

Changing the owner of your policy

Steps

1. To change the ownership of a policy you can request the Life Insurance Absolute Assignment form by contacting INDLifeRequest@metlife.com or by downloading the form from our [Self-Service](#) page.
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 CURRENT contract owner must complete, sign and date Sections I, II & III where noted. The NEW contract owner must review and sign Section IV where noted. (Additional tips are noted below)
4. The bottom of each form will provide details on how to return it once completed.
5. After receiving the completed form, your request will be processed within 5 business days.
6. 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.

Additional Tips

- To change the owner of your policy to one or more individuals you will need to list the new owner information in the Type A section titled: Assignment to One or More Individuals.

TYPE A: Assignment to One or More Individuals

| | | | | | | |
|-------------------|-------------|-----------|-------------------------|-------------------|------------------------|--------------------------|
| First Name | Middle Name | Last Name | Relationship to Insured | Soc. Security No. | Date of Birth | % if Not Equal* |
| _____ | _____ | _____ | _____ | ____-____-____ | ____/____/____ | <input type="checkbox"/> |
| Permanent Address | | City | State | Zip | Country of Citizenship | Phone Number |
| _____ | | _____ | _____ | _____ | _____ | _____ |

- To change the owner of your policy to a business or charity you will need to list the new owner information in the Type B section titled: Assignment to a Business or Charity.

TYPE B: Assignment to a Business or Charity

| | | | | |
|-------------------|--|---------------|-------|--------------|
| Name of Entity | Type of Entity (Corp., Partnership, etc.) | Tax ID Number | | |
| _____ | _____ | _____ | | |
| Permanent Address | City | State | Zip | Phone Number |
| _____ | _____ | _____ | _____ | _____ |

(See Additional Tips on next page)

Additional Tips *(continued)*

- To change the owner of your policy to a Living Trust you will need to list the new owner information in the Type C section titled: Assignment to a Living Trust.

TYPE C: Assignment to a Living (Inter Vivos) Trust - Completed Trust Certification Form also required.

| | | | | |
|---|--------|---------------|-------------------------------|------------------------|
| Name of Trust | | Date of Trust | State Where Trust was Created | |
| _____ | | _____ | _____ | |
| Permanent Address of Trust | City | State | Zip | Phone Number |
| _____ | _____ | _____ | _____ | _____ |
| Grantor of the Trust - First Name | Middle | Last | Trust Tax ID Number | |
| _____ | _____ | _____ | _____ | |
| Names of all Currently Serving Trustees | | | | |
| Contact Trustee - First Name | Middle | Last | Social Security Number | |
| _____ | _____ | _____ | _____ | |
| Permanent Address | City | State | Zip | Phone Number |
| _____ | _____ | _____ | _____ | _____ |
| Additional Trustee(s) - First Name | Middle | Last | Phone Number | Social Security Number |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

If Multiple Trustees are named, for any action all named Trustees must sign OR any one Trustee can sign.

- When you change the ownership of your life insurance policy the existing beneficiary information will be removed. The default beneficiary will be the NEW owner of the contract. If the new owner is the insured, the default beneficiary will be the Insured's Estate. The new owner needs to complete their own beneficiary designation to have a different beneficiary listed.

The undersigned hereby revoke(s) any prior designation of Beneficiaries and Contingent Owners and any Settlement Option/Optional Income Plan election, and absolutely assign(s) all ownership and beneficial rights to the Assignee(s).

- You will need to initial, date and return all pages of the form for your paperwork to be complete.

Owner Initial Here _____ Date _____

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- In you live in **Massachusetts**, you must have a witness signature. Your witness must be an uninterested party and cannot be someone you are adding as a beneficiary to the policy.

If any Owner resides in **Massachusetts**, that Owner's signature must be witnessed by a disinterested person over 18 who is not being named as an Assignee. In all other states, witnessing is recommended but not required.

- If the current owner on the policy is deceased, the form should be completed by the court appointed executor of their estate. This form should be accompanied by a copy of the owner's death certificate and the court appointed documents for the estate.