

Annuity Surrender Request

IRA/SEP and Non-Qualified Annuity only
(TSA 403(b) must use separate form)

Note:

- Withdrawal or surrender requests in which the money has already been received in your bank account cannot be returned.

NAME OF CONTRACT OWNER	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER (One number per form)
ADDRESS (Check here if new address <input type="checkbox"/>)		DAYTIME PHONE NUMBER

Surrender Election

Please check one:

- Partial Surrender - Amount \$ _____ **NOTE: The amount will be less than requested to reflect the deduction of taxes and applicable charges unless the net box is checked NET.**

Requested amount will be prorated from all funds unless you specify otherwise in the special instructions section.

Note: Surrenders from Index Annuity and Protected Equity Portfolio will reduce your Principal Protected amount proportionally. To elect a surrender upon expiration of the Principal Protection Benefit see below section titled, "Principal Protection Expiration Election". Surrenders from MetLife Target Maturity with Principal Protection Option will reduce your Principal Protected amount dollar for dollar.

- Full Surrender - Account will be closed unless noted in special instructions.

Surrender Reason

Please check applicable box(es):

- Total and Permanent Disability (attach Social Security disability award or certifying doctor's statement)
- Required Minimum Distribution (IRA/SEP): Tax Year _____
- Qualified Higher Education Expense (IRA Only)
- First-Time Home Purchase (IRA Only)
- Payment of Health Insurance Premium for the Unemployed (IRA Only)
- Other _____

Indicate Payee if other than Contract Owner (Non-Qualified Only):

(Name)

(Address)

SPECIAL INSTRUCTIONS: _____

Payment Instructions

Choose One (Optional)

Note: A check will be sent to the address on record if Electronic Funds Transfer or Alternate Payee is not selected below. If made payable to a third party, a Medallion Signature Guarantee is required, and the original will need to be mailed in to us.

1. Electronic Funds Transfer

Note: It may take up to 3 business days for the funds to appear in your bank account. It is the Contract Owner's responsibility to inform MetLife of any changes to banking information.

Bank Name

Bank Address

Bank City

State

ZIP

Bank Account Number

Bank ABA Number

Type of Account

- Checking (A photocopy of a voided check is required, unless Electronic Payments are being sent to a previously established EFT account. If the contract has joint owners, both names must appear on the voided check.)
- Savings (A letter of instruction on bank letterhead, containing EFT information and account registration, is required. If the contract has joint owners, both names must appear in the financial institution letter.)

2. Check

Alternate Payee Name (Bank, Brokerage Firm, etc.)

Alternate Payee Address

City

State

ZIP

Account No (if applicable)

Principal Protection Expiration Election

Index Annuity and Protected Equity Portfolio Contract Holders Only – Please check one

If you are requesting a surrender of your Index Annuity or Protected Equity Portfolio contract, **please check one** of the following. If neither option is checked, your request will be processed according to the first option below.

- Process this surrender on the day the request is received in Good Order in our Home Office.
- Process this surrender as of the Principal Protection Expiration Date.

Transfer/Rollover Section

(If payee is new carrier, this section MUST be completed.) To process this direct transfer/rollover or exchange, we require that an Acceptance Letter from the other carrier accompany this form. Please check one box:

- 1035 Exchange to another Non-Qualified contract
- Direct Rollover from an IRA/SEP to a 457 governmental or TSA account
- Direct Rollover to another IRA or IRA/SEP
- Traditional IRA conversion to a Roth IRA (Distribution will be a taxable event.)

New Carrier's Name: _____

Address(optional): _____

Address(optional): _____

Account No: _____

Please check one of the following if this request is for a full transfer or rollover to another carrier:

- MetLife contract is attached.
- I certify that the above referenced contract has been lost or destroyed.

If you have been taking minimum distributions from this account, you must take one for this tax year before the account is rolled over.

- Check here if you are on the Managed Distribution Program (a check will be automatically sent to you for the required amount).
- Check here if you are NOT on the program. Please indicate the required minimum distribution amount \$ _____.

Income Tax Withholding

The distribution you receive is generally subject to MANDATORY 10% Federal Income Tax Withholding and State Income Tax withholding, where applicable, unless you elect not to have withholding apply. Even if you elect not to have Federal and State Income Tax withheld, you are liable for payment of Federal Income Tax and State Income Tax, where applicable, on the taxable portion. 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.

Please mark the appropriate box below. If none is marked, we will automatically withhold 10% Federal Income Tax and State Income Tax withholding, where applicable.

Check one:

- I elect to have Federal and State, if applicable, income tax withheld from these distributions. % Federal _____ %
(Please specify withholding, IF other than 10%) State _____ %
- I elect NOT to have Federal and State Income Tax withheld from these distributions.

Note: Even if you elect not to have income tax withheld from a distribution, you are liable for payment of income tax on the taxable portion of your contract. 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 be assessed against distributions under an annuity if the Owner is under age 59½. You should consult your tax advisor regarding your personal situation.

Signatures

I understand that contract penalties may apply. 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.

Medallion Signature Guarantee

SIGNATURE OF EMPLOYEE/CONTRACT OWNER (Required)

ACCOUNT NO.

DATE

JOINT OWNER SIGNATURE, *if applicable* (Non-Qualified Annuities Only)

DATE

Mailing Instructions

Regular mail:

MetLife
P.O. Box 295
Des Moines, IA 50306-0295

Overnight mail only:

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

Fax to:

877-547-9671