / PARTIAL WITHDRAWAL / FULL SURRENDER REQUEST**

1. Annuitant Information				
Owner	Social Security Number	Contract Number		
Address - Check here if change of address <input type="checkbox"/>	City	State	Zip	
Phone Number	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried			

2. Request for Partial Withdrawal / Full Surrender

- I request a partial surrender of \$ _____
- I request the **maximum amount available without penalty.**
- I request systematic withdrawals in accordance with the contract provisions:
 Frequency of distributions: Monthly Quarterly Semi-annually Annually
 Starting date for systematic withdrawals: _____, _____. Must be at least one month after contract date.
Month Year
 Withdrawals will be processed on the 5th, 15th, or 25th calendar day, or, if applicable, on the next business day.
 Select One: 5th 15th 25th
 Fixed Amount \$ _____ per payment OR Fixed Percentage _____% of contract value per payment
- I request a **full surrender** (please enclose your policy contract).
- Contract is enclosed Contract has been lost or destroyed. I release the Company from any further claim against the contract and agree to return the contract to the Company if it is ever recovered.
- Payoff outstanding loan from account balance

3. Eligibility Information

I AM ELIGIBLE TO TAKE A DISTRIBUTION BASED ON THE CONDITION(S) MARKED BELOW:

- Attainment of age 59 ½
- I am less than 59 ½ years old. The distribution is from elective salary deferral AND
 - I am separated from service
 - I am disabled as defined in Sec. 72(m) (7) of the Internal Revenue Code
 - The amount is not more than my 12/31/88 balance
 - This request is for a tax-free direct exchange with another TSA (submit Transfer paperwork for new carrier)
 - The request is pursuant to a Qualified Domestic Relations Order (QDRO). (A copy of order is required)
 - I have a qualifying hardship condition (Partial withdrawals only; distribution limited to employee contributions).
The Determination and Certification Form (attached) must be signed and returned with this form before a distribution can be made, if a hardship condition is marked on the form.

4. Payee Information

Select one:

Annuitant

Please Send my check using a "Next Business Day" delivery service. I understand the charge will be deducted from my distribution (Note: street address is necessary for this service. Also, it is important for someone to be available to accept the delivery. The package will NOT be delivered by the U.S. Postal Service.) Please indicate the address where you want check sent:

Street Address	City	State	ZIP
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Direct Rollover or Transfer to an eligible IRA or TSA (A letter of acceptance is required before releasing funds)

Alternate Payee (If the owner authorizes us to pay the distribution amount directly to an alternate payee pursuant to a QDRO, provide us with a certified copy of the QDRO for review.)

Name of Institution / Alternate Payee	FBO: Annuitant's Name and Account Number		
Institution / Alternate Payee Address	City, State, Zip		
Alternate Payee Signature – As Directed under QDRO	Date	Social Security Number	

5. Income Tax Withholding Election (applicable for Hardship withdrawals only)

Mandatory 20% income tax will be withheld on all withdrawals payable to the owner.

No income tax will be withheld on transfers or rollovers.

Whichever election you choose, you may be liable for the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding for your income during the year is not adequate. You have the right to revoke this election, however, it will remain in effect until it is revoked.

Yes, withhold federal income taxes: 10% or _____ % (must be 10% or more)

No, do not withhold federal income taxes from my withdrawal.

6. TO BE COMPLETED BY OWNER

PLEASE NOTE: Pursuant to final section 403(b) Regulations which are generally effective January 1, 2009, your employer's signature is required on this form, regardless of your current employment status.

Owner's Signature	Date	Area Code and Telephone Number
Spouse's Signature (Required in AZ, CA, IL, LA, NV, NM, TX, WA, WI)	Date	

7. TO BE COMPLETED BY YOUR EMPLOYER – Employer Approval Required for 403(b) distributions

I certify that the information provided above is complete and accurate to the best of my knowledge, and that the request complies with the requirements of the IRS Code Section 403(b) final regulations, effective January 1, 2009. The request conforms to provisions documented in a written 403(b) plan and applicable compliance requirements, such as those related to participant eligibility status, loans and hardships are satisfied, MetLife Insurance Company, as administrator for the General American annuity contract, is hereby directed to process this benefit.

Employer Signature	Date
Title	Daytime Area Code & Telephone Number