Group Term Life Insurance Beneficiary Designation

Metropolitan Life Insurance Company

Use this form to name the persons or entities you want to receive your life insurance proceeds after your death.

Things to know before you begin

- Completing this form replaces your existing beneficiary designations. Please provide details for **each** beneficiary, even if you have already given us this information in the past.
- Gather the name(s), date(s) of birth, Social Security/Tax ID number(s) and contact information for all of your beneficiaries.
- The beneficiaries you name on this form apply to your Group Term Life insurance coverage insured by MetLife.
- To name additional beneficiaries, attach a separate page. Provide the requested information including the beneficiary type *(primary or contingent)* and the % proceeds for each. Sign and date these page(s), making sure the date is the same as the date next to the signature on this form.
- Please complete and return all pages or we cannot record your choices.

If you make a mistake anywhere on this form, cross it out and initial it.

SECTION 1: About the Insured

First name	Middle name	Last name

Date of birth *(mm/dd/yyyy)*	Social Security number	Phone number

Address	City	State	ZIP

Employer name	Customer number
County of San Diego	158540

SECTION 2: About the Primary Beneficiaries

These parties are your first choice to receive the insurance proceeds after your death. If a primary beneficiary dies before you, we will divide their share(s) equally between the remaining primary beneficiaries.

- You must name at least one (1) primary beneficiary.
- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers *(no fractions or decimals)* and make sure they *(and any listed on separate pages)* add up to 100%. To distribute them equally between your primary beneficiaries, leave **all** of the proceeds % fields blank.

About the Primary Beneficiaries *(continued)*

☐ **Individual**

First name	Middle name	Last name	**A**
Address		Date of birth *(mm/dd/yyyy)*	Write in the % of proceeds assigned to this person
City		State / ZIP	
Gender ☐ M ☐ F	Social Security number	Phone number / Relationship to Insured	________%

☐ **Individual**

First name	Middle name	Last name	**B**
Address		Date of birth *(mm/dd/yyyy)*	Write in the % of proceeds assigned to this person
City		State / ZIP	
Gender ☐ M ☐ F	Social Security number	Phone number / Relationship to Insured	________%

☐ **Individual**

First name	Middle name	Last name	**C**
Address		Date of birth *(mm/dd/yyyy)*	Write in the % of proceeds assigned to this person
City		State / ZIP	
Gender ☐ M ☐ F	Social Security number	Phone number / Relationship to Insured	________%

☐ **Your Estate –** If you name your Estate as a primary beneficiary, you cannot name a contingent beneficiary.

D Proceeds ________%

☐ **Testamentary Trust created in your Will –** The trust under your last Will and Testament as shall be admitted to probate.

E Proceeds %

☐ **Living *(Inter Vivos)* Trust –** See further instructions on page 4.

F Proceeds ________%

☐ **Charity/Organization –** List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4.

G Proceeds ________%

Total proceeds for all primary beneficiaries *(A-G plus any listed on separate pages)* must equal 100%. **100%**

SECTION 3: About the Contingent Beneficiaries

Skip this section if you're not naming a contingent beneficiary or if you named your Estate as a primary beneficiary. Contingent beneficiaries receive the insurance proceeds only if all of the primary beneficiaries are deceased at the time of your death. If a contingent beneficiary dies before you, we will divide their share(s) equally between the remaining contingent beneficiaries.

- Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.
- Do not list the same person or entity as both a primary and a contingent beneficiary.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers *(no fractions or decimals)* and make sure they *(and any listed on separate pages)* add up to 100%. To distribute them equally between your contingent beneficiaries, leave **all** of the proceeds % fields blank.

☐ **Individual**

First name	Middle name	Last name	**H**
Address		Date of birth *(mm/dd/yyyy)*	Write in the % of proceeds assigned to this person ______%
City		State / ZIP	
Gender ☐ M ☐ F	Social Security number	Phone number / Relationship to Insured	

☐ **Individual**

First name	Middle name	Last name	**I**
Address		Date of birth *(mm/dd/yyyy)*	Write in the % of proceeds assigned to this person ______%
City		State / ZIP	
Gender ☐ M ☐ F	Social Security number	Phone number / Relationship to Insured	

☐ **Your Estate** — **J** Proceeds ______%

☐ **Testamentary Trust created in your Will –** The trust under your last Will and Testament as shall be admitted to probate. — **K** Proceeds ______%

☐ **Living *(Inter Vivos)* Trust –** See further instructions on page 4. — **L** Proceeds ______%

☐ **Charity/Organization –** List the charity or organization name and not an employee of the charity or organization. See further instructions on page 4. — **M** Proceeds ______%

Total proceeds for all contingent beneficiaries *(H-M plus any listed on separate pages)* must equal 100%. **100%**

SECTION 4: About your Trust/Charity/Organization Beneficiaries

Skip this section if you did not name a Living Trust or Charity/Organization as one of your beneficiaries. Otherwise, please provide the information requested below on a separate page. Make sure you include the type of beneficiary *(primary or contingent)* and that you sign and date these page(s).

Please include:

- Trust/Charity/Organization name
- Address
- Phone number
- Type of Beneficiary *(primary or contingent)*
- % of proceeds you are assigning to the Trust/Charity/Organization

Additional information required for Living *(Inter Vivos)* Trust(s):

- Trust date
- Trust Tax ID number
- Trustee first, middle and last name

SECTION 5: Signature required

By signing below, I hereby revoke any previous designations, and I designate the person, people, or entity named herein as beneficiaries.

☐ Check if you are completing and signing this form as agent for the insured under a valid Power of Attorney. Please submit a copy of the Power of Attorney with this beneficiary form.

Please print and sign below

Insured/Owner first name	Middle name	Last name

Sign Here	Insured/Owner signature	**Date form completed *(mm/dd/yyyy)***

STOP

Did you remember to…

- ✓ Provide complete information for each of your beneficiaries?
- ✓ Make sure the total "proceeds %" for your **primary beneficiaries** *(including those on a separate page)* equals 100%? Separately, did you remember to make sure the total "proceeds %" for your **contingent beneficiaries** *(including those on a separate page)* equals 100%?
- ✓ Complete, sign and date any extra pages that list beneficiary information *(such as Living Trust/ Charity/Organization beneficiaries)*?
- ✓ Cross out and initial any mistakes you made? *(If you crossed out any answers, your signature is not enough. You must also initial all your corrections.)*

  Example: ~~12/20/25~~ 12/20/15 *HM* ⇦ ***answer corrected, initials required***

Please note: we cannot record your beneficiary choices unless you complete these items.

SECTION 6: How to submit this form

Mail:
MetLife Recordkeeping & Enrollment Services
P.O. Box 14401
Lexington, KY 40512-4401

Be sure to keep a copy of this completed form for your records.