

Certification of Attorney-in-Fact — MetLife Growth and IncomeSM Annuity

Use this form to certify the validity and effectiveness of the Power of Attorney (POA) that granted you the power to act on behalf of the contract owner of the Metropolitan Life Insurance Company annuity contracts listed on this form. Do NOT use this form for custodial contracts. Type on screen or print out and fill in. For best results, use CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

Helpful to Know

- You must also submit a copy of the POA documents naming you the Attorney-in-Fact for the contract owner, as well as copies of any supporting documents, along with this form.
- Each Attorney-in-Fact added to a contract must complete and submit a separate form.
- For subsequent transactions or service requests, a new *Certification of Attorney-in-Fact* form must be submitted every five years (valid for up to five years from signature date) to confirm that the Power of Attorney is still valid.

1. Contract Owner

Phone numbers are for questions about this request only; they will not update your Fidelity contact information.

First Name	Middle Name	Last Name	
Evening Phone		Daytime Phone	Extension

2. Contract(s) Included

Contract Number	Contract Number	Contract Number
-----------------	-----------------	-----------------

3. Attorney-in-Fact

Be sure to provide your full legal name.

First Name	Middle Name	Last Name	
Social Security or Taxpayer ID Number	Date of Birth MM DD YYYY	Daytime Phone	Extension

Residential Address (where you live)

Cannot be a P.O. Box, mail drop, or c/o.

Address			
City	State/Province	ZIP/Postal Code	Country

Mailing Address

Same as residential address

Address			
City	State/Province	ZIP/Postal Code	Country

Duplicate Materials

Send copies of account statements, transaction confirmations, and related prospectuses to me as Attorney-in-Fact Materials will be sent by U.S. mail.

Form continues on next page. >>

4. Attorney-in-Fact Signature and Date

By signing below, you (referred to below as "I" and "my") hereby attest and certify that:

- To the best of my knowledge and belief, the Owner is alive as of the date hereof.
- I do not have actual notice of the termination or revocation of the Power of Attorney, or notice of any facts indicating that the Power of Attorney has been terminated or revoked.
- If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.
- If I was named successor Attorney-in-Fact, the prior Attorney-in-Fact is no longer able or willing to serve.
- If the request, for which I am providing this certification, involves a fund transfer on a MetLife variable contract/policy, I have read the prospectus for the variable contract/policy and am aware that MetLife policies and procedures may result in the application transfer of restrictions to deter market timing activities.

PRINT ATTORNEY-IN-FACT NAME	
ATTORNEY-IN-FACT SIGNATURE	DATE MM/DD/YYYY
SIGN X	X

Did you sign the form and include a fully executed Power of Attorney Document?

Send the ENTIRE form and the POA document to Fidelity Investments.

Questions? Go to Fidelity.com/poa or call 800-634-9361.

Regular Mail *Except NY*

Annuity Service Center
PO Box 770001
Cincinnati, OH 45277-0050

Regular Mail *NY only*

Annuity Service Center
PO Box 770001
Cincinnati, OH 45277-0051

Overnight Mail

Fidelity Investments
100 Crosby Parkway, KC2Q
Covington, KY 41015

MetLife Growth and IncomeSM annuity (Policy Form Series No. 6800 (10/09)) is issued by Metropolitan Life Insurance Company (MetLife), New York, NY 10166. The contract's financial guarantees are solely the responsibility of the issuing insurance company. Fidelity Brokerage Services, Member NYSE, SIPC, and Fidelity Insurance Agency, Inc., are the distributors; they are not affiliated with any MetLife company.

529540.8.0 (02/21)

