

Annuities

Variable annuity withdrawal

This form is used to request a withdrawal from your annuity contract.

Things to know before you begin:

- The Owner’s signature is required on page 5 of this form. If there is more than one Owner, all Owners must sign. Please use black ink.
- The signature of the Owner’s spouse is required under certain types of qualified plans and in community property states.
- The withdrawal check will be mailed to the Owner’s address of record unless otherwise specified in Section 5.
- Please read the Federal income tax status and withholding section carefully and indicate a withholding election.

SECTION 1 - Contract information

Annuity contract number

Annuitant’s first name	Middle name	Last name
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Owner’s first name	Middle name	Last name
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Street address

City	State	ZIP
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Owner’s social security number or TIN	Primary phone number
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Check here if this is a change of address.

SECTION 2 - Type of withdrawal

Please be aware that withdrawing more than your guaranteed withdrawal amount, called “excess withdrawals”, may permanently reduce your future guaranteed withdrawal amounts. If you are considering making an excess withdrawal but are uncertain as to how it will affect your future guaranteed withdrawal amounts, we encourage you to contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess withdrawal.

Important: Please review your contract and/or prospectus for detailed information regarding early withdrawal penalties and other withdrawal provisions. If you have elected Guaranteed Withdrawal Benefit (GWB) or Lifetime Withdrawal Guarantee (LWG), cumulative withdrawals that exceed the Annual Benefit Payment in any contract year may permanently and significantly reduce the value of the GWB or LWG benefit. If you elected the LWG and you make any withdrawals prior to age 59½, we will not make payments to you over your lifetime. If you elected Guaranteed Minimum Income Benefits (GMIB) and/or Enhanced Death Benefit (EDB) riders, cumulative withdrawals in a contract year that exceed the dollar-for-dollar withdrawal limit may permanently and significantly reduce the value of the GMIB and/or EDB.

SECTION 3 - Type of withdrawal - continued

If you elected the GMIB Max IV, or GMIB Max IV with EDB Max IV and you take your first withdrawal prior to the 5th contract anniversary, your dollar-for-dollar withdrawal rate will be the greater of: (a) 4.5% each year or (b) your required minimum distribution (RMD). If you take your first withdrawal on or after the 5th contract anniversary, your dollar-for-dollar withdrawal rate will be the greater of: (a) 5% each year or (b) your RMD.

If you elected the GWB v1 Rider and wish to withdraw an amount that is equal to your Annual Benefit Payment and take a withdrawal prior to the 5th contract anniversary, your Annual Benefit Payment will be the greater of: (a) 5.00% of your Total Guaranteed Withdrawal Amount (TGWA) each year or (b) if applicable, your required minimum distribution (RMD). If you take a withdrawal on or after the 5th contract anniversary, but prior to your 10th contract anniversary, your Annual Benefit Payment will be the greater of: (a) 6.00% of your TGWA each year or (b) if applicable, your RMD. If you take a withdrawal on or after your 10th contract anniversary, your Annual Benefit Payment will be the greater of (a) 7.00% of your TGWA each year or (b) if applicable, your RMD. Cumulative withdrawals in a contract year that exceed your Annual Benefit Payment will reduce your TGWA and Remaining Guaranteed Withdrawal Amount (RGWA) on a proportional basis, which may significantly reduce your future benefits.

If you elected the GWB v1 Rider and wish to take a withdrawal for a specific dollar amount, that withdrawal amount may not exceed the Annual Benefit Payment amount allowed under the rider.

I request that the Company, subject to the terms of my contract, process the following transaction:

- TOTAL WITHDRAWAL
- PARTIAL WITHDRAWAL options- Minimum \$500
(Check and complete one of the following withdrawal options):
 - Net** Partial Withdrawal of \$ _____ (Your check will be for the amount requested. Your account value will be reduced by this amount **plus** any applicable withdrawal charges, federal/state tax.) Net Partial Withdrawals are processed pro-rata.
 - Gross** Partial Withdrawal of \$ _____ (Your check will be for the amount requested **less** any applicable withdrawal charges, federal/state tax. Your account value will be reduced by the amount requested.)
 - 10% (or other _____ % , if less) of total purchase payments not subject to withdrawal charge (available once each contract year after the first contract anniversary.)
 - Maximum amount not subject to withdrawal charge (the amount which includes the sum of all purchase payments available without penalty and all gain available.)
 - Current Annual Benefit Payment allowed under the **Guaranteed Withdrawal Benefit (GWB) or Lifetime Withdrawal Guarantee Benefit (LWG)**. (This option only applies to contracts where the GWB or LWG Rider has been elected.)
 - _____%* of the current Annual Increase Amount under the **GMIB** and/or **Enhanced Death Benefit (EDB)** riders. (This option only applies to contracts where a GMIB and/or EDB rider has been elected.)

* Percentage must be less than or equal to the Annual Increase Accumulation Rate, as provided on your contract schedule page, in order for the withdrawal adjustment that applies to the Annual Increase Amount to be equal to the dollar amount of the withdrawals.

SECTION 4 - Source of withdrawal

Use Whole Percentages Only

If no source is indicated, the withdrawal will be made from each portfolio or account in the proportion that it bears to the total contract value.

Please note: Not available if Net Withdrawal is selected.

Portfolio or Account	Percentage	Portfolio or Account	Percentage
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

SECTION 5 - Alternate 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 No	Bank ABA No
_____	_____

Type of Account:

- Checking (A copy of a voided check is required.)
- Savings (A letter of instruction on bank letterhead, containing EFT information and account registration, is required.)

2. Check

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

Alternate Payee Address	City	State	ZIP
_____	_____	_____	_____

Account No (if applicable)

SECTION 6 - Special instructions or remarks

Remarks:

Please check this box, if this withdrawal is to satisfy a Required Minimum Distribution under federal tax law.

SECTION 7 - Federal income tax status and withholding

NOTE: If neither of the below withholding elections is chosen, under current federal income tax law MetLife Investors is required to withhold 10 percent of the taxable portion of annuity distributions for federal income taxes. State income tax may also be withheld, if applicable.

Check one:

I elect to have federal and state, if applicable, income tax withheld from these distributions.

Federal _____ % State _____ % Owner's state of residence _____

I elect NOT to have federal and state, if applicable, 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 withdrawal. 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 percent federal tax penalty may be assessed against distributions if the Owner is under age 59 ½. You should consult your tax advisor regarding your personal situation.

SECTION 8 - Authorization agreement and signatures

I certify that the Contract specified on the first page is not assigned or pledged as collateral to any other person or corporation and that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against the Owner or Owner's spouse (if Owner's spouse's signature is required below), or either of them, and that neither of them is under guardianship or any legal disability, except as follows: (Give dates and particulars of any exceptions.)

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.

SECTION 8 - Authorization agreement and signatures - continued

Owner signature	Date (mm/dd/yyyy)	
Printed name of individual signing above		
First name	Middle name	Last name
Joint Owner signature (if any)		Date (mm/dd/yyyy)
Owner's Spouse (required if community property state)		Date (mm/dd/yyyy)
Agreed (Signature of an assignee or holder of a security interest, if any, required)		Date (mm/dd/yyyy)

Notice: The tax law provides that deferred annuities issued after October 21, 1988 by the same insurance company or an affiliate in the same calendar year to the same owner, are combined for tax purposes. As a result, a greater portion of your withdrawals may be considered taxable income than you would otherwise expect. In addition, please note that no agent or representative of The Company is authorized to alter, change or waive any of the terms or conditions of this form or to bind The Company by any statement or representation as to the availability of a withdrawal, if any, under this contract. The Company suggests that you consult your own attorney, accountant or tax advisor for information relating to Federal and state income tax liabilities that may be incurred as a result of a withdrawal.

SECTION 9 - How to submit this form

Mail this form to:
MetLife Investors
P.O. Box 10366
Des Moines, Iowa 50306-0366

Overnight mail only:
MetLife Investors
4700 Westown Parkway, Ste 200
West Des Moines, IA 50266

Fax:
877-547-9666

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