
INSTRUCTIONS

This form presents a beneficiary's claim and gives instructions only for *Mutual Fund Select Portfolios (MFSP)* accounts and variable annuity accounts administered at www.metlife.csplans.com.

- This form cannot be used to present any claim under a 457 Plan or any Plan other than as marked on this form.
- If you are in more than one Plan, you must complete a separate form for each Plan.
- If you have a Spouse, your designation of a primary beneficiary other than your Spouse is not valid unless you completed Section 3, your Spouse consented by signing Section 5 and a Notary Public has signed and sealed Section 6.
- All Participants must complete Sections 1, 2, and 4. If you have any questions, please contact your MetLife representative by calling toll-free 1-877-WITH-MET (877) 948-4638.

SECTION 1 – PARTICIPANT INFORMATION

Please check all that apply for the same designation:

401(k) 401(a) Other: _____ (Do NOT use this form to state a beneficiary designation for any kind of IRA.)

Employer/Plan Name

Employer/Plan Number

Participant's Name (print full name)

Social Security Number (SSN) or
Taxpayer Identifying Number (TIN)

SECTION 2 – BENEFICIARY DESIGNATION

- This designation revokes any previous beneficiary designation for this Plan. Unless you specify otherwise, if you designate more than one beneficiary in any one class, the beneficiaries in the class will share equally.

Primary Beneficiary(ies): If more than two (2), attach additional sheets and check here

(1) Name _____ Check one: Spouse non-Spouse

Social Security Number or TIN _____ Percentage _____

(2) Name _____ Check one: Spouse non-Spouse

Social Security Number or TIN _____ Percentage _____

Contingent Beneficiary(ies): If more than two (2), attach additional sheets and check here

(1) Name _____ Check one: Spouse non-Spouse

Social Security Number or TIN _____ Percentage _____

(2) Name _____ Check one: Spouse non-Spouse

Social Security Number or TIN _____ Percentage _____

Annuities are issued by MetLife Insurance Company of Connecticut (MIC), One Cityplace, Hartford, CT 06103 and distributed by MetLife Investors Distribution Company (MLIDC) (member FINRA), 5 Park Plaza, Suite 1900, Irvine, CA 92614. Securities, including variable products offered through MetLife Securities, Inc. (MSI) (member FINRA/SIPC), 200 Park Avenue, New York, NY 10166. MIC, MLIDC and MSI are affiliates.

Participant Name: _____

Participant's SSN or TIN: _____

401(k) and 401(a)

BENEFICIARY DESIGNATION

SECTION 3 – MARITAL STATUS

Please consult with your Plan Administrator to determine whether you need to complete this Section.

I certify that (you must initial at least ONE of the following):

_____ I do not have a Spouse. *(If your divorce is final and you have not married again, whether by ceremonial, proxy, informal, or common-law marriage, you do not have a Spouse. If you are separated, but your divorce is not final, you do have a Spouse.)*

_____ I designated my Spouse as the primary beneficiary of my entire death benefit under the Plan.

_____ I have a Spouse but have designated someone other than my Spouse as the primary beneficiary of all or part of my Plan Account balance. I understand that my beneficiary designation is not valid unless my current Spouse consents to it in a notarized writing on the form required by the Plan Administrator. *(I understand that my Spouse has the right to limit his or her consent to permit only those specific non-Spouse beneficiary(ies) now named above.) (Complete Section 5 – Spouse's consent)*

_____ I waive my and my Spouse's right to receive a Qualified Joint and Survivor Annuity. *(Complete Section 5 – Spouse's consent)*

_____ I waive my beneficiary's right to receive a Death Distribution in the form of an automatic Qualified Pre-retirement Survivor Annuity. *(Complete Section 5-Spouse's consent, if I have a Spouse)*

_____ My Spouse cannot be located. I will inform the Plan Administrator if the location of my Spouse becomes known. *(I understand that the Plan Administrator will make an investigation to try to find my Spouse.)*

_____ A court determined that my Spouse abandoned me. *(You must attach certified copies of all court orders.)*

_____ A court determined that my Spouse is legally separated from me. *(You must attach certified copies of all court orders.)*

Your beneficiary designation can be approved only if the Plan Administrator is satisfied as to the correctness of your statement. Your beneficiary designation is valid only so long as your statement above is still true, and that each Spouse's consent statement is effective only for the person who signs it. If your situation changes, you must make a new beneficiary designation with a new Spouse's consent statement; if you don't, all of any Benefit after your death will be payable to your surviving Spouse.

SECTION 4 – PARTICIPANT CERTIFICATION

I certify that everything I stated on this form is true, correct, and complete. I certify, under penalties of perjury, that my Social Security number or other Taxpayer Identifying number shown above is correct. I understand that I may be subject to civil and criminal penalties and punishment for any knowingly false statement on this form. If the Plan pays or fails to pay any Benefit based on my false statement, I will be liable for the Plan's damages, including (but not limited to) investigation expenses and lawyers' and legal assistants' fees.

Participant's Signature

Date

SUBMITTING THIS FORM

- Submit completed and signed form, including Sections 3, 5 and 6, if applicable, to your Human Resources Department (not MetLife) for the Plan Administrator's signature in Section 7.

Participant Name: _____

Participant's SSN or TIN: _____

401(k) and 401(a)

BENEFICIARY DESIGNATION

SECTION 5 – SPOUSE’S CONSENT TO THE PARTICIPANT’S BENEFICIARY DESIGNATION, IF OTHER THAN THE SPOUSE OR TO WAIVE A QUALIFIED PRE-RETIREMENT SURVIVOR ANNUITY

By signing this form, I consent to the Participant’s (my Spouse’s) election concerning rights to any Benefit that may become payable after his/her death. I realize that the Participant’s election is valid only if I consent to it by signing this form or another form of the Plan Administrator. I understand that I have the right to consent or to decline to consent to the Participant’s election. The purpose of this form is to show that I understand the rights that I’m giving away. My signature acknowledges that I understand all of the information explained by this form. I understand that my consent is irrevocable; I can’t change my mind after I sign this form.

The effect of my consent is to permit my Spouse to decide that some or all of any Benefit payable after his/her death belongs to a beneficiary(ies) other than me OR to waive a Qualified Joint and Survivor Annuity or Qualified Pre-retirement Survivor Annuity.

If I decline to consent, upon my Spouse’s death, payments would be required to be made as follows:

- To the extent that *the Plan Account is held under an individual annuity contract*, the automatic Qualified Pre-retirement Survivor Annuity provided by each Annuity Contract or an equivalent Payout Option that I choose if I’m then the surviving Spouse. Under a Qualified Joint and Survivor my survivorship benefit is a life annuity which is not less than half the amount of the annuity payable during the joint lives of me and my spouse.
- To the extent that *the Plan Account is held under an individual annuity contract*, the automatic Qualified Pre-retirement Survivor Annuity provided by each Annuity Contract or an equivalent Payout Option that I choose if I’m then the surviving Spouse. A Qualified Pre-retirement Survivor Annuity is the annuity for my life that can be purchased with not less than half the Vested Plan Account.
- To the extent that *the Plan Account is held under a group annuity contract or a custodial account or group trust*, all of the Vested Plan Account is payable to me if I’m then the surviving Spouse.

A Qualified Pre-retirement Survivor Annuity means that I would receive regular payments for as long as I live. The regular payment amount I would get must be based on at least half of the Vested Plan Account.

I specifically consent to the beneficiary designation given in Section 2 of this form. This consent does not permit additional beneficiary changes without further consent from me. However, in giving this consent, I understand that I have the right to limit my consent a specific optional form of benefit that can’t be changed without my consent; if I wish to limit my consent in that way I must ask the Employer/Plan Administrator for a different form to sign. I also consent to not receive a Qualified Pre-retirement Survivor Annuity.

Spouse’s Signature

Date

Spouse’s Name (print full name)

Participant’s Name and Social Security Number

This form will not be accepted unless it bears the Notary Public’s official seal in Section 6. This form will not be accepted if the Notary is an employee of MetLife or any of its affiliates.

SECTION 6 – CERTIFICATE OF NOTARY PUBLIC

I certify to the Plan Administrator that on the date written below before me personally appeared the above-named Spouse, personally known to me or satisfactorily identified to me, and he or she signed this document in my presence for the purposes stated by it, without any undue influence. My commission has not expired. In addition to any civil and criminal punishment that can apply under the laws of the state that appointed me as a Notary Public, I understand that under federal law if I made a false statement I may be fined \$100,000 or imprisoned for up to 10 years or both.

Date

Signature and Seal of Notary Public

Participant Name: _____

Participant's SSN or TIN: _____

401(k) and 401(a)

BENEFICIARY DESIGNATION

SECTION 7 – PLAN ADMINISTRATOR’S INSTRUCTIONS AND APPROVAL

As the Plan Administrator, I will retain this original form in my files.

Name of Plan Administrator Organization

Authorized Signature on behalf of the Plan Administrator

Date

- Employer/Plan Administrator MUST keep original.
- Please return a copy of this form complete with **Plan Administrator’s Signature** to:

Attn: Enrollment Services
MetLife
P.O. Box 6717
Somerset, NJ 08875