

Beneficiaries—MetLife Growth and IncomeSM Annuities

Use this form to add or change the beneficiaries of your MetLife Growth and IncomeSM annuity contract issued by Metropolitan Life Insurance Company. Do NOT use for non-annuity accounts like Fidelity IRA, Retirement Plan (Keogh), or non-retirement accounts. Type on screen or print out and fill in. For best results, use CAPITAL letters and black ink. Need more room for information or signatures? Make a copy of the relevant page or a blank sheet.

Helpful to Know

- You may want to review this document with a tax, financial, or legal advisor.
- Only use this form for MetLife Growth and IncomeSM contracts (annuity contract number begins with "81").

1. Contract Owner(s)

**Trust and UGMA/
UTMA Accounts:**
Provide names
of authorized
individuals in the
Contract Owner fields.

Contract Owner Name	Phone
Joint Contract Owner Name if applicable	

2. Contracts Included

List all contracts you
want this form to apply
to. To indicate different
beneficiaries for
different contracts, use
copies of this form.

Annuity Contract Number	Annuity Contract Number	Annuity Contract Number
Annuity Contract Number	Annuity Contract Number	Annuity Contract Number

Form continues on next page. ►►

3. Beneficiaries

Primary Beneficiaries

For each beneficiary listing, provide all required information.

If a beneficiary is deceased at the time of the contract owner's death and you want that beneficiary's share to go to his or her legal descendants (children born of or legally adopted by the beneficiary), check "Per stirpes" (not applicable for trust/estate beneficiaries).

For custodial contracts, list the minor's estate as the primary beneficiary.

☐ Keep the primary beneficiary designations already in place on the contract(s). **Do not** list beneficiaries below if box is checked.

Name of Person, Trust, or Entity			Email		
Address Street, City, State, ZIP Code			Relationship	Share Percentage	
				%	
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Phone		<input type="checkbox"/> Per stirpes	
Name of Person, Trust, or Entity			Email		
Address Street, City, State, ZIP Code			Relationship	Share Percentage	
				%	
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Phone		<input type="checkbox"/> Per stirpes	
Name of Person, Trust, or Entity			Email		
Address Street, City, State, ZIP Code			Relationship	Share Percentage	
				%	
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Phone		<input type="checkbox"/> Per stirpes	
Total must add up to 100% <input type="text"/> %					

Contingent Beneficiaries

Do NOT list any primary beneficiaries here.

Contingent beneficiaries receive assets if no primary beneficiaries survive you.

If a beneficiary is deceased at the time of the contract owner's death and you want that beneficiary's share to go to his or her legal descendants (children born of or legally adopted by the beneficiary), check "Per stirpes" (not applicable for trust/estate beneficiaries).

☐ Keep the contingent beneficiary designations already in place on the contract(s). **Do not** list beneficiaries below if box is checked.

Name of Person, Trust, or Entity			Email		
Address Street, City, State, ZIP Code			Relationship	Share Percentage	
				%	
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Phone		<input type="checkbox"/> Per stirpes	
Name of Person, Trust, or Entity			Email		
Address Street, City, State, ZIP Code			Relationship	Share Percentage	
				%	
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Phone		<input type="checkbox"/> Per stirpes	
Name of Person, Trust, or Entity			Email		
Address Street, City, State, ZIP Code			Relationship	Share Percentage	
				%	
Social Security or Taxpayer ID Number	Date of Birth or Trust MM DD YYYY	Phone		<input type="checkbox"/> Per stirpes	
Total must add up to 100% <input type="text"/> %					

If you need more room for additional primary OR contingent beneficiaries, make a copy of this page or use a blank sheet.

Signature and Date on next page. ►►



4. Signature and Date *ALL owners of the contract must sign and date below.*

By signing below, you:

- Acknowledge that the information in this form replaces any and all beneficiary information that may be on record for this annuity at the time this form is received in good order by Fidelity.
- Acknowledge and agree to all terms in the contract concerning beneficiaries.
- Acknowledge that only those beneficiaries who are alive on the contract owner's death ("date of death") will receive the assets of your contract.
- Acknowledge that the Metropolitan Life Insurance Company has no responsibility for the application of assets distributed to beneficiaries.
- Agree that by checking the "per stirpes" box next to a beneficiary's name, any sum payable to that beneficiary will be divided equally among the beneficiary's surviving legal descendants, if the beneficiary him- or herself is no longer living on the date of death.
- Acknowledge that "per stirpes" creates a category of beneficiaries (for example, the children of your daughter or son), and therefore may end up including individuals who are not yet born or adopted.
- Acknowledge that if no percentages are indicated, assets will be divided equally among primary beneficiaries that are living or have per stirpes descendants.
- Acknowledge that listing beneficiaries by name does NOT create a category, and that if you later want to include other beneficiaries (such as any children born to or adopted by you in the future), you will need to file a new beneficiary form with updated names and information.
- Agree that the Metropolitan Life Insurance Company has no obligation to locate any beneficiary, notify any person of any transfer of assets to beneficiaries, or to independently verify any information submitted by any person claiming an interest in your contract.
- Certify that for trust-owned annuities (excluding charitable remainder trusts), all beneficiaries are natural persons.

CONTRACT OWNER NAME/TRUSTEE NAME	
SIGNATURE	DATE MM/DD/YYYY
SIGN X	DATE X

JOINT CONTRACT OWNER NAME/TRUSTEE NAME	
SIGNATURE	DATE MM/DD/YYYY
SIGN X	DATE X

- Contract owner must sign and date.
- If the contract is owned by a Trust, all Trustees must sign and date.
- If the signee is power of attorney, required documentation must be on file granting powers to add or change beneficiaries.

- Joint owner of the contract must sign and date. (If needed, ownership of the contract can be verified on your recent quarterly annuity statement.)

Did you print the form and did all owners sign it? Send the ENTIRE form to Fidelity Investments. After the changes are registered, you will receive a Revised Annuity Profile.

Questions? 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 only in New York 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 LLC, Member NYSE, SIPC, and Fidelity Insurance Agency, Inc., are the distributors; they are not affiliated with any MetLife company.

Fidelity Brokerage Services LLC, Member NYSE, SIPC. 956270.1.0 (11/20)