



Group Term Life Insurance Beneficiary Designation

- This form **MUST** be signed before you return it. See "SECTION IV – Signature" on page 3.
- This is a non-standard form that is only used when the insured's designation does not fit into a standard designation.

SECTION I - Insured Information

Customer Number		Employer Name/Group Policyholder Name	
First Name	Middle Name	Last Name	
Address – Street	City	State	ZIP Code
Date of Birth	Phone Number	SSN	

SECTION II - Plan Information

I elect that the beneficiary designation shown on this form apply only to the plans insured by MetLife that I have indicated below:

- All group term life coverage currently in effect **OR** Basic Life Supplemental/Optional Life
 Accidental Death & Dismemberment

SECTION III - Beneficiary Information

- You **MUST** designate at least one primary beneficiary.
- The sum of the Primary Beneficiary percentages **MUST equal 100%**. Dollar amounts, fractions and decimals will not be accepted.
- If a trust has been designated, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, unless otherwise indicated on this form.
- If no primary or contingent beneficiary designated shall be living following the insured's death, the amount payable shall be payable as provided in the Group Policy.

If naming an individual(s), please provide the following information for each person:

- full name - first, middle initial and last name;
- address – number, street, city, state and zip code;
- relationship to yourself;
- social security number;
- date of birth; and
- phone number – including the area code.

Complete the back of this page to designate your beneficiary.

Use the space below to designate your beneficiary.

A large, empty rectangular box with a thin black border, intended for designating a beneficiary.

SECTION IV - Signature

I hereby revoke any previous designations, and I designate the person, people, or entity named in Section III as Beneficiary(ies). I reserve the right to change or revoke this designation at any time.

Insured/Owner Name (Please Print)

Insured/Owner Signature

Date (must be date form was completed)



How to Submit This Form

Please return the completed form to your employer. Retain a copy for your records.

Please note: You MUST return all pages of this form.