

Making changes or updates to your beneficiary information

Steps

1. To request a Life Insurance Change of Beneficiary form contact INDLifeRequest@metlife.com or download the form from our [Self-Service](#) page.

There are two forms you can request:

Long form – used to change a beneficiary to an individual(s), trust, charity or corporation.

Short form – used to designate individuals ONLY as beneficiaries.

2. If you've emailed us to request your form, it will be mailed within 5 business days.
3. As you complete the form please keep in mind that the contract owner must complete each section of the form, sign, and date it where noted. (Additional tips are noted below)
4. The bottom of each form will provide details on how to return it once completed.
5. If signing on behalf of the owner (i.e. as Power of Attorney or Guardian) please submit your documentation/authorization to sign on the owner's behalf.
6. The form should be signed and dated by ALL policy owners.
7. Generally speaking, the change will take effect as of the date the owner signs the request, provided the insured is living at the time the request is signed.
8. After receiving the completed form, your request will be processed within 5 business days.
9. You will be mailed confirmation of your change after your information is processed. Please carefully review the confirmation for accuracy and contact us if any of the information is incorrect. Keep this confirmation for your records.

(See Additional Tips on next page)

Additional Tips

- If you have multiple beneficiaries your percentages must equal 100%. Percentages must be in whole numbers. Decimals and fractions cannot be used. Please note that if you want equal percentages you can leave the % of proceeds section blank and we'll divide equally across all beneficiaries.
- If adding more beneficiaries than the form allows, attach a signed and dated sheet of paper listing the additional beneficiaries, including all details requested on the form. Be sure to identify if they are to be a primary or contingent beneficiary.
 - If you wish to designate more than three Individuals as Primary Beneficiaries, attach a signed and dated sheet listing the additional beneficiaries including all details requested in this form and identifying their role as a Primary Beneficiary.
 - If you would like to divide the proceeds equally, or if you are checking the box below to include future children of the Insured as Primary Beneficiaries, leave the "percent (%) of proceeds" fields blank. If you prefer to designate different percentages, complete the "percent (%) of proceeds" fields for each individual.

First name	Middle name	Last name	%of proceeds	
Street address		Country of citizenship		
City		State	ZIP	
Date of birth (mm/dd/yyyy)	Phone number	Social security number	Relationship to Insured	

- When a benefit is payable to a beneficiary, having complete information on file will help us to locate those you've chosen to receive the benefit. Please provide all requested information.
- If you're completing the long form version of the Beneficiary Change form, double check to ensure you have initialed and dated the bottom of each page.

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Owner initial here _____ Date _____

- In you live in **Massachusetts**, you must have a witness signature. Your witness cannot be someone you are adding as a beneficiary to the policy.
 - If any Owner lives in Massachusetts, that Owner's signature must be witnessed by a disinterested person over age 18 who is not being named as a Beneficiary. In all other states, witnessing by a disinterested adult is not required but is strongly recommended.
- The same person cannot be listed as both the primary and contingent beneficiary.