


## Group Term Life Insurance Beneficiary Designation

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 ( <i>mm/dd/yyyy</i> ) | Social Security number | Phone number |     |  |
| Address                             | City                   | State        | ZIP |  |
| Plan Name                           | Customer number        |              |     |  |

### SECTION 2: About the Plan

The beneficiaries you name on this form apply **only** to the MetLife-insured plan(s) selected below:

All group term life coverage currently in effect

**OR**

Basic Life/Personal Accidental Death & Dismemberment (*AD&D*)

*To name separate beneficiaries for the Life or AD&D coverages in this section, photocopy this form and complete a different form for each type of coverage.*

### SECTION 3: 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                              | <b>A</b> |
| Address   |                        | Date of birth ( <i>mm/dd/yyyy</i> )    |          |
| City  |                        | State   ZIP                            |          |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number   Relationship to Insured |          |

Write in the % of proceeds assigned to this person \_\_\_\_\_%

**Individual**

|   |                        |  |          |
|---|------------------------|--|----------|
| First name  | Middle name            | Last name                              | <b>B</b> |
| Address   |                        | Date of birth ( <i>mm/dd/yyyy</i> )    |          |
| City  |                        | State   ZIP                            |          |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number   Relationship to Insured |          |

Write in the % of proceeds assigned to this person \_\_\_\_\_%

**Individual**

|   |                        |  |          |
|---|------------------------|--|----------|
| First name  | Middle name            | Last name                              | <b>C</b> |
| Address   |                        | Date of birth ( <i>mm/dd/yyyy</i> )    |          |
| City  |                        | State   ZIP                            |          |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number   Relationship to Insured |          |

Write in the % of proceeds assigned to this person \_\_\_\_\_%

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

|                 |
|-----------------|
| <b>D</b>        |
| Proceeds _____% |

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

|                 |
|-----------------|
| <b>E</b>        |
| Proceeds _____% |

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

|                 |
|-----------------|
| <b>F</b>        |
| Proceeds _____% |

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

|                 |
|-----------------|
| <b>G</b>        |
| Proceeds _____% |

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

## SECTION 4: 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                           | <b>H</b> |   |
| Address   |                        |              | Date of birth ( <i>mm/dd/yyyy</i> ) |          | Write in the % of proceeds assigned to this person<br>_____ % |
| City  |                        | State        | ZIP                                 |          |   |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number | Relationship to Insured             |          |   |

**Individual**

|   |                        |              |                                     |          |   |
|---|------------------------|--------------|-------------------------------------|----------|---|
| First name  |                        | Middle name  | Last name                           | <b>I</b> |   |
| Address   |                        |              | Date of birth ( <i>mm/dd/yyyy</i> ) |          | Write in the % of proceeds assigned to this person<br>_____ % |
| City  |                        | State        | ZIP                                 |          |   |
| Gender<br><input type="checkbox"/> M <input type="checkbox"/> F | Social Security number | Phone number | Relationship to Insured             |          |   |

**Your Estate**

|                     |
|---------------------|
| <b>J</b>            |
| Proceeds<br>_____ % |

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

|                     |
|---------------------|
| <b>K</b>            |
| Proceeds<br>_____ % |

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

|                     |
|---------------------|
| <b>L</b>            |
| Proceeds<br>_____ % |

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

|                     |
|---------------------|
| <b>M</b>            |
| Proceeds<br>_____ % |

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

**100%**

## SECTION 5: 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 6: 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.

|  |             |   |
|--|-------------|---|
| <b>Please print and sign below</b>       |             |   |
| Insured/Owner first name                 | Middle name | Last name                                 |
| <b>Sign Here</b> Insured/Owner signature |             | Date form completed ( <i>mm/dd/yyyy</i> ) |



### 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 7: 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.