

NON-ERISA - 403(b) withdrawal request

Metropolitan Life Insurance Company

Things to know before you begin

- Because 403(b) withdrawal rules are complex, please read Instructions and Special Tax Notice Regarding TSA Payments before completing this form. If you are under 59½, your withdrawal may be subject to a 10% federal income tax penalty. Your withdrawal may also incur withdrawal charges.

i Withdrawal or surrender requests in which the money has already been received in your bank account cannot be returned.

SECTION 1: General information

Annuity contract/Certificate number

Owner/Participant or Alternate payee

First name		Middle name	Last name	
Address		City	State	ZIP
Social Security number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred method of contact (<i>choose one</i>) <input type="checkbox"/> Phone <input type="checkbox"/> Mail		Daytime phone number
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married		U.S. citizen status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Nonresident Alien		
Employer name			Employer group number	

SECTION 2: Reason for withdrawal (*Check all applicable boxes*)

A **Participant's age 59½ or older.** Participant's date of birth (*mm/dd/yyyy*): _____
(If you are an alternate payee, please see Instructions.)

Employment Status (*please check one*): Active; Separated from Service – If employer's signature is not provided below, confirmation from the employer or other proof is required.

Sign Here	Signature of Employer	Title	Severance date (<i>mm/dd/yyyy</i>)
	_____	_____	_____

B **Participant's severance from employment.** (*If employer's signature is not provided below, confirmation from the employer or other proof is required.*)

Sign Here	Signature of Employer	Title	Severance date (<i>mm/dd/yyyy</i>)
	_____	_____	_____

- C **Participant's retirement.** (If employer's signature is not provided below, confirmation from the employer or other proof is required.)

Sign Here	Signature of Employer	Title	Retirement date (mm/dd/yyyy)
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- D **Participant's disability.** (Confirmation from your physician is required; see Instructions for further information.)
- E **Plan Termination.** (403(b) Plan Termination Authorization Form required.)
- F **Direct Transfer to Another 403(b) Annuity, 403(b)(7) Custodial Account, or 403(b)(9) Church Plan.** Direct transfer confirmation from the accepting provider must be attached.

The IRS announced new Section 403(b) Regulations which establish requirements that your employer will need to meet, including a written plan document by January 1, 2009. Since you are initiating a contract exchange (previously known as a 90-24 transfer) after September 24, 2007, you will need to understand the impact of the regulation change. If you complete this contract exchange after September 24, 2007, you should understand that the account being established will both a) need to be part of the plan and b) have an information sharing arrangement between the issuer of the contract/ account and your employer by January 1, 2009. If these items are not in place by January 1, 2009, **your contract/ account will no longer retain a tax deferred status under Section 403(b).** If this occurs, you may be able to avoid unfavorable tax consequences if before January 1, 2009 your contract/ account, is exchanged for a contract/account with an issuer that meets the new requirements or, if eligible, your contract/account is rolled into an IRA. **The issuer of your new contract may or may not be working with your employer to satisfy these requirements necessary to retain tax deferred status. Given the uncertainty of your tax deferred status, we recommend that you consult your tax advisor prior to completing this exchange.**

Circular 230 Disclaimer - The information contained in this communication (including attachments) concerning Federal tax issues is not intended to (and cannot) be used by anyone to avoid IRS penalties. This communication is intended to support the sale of MetLife insurance and annuity products. You should seek advice based on your particular circumstances from an independent tax advisor.

MetLife and its agents and representatives may not give legal or tax advice. Any discussion of taxes in this communication or related to this communication is for general information purposes only and does not purport to be complete or to cover every situation. Tax law is subject to interpretation and legislative change. Tax results and the appropriateness of any product for any specific taxpayer may vary depending on the facts and circumstances. You should consult with and rely on your own independent legal and tax advisers regarding your particular set of facts and circumstances.

- G **Direct Transfer to Purchase Service Credit in a Governmental Defined Benefit Plan.** Direct transfer/rollover confirmation from the accepting plan **must** be attached, along with a copy of the quote or letter from the plan verifying the purchase amount that the governmental defined benefit plan will accept.
- H **Direct Rollover to a Qualified Plan, or Governmental 457(b) Plan.** Direct rollover confirmation from accepting plan **must** be attached. You must also check reason A, B, C, or D above to qualify to make this direct rollover.
- I **Direct Rollover to a Traditional IRA (including SEP or SAR-SEP).** Direct rollover confirmation from accepting IRA trustee, custodian, or issuer must be attached. You must also check reason A, B, C, D or E above to qualify to make this direct rollover.
- J **Required Minimum Distribution of _____ for _____ (year).** Minimum distributions are required after the later of participant's reaching age 70½ or separating from service with the employer through whom you purchased this TSA. The amount you indicate here may not be rolled over or transferred. Do not complete this form to request a minimum distribution if you have already elected to use MetLife's Minimum Distribution Service.
- K **Removal of Excess Contributions plus earnings or minus losses** (complete the sections below). A letter from the employer stating the excess amount is required.

Excess amount: _____ and Year: _____

Check one:

I authorize MetLife to calculate the earnings on the excess contribution and certify that I accept MetLife's calculated estimate.

I have determined the earnings attributable to excess. Distribute earnings equal to _____

SECTION 3: Amount and source of withdrawal

A I wish to withdraw my entire Account Balance.

- If you currently contribute to your contract through payroll deductions, you must contact your payroll department to stop contributions to your contract. If contributions are received after a full surrender is taken, they will be sent back to the employer.
- If you have an outstanding loan, it will automatically be closed upon request of a full surrender.

Check here if this is a "systematic termination" request (*EPPA or FFA only*).

Florida residents only

1. Will the surrender proceeds be used to fund or purchase another life insurance policy or annuity contract? Yes No

2. Did your insurance agent recommend (*advise*) you to surrender your annuity contract? Yes No

Note: If you answered "No" to Question 1 above and "Yes" to Question 2 above, the state of Florida requires that we first provide you with important disclosure information. We are unable to send your proceeds via EFT or wire. We will promptly send you a check.

B I wish to make a partial withdrawal as follows:

Please be aware that withdrawing more than your guaranteed withdrawal amount, called "excess withdrawals", may permanently reduce your future guaranteed withdrawal amounts. If you are considering making an excess withdrawal but are uncertain as to how it will affect your future guaranteed withdrawal amounts, we encourage you to contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess withdrawal.

Net Partial Withdrawal _____ (*Your check will be for the amount requested. Your account balance will be reduced by this amount plus any applicable withdrawal charges, federal/state tax.*)

Gross Partial Withdrawal _____ (*Your check will be for the amount requested less any applicable withdrawal charges, federal/state tax. Your account balance will be reduced by the amount requested.*)

Only complete items below if you have variable funding option allocations in a variable annuity. Distributions will be automatically prorated against all funding and money type options unless you specify otherwise in the section below.

C I wish to withdraw the Contract Penalty Free Withdrawal Amount (*if contractually available, 10% each contract year*).

- Only complete items below if you have variable funding option allocations in a variable annuity.
- Distributions will be automatically prorated against all funding and money type options unless you specify otherwise in the section below.

I wish to withdraw the requested amount using the following allocation or money types. (*Indicate from which funding options and/or money types we should take this withdrawal. Write percentages in whole number, e.g., 33% not 33 1/3%.*)

Investment options/Money type	Percentage or dollar amount
Total (100% or \$)	

SECTION 4: Required minimum distribution instructions for rollovers/transfers

If you checked withdrawal reason F, G, H or I in section 2 on page 2, and you have been taking minimum distributions from this account, you must take one for this tax year before the account is rolled over.

- A Check here if you are enrolled in MetLife's Minimum Distribution Service (*a check will be automatically sent to you for the required amount*).
- B Check here if you are NOT enrolled in MetLife's Minimum Distribution Service. Please indicate the required minimum distribution amount _____
(See sections 8 and 9 for important income tax withholding instructions and election options).

SECTION 5: Outstanding loan payoff information and instructions

- A Attached is a certified check to pay off my outstanding loan balance. (*Use the Online Service Center or call our customer service center at 800-560-5001 for loan payoff amount.*)
- B Treat my outstanding loan (*principal and interest*) as a distribution. (*This option only available after you reach age 59½, have a severance from employment, or become disabled.*) I understand that if my loan is not currently in default, this offset will be reported as a taxable distribution for the year of offset.
- C For partial withdrawals: I have not separated from service and the partial withdrawal amount I have requested does not exceed the amount permitted as a partial withdrawal while I have a loan outstanding. Do not treat my outstanding loan as a taxable distribution. I understand that my loan will remain in force and I must continue to repay it; my account will remain open for crediting of future loan repayments.

Note: If you have an outstanding loan, it will automatically be closed upon request of a full surrender.

SECTION 6: Payment instructions

Note: A check will be sent to the address on record if Electronic Funds Transfer or Alternate Payee is not selected below.

A. Choose one

- 1. Electronic Funds Transfer (EFT) Note: You must attach a copy of a voided check when requesting EFT. If a voided check is not provided, a paper check will be mailed to the address of record.**

Bank name	Account holder name (<i>must match the contract ownership</i>)		
Bank address	City	State	ZIP
Bank account number	Bank ABA routing number	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

- 2. Check for the benefit of (FBO) the contract owner.**

Alternate payee name (*Bank, Brokerage Firm, etc.*)

Alternate payee address	City	State	ZIP
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Account number (*if applicable*)

- B. To the extent permitted under the Internal Revenue Code, I wish to have the entire amount requested in section 3 (*net of any applicable charges*) directly transferred or rolled over as indicated in item F, G, H, or I of section 2 to the plan or provider below. (*Confirmation from accepting plan or provider must be attached to this form.*)

Plan or provider name	Account number (if applicable)	Phone number	
Plan or provider address	City	State	ZIP
Name on account - First name	Middle name	Last name	

SECTION 7: Federal income tax withholding notice *(Eligible rollover distribution amounts paid to you)*

If you withdraw eligible rollover distribution amounts **and have such amounts paid to you** (rather than transferring or rolling over such amounts to another plan or an IRA), the taxable portion of such amounts will be subject to **mandatory** 20% Federal income tax withholding. You may have more than 20% withheld by checking the box below and writing in a dollar amount. If you are under 59½, you may owe a 10% IRS premature distribution penalty.

- In addition to the mandatory 20% Federal income tax withholding applicable to eligible rollover distribution amounts not rolled over, I want an additional _____ % or _____ withheld on such amounts.

SECTION 8: Federal income tax withholding instructions

Amounts Not Eligible for Rollover Paid to You *(Complete only if applicable)*

If you withdraw amounts that cannot be rolled over (for example, a required minimum distribution after you reach age 70½ or a payment to an alternate payee who is not the participant's former spouse), the taxable part of such amounts will be subject to 10% Federal income tax withholding unless you elect to have no withholding apply. If you elect no withholding, or if you elect withholding and have insufficient Federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient. Even if you elect no Federal income tax withholding, you are responsible for Federal income tax on the taxable part of this withdrawal. You may owe a 10% IRS premature distribution penalty if you are under 59½.

- A Do not withhold Federal income tax on payment to me of amounts not eligible for rollover. *(Note: Checking this box does not waive the mandatory 20% Federal income tax withholding on eligible rollover distribution amounts paid to you.)*
- B Withhold _____ % (greater than 10%) for Federal income tax on payment to me of amounts not eligible for rollover.

SECTION 9: State Income Tax Withholding Instructions *(Complete only if applicable.)*

Some states require MetLife to withhold state income tax if we withhold for Federal income tax. MetLife will calculate the amount of withholding for you. In some of these states, you may ask for no state income tax withholding (even though you requested or we are required to withhold for Federal income tax) or you may specify the amount you want withheld. In other states, no state income tax withholding will apply unless you indicate the amount you want withheld for state income tax.

- A Do NOT withhold for state income tax.
- B Withhold _____ % for state income tax.

SECTION 10: Owner/Alternate payee statement and signature

As a owner or a former spouse alternate payee, I understand I have the right to consider whether to make or not make a direct rollover election with respect to eligible rollover distribution amounts and to consent to a distribution from my annuity account or contract without regard to the 30-day waiting period. By submitting this completed form within 30 days of receiving the Special Tax Notice Regarding TSA Payments, I hereby authorize the processing of this election without regard to the 30-day waiting period. I acknowledge that I have received and read the Special Tax Notice Regarding TSA Payments.

I certify all of the information I have provided is true, accurate and complete to the best of my knowledge.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, and**
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
- 3. I am a U.S. citizen or other U.S. person, and**
- 4. I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.**

(If you are not a U.S. Citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here	Signature of Owner/Alternate payee	Signature date (mm/dd/yyyy)	Annuity contract/Certificate number
	<hr/>		
Owner/Alternate payee -			
First name - <i>(Please print)</i>	Middle name	Last name	
<hr/>			

SECTION 11: Plan Administrator/Authorized Representative signature

I certify this withdrawal is permissible under the terms of the Plan, that all Plan requirements have been satisfied, and hereby approve this withdrawal request.

Sign Here	Signature of Plan Administrator/Authorized Representative	Signature date (mm/dd/yyyy)
	<hr/>	
Plan Administrator/Authorized Representative -		
First name	Middle name	Last name
<hr/>		

SECTION 12: Instructions

Who may use this form

If you are a participant, use this form to request a withdrawal from your 403(b) annuity (also known as a tax-sheltered annuity or "TSA"), other than for hardship or as a systematic withdrawal. If you are receiving disability payments from the Federal Social Security Administration, terminally ill, confined to a nursing home, or requesting a withdrawal for disability, please call our customer service center at 800-560-5001 for additional requirements.

If you are an alternate payee, use this form to request a distribution from a segregated TSA account set up on your behalf. Do not use this form if you are a beneficiary.

Be sure to read the attached Special Tax Notice Regarding TSA Payments information about rollovers, when they are allowed and not allowed, and the Federal income tax consequences of rollovers, direct rollovers, and payments not rolled over. Please note that a withdrawal may incur withdrawal charges. If your certificate is for a two-tiered annuity, a withdrawal will cause a loss of upper-tier interest.

These instructions summarize MetLife’s understanding of tax rules that may apply to your withdrawal. Tax rules are complex and contain conditions and exceptions not included in these Instructions. MetLife does not offer these Instructions as tax advice, and you may not rely upon any statement therein as such. Consult your tax advisor and/or retirement planner before you request a withdrawal. For more specific information on the tax treatment of payments from tax-qualified retirement plans, see Internal Revenue Service (“IRS”).

Publication 571, Tax-Sheltered Annuity Plans, Publication 575, Pension and Annuity Income, and Publication 590, Individual Retirement Arrangements. These publications are available from your local IRS office or by calling 1-800-TAX-FORM (1-800-829-3676).

TSA withdrawal information

IRS rules restrict when you may make withdrawals from your TSA or 403(b)(7) custodial account. Your employer’s plan may include provisions in addition to the IRS restrictions below that further limit your ability to make withdrawals before you have a severance from employment.

IRS 403(b) withdrawal restrictions			
	Restricted	Restricted but available for hardship	Unrestricted
	Other than for hardship, amounts below are eligible for withdrawal only after participant’s age 59½, severance from employment, death, or disability:	Subject to certain conditions, amounts below are available for hardship before participant’s age 59½ or severance from employment:	Amounts below are generally eligible for withdrawal at any time:
403(b) Annuity (“TSA”)	<ul style="list-style-type: none"> • Post-1988 earnings on your voluntary pre-tax contributions from before 1989; • Your post-1988 voluntary pre-tax contributions and their earnings; and • Amounts you or your employer contributed to a 403(b)(7) custodial account and that you later directly transferred under Revenue Ruling 90-24 to your TSA. 	<ul style="list-style-type: none"> • Your post-1988 voluntary pre-tax contributions, but not their earnings. • You and your employer’s pre-1989 contributions and their pre-1989 earnings that you directly transferred to the TSA under Revenue Ruling 90-24 from a 403(b)(7) custodial account. 	<ul style="list-style-type: none"> • Your voluntary pre-tax contributions from before 1989 and their pre-1989 earnings; • Your pre-tax contributions made as a result of an irrevocable election or as a condition of employment and their earnings; • Your after-tax contributions plus their earnings; • Your employer’s contributions and their earnings; • Above amounts that were directly transferred to your TSA from another TSA (other than a section 403(b)(7) custodial account); and • Eligible rollover distribution amounts you rolled to your TSA from another TSA, a 403(b)(7) custodial account, an IRA, a Section 401(a) or 403(a) plan, a governmental Section 457(b) plan, and their earnings.
403(b)(7) Custodial Account	<ul style="list-style-type: none"> • All amounts. 	<ul style="list-style-type: none"> • Your post-1988 voluntary pre-tax contributions, but not their earnings; and • You and your employer’s pre-1989 contributions and their pre-1989 earnings. 	<ul style="list-style-type: none"> • No amounts.

Premature withdrawal penalty

A 10% IRS penalty tax applies to withdrawals of any amounts from TSAs and 403(b)(7) custodial accounts unless the withdrawals are made under an exception. Such exceptions include withdrawals made:

- After you reach age 59½;
- After you die;
- Because of your permanent and total disability;
- As part of a series of substantially equal period payments for your life or life expectancy or for the joint lives or joint life expectancies of you and your designated beneficiary, if payments begin after you separate from service;
- After you separate from service in or after the year you reach age 55;
- To an alternate payee under a qualified domestic relations order;
- In an amount that does not exceed your allowable medical care deduction under Internal Revenue Code (“IRC”) Section 213;
- To remove certain excess amounts; or
- Because of an IRS levy.

Revenue ruling regarding transfers

You may transfer tax-free all or part of your interest in a TSA to another TSA or 403(b)(7) custodial account. Tax-free treatment only applies if the transferred amount is subject to the same or stricter distribution rules in the new account. Transfers not satisfying this rule are generally taxable as ordinary income.

The IRS announced new Section 403(b) Regulations which establish requirements that your employer will need to meet, including a written plan document by January 1, 2009. Since you are initiating a contract exchange (*previously known as a 90-24 transfer*) after September 24, 2007, you will need to understand the impact of the regulation change. If you complete this contract exchange after September 24, 2007, you should understand that the account being established will both a) need to be part of the plan and b) have an information sharing arrangement between the issuer of the contract/account and your employer by January 1, 2009. If these items are not in place by January 1, 2009, **your contract/account will no longer retain a tax deferred status under Section 403(b)**. If this occurs, you may be able to avoid unfavorable tax consequences if before January 1, 2009 your contract/account, is exchanged for a contract/account with an issuer that meets the new requirements or, if eligible, your contract/account is rolled into an IRA. **The issuer of your new contract may or may not be working with your employer to satisfy these requirements necessary to retain tax deferred status. Given the uncertainty of your tax deferred status, we recommend that you consult your tax advisor prior to completing this exchange.**

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Trustee-to-Trustee transfers to purchase service credit

A transfer from your TSA to a governmental defined benefit plan is excludable from income if made to: (1) purchase permissive service credits, or (2) repay contributions and earnings previously refunded under a forfeiture of service credit under the defined benefit plan, or under another plan maintained by a state or local government employer within the same state.

Payments to alternate payees

If the TSA is part of a plan that is not subject to ERISA and you are an alternate payee who has been awarded part or all of the participant’s TSA under a “qualified domestic relations order,” the plan will prescribe when you may be allowed a distribution.

Required minimum distributions

All, or at least a certain minimum, of post-1986 amounts in the TSA must be distributed by April 1 of the calendar year following the later of the calendar year in which you become age 70½ or the calendar year in which you retire. (*For alternate payees, “you” in the preceding sentence means the participant.*) A later withdrawal date may apply for amounts from before 1987. For each subsequent year, the minimum distribution

must be made by the end of the year. If you do not receive the required minimum distribution, you are subject to an IRS 50% excise tax on the difference between the required minimum distribution and the amount actually distributed. See IRS Publication 575 and Treasury Regulations under 1.401(a)(9) for more information.

How to complete the form

1. General information

You must complete this section to ensure accurate processing.

2. Reason for withdrawal

Check the appropriate box(es) to indicate the reason(s) for this withdrawal. If you check box A, you must indicate Employment Status by checking either Active or Separated from Service. If you check box A (*Participant's Age 59½ or older*), box B (*Severance from Employment*) or box C (*Retirement*), your employer must sign in Section 2 or you or your employer must provide other acceptable proof of such event. Attach any additional required paperwork (*disability confirmation, rollover or transfer confirmation from accepting plan or provider, etc.*) If you are an alternate payee who is not the participant's former spouse, you may not elect a distribution for reasons F, G, H or I.

3. Amount and source of withdrawal

A) Regarding Metropolitan Life Insurance Company contracts: To surrender an Enhanced Preference Plus Account variable annuity or the Fixed Interest Account of a Financial Freedom Account variable annuity in a "systematic termination," also check the second box in item A. (*A "systematic termination" withdrawal will be processed in five annual installments, starting at 20% upon receipt of your request, 25% one year later, 33⅓% two years later, 50% three years later, and 100% four years later. For the Enhanced Preference Plus Account variable annuity, these percentages are a percentage of your account balance. For the Financial Freedom Account, these percentages are a percentage of your balance in the Fixed Interest Account. If you have already made a partial withdrawal from your account in the certificate year the request is received, the 20% will be reduced by the amount of the prior partial withdrawal. You must pay off any outstanding loan prior to starting a systematic termination withdrawal – see Section 4.*)

You may stop a systematic termination withdrawal at any time by making a request in writing.)

For a partial withdrawal, check the box in item B and write in the net dollar amount you want. The minimum withdrawal amount is \$500, except for VestMet contracts (*\$250 minimum for withdrawals from Separate Account divisions or \$1,000 minimum for withdrawals from the Fixed Interest Account*) and AAA contracts (*\$1,000 minimum*). We will withdraw from your account more than the net amount you request if: (1) administrative and/or surrender charges apply to the withdrawal; (2) we are required to or you ask us to withhold Federal income taxes; or (3) we must withhold state or local income taxes. (*See Sections 7-9 for additional information on income tax withholding.*) If you are making a partial withdrawal from a variable annuity, indicate how you want your withdrawal allocated. (*The distribution will be automatically prorated against all funding options if the percentages are not completed or funds are not available in the funding options you choose.*) If you have an outstanding loan and will continue making loan payments after the withdrawal, 125% of your outstanding loan balance must remain in the Fixed Interest Account as loan collateral and is not available for withdrawals.

B) Regarding MetLife contracts: For a partial withdrawal, check the box in item B and write in the net dollar amount you want. The minimum withdrawal amount is \$500. We will withdraw from your account more than the net amount you request if: (1) administrative and/or surrender charges apply to the withdrawal; (2) we are required to or you ask us to withhold Federal income taxes; or (3) we must withhold state or local income taxes. (*See Sections 7 - 9 for additional information on income tax withholding.*) If you are making a partial withdrawal from a variable annuity, indicate how you want your withdrawal allocated. (*The distribution will be automatically prorated against all funding options if the percentages are not completed or funds are not available in the funding options you choose.*) If you have an outstanding loan and will continue making loan payments after the withdrawal, 115% (*for Universal Annuity, Gold Track or PrimeElite*) or 117% (*for T-Flex and Group Choice*) of your outstanding loan balance must remain in the Fixed Interest Account as loan collateral and is not available for withdrawals.

Note: If you request a partial withdrawal and are currently receiving systematic withdrawal payments or payments under MetLife's Minimum Distribution Service, your periodic payment amount or term may change because of this transaction.

4. Required minimum distribution instructions for rollovers/transfers

If all of the following apply, complete section 4: (1) you are over 70½ and separated from service, (2) you selected item 3.A. to withdraw your entire TSA balance, and (3) you selected reason F, G, H or I in this section to require a rollover or transfer to another plan or IRA. This will ensure that your required minimum distribution for

the year of your rollover or transfer is completed. If these conditions apply and you do not complete section 4, we will assume you have already satisfied your required minimum distribution for this TSA for the year through an earlier distribution or a distribution from another TSA. If you are using MetLife's Minimum Distribution Service and ask for a rollover or transfer of your entire account balance to another plan or IRA, we will automatically pay you the required minimum distribution for your TSA for the year before completing the rollover or transfer.

5. Outstanding loan payoff information and instructions

Check the appropriate box to indicate how to handle any outstanding loan balance. If you want to attach a certified check to pay off an outstanding loan balance, please call our customer service center at 800-560-5001 for the loan payoff amount. If you want to continue making loan payments and have requested a partial withdrawal, 115% - 125% of your outstanding loan balance must remain in the Fixed Interest Account as loan collateral. Please refer to your contract/certificate to determine the applicable percentage.

6. Payment instructions

Indicate if EFT or Alternate Payee payment option is wanted. If neither is chosen a check will be mailed to the address on record. If you want to make a direct rollover or direct transfer, check box B and provide mailing instructions and acceptance paperwork for the receiving plan or provider. Note: You may roll over to another eligible retirement plan under the Internal Revenue Code any eligible rollover distribution amounts that are sent to you as long as you do so within 60 days after you receive the payment. You may also be able to include additional amounts in such a rollover, including the 20% Federal income tax withheld and the amount of any loan offset. See the Special Notice Regarding TSA Payments for more information.

7. Federal income tax withholding instructions – Eligible rollover distribution amounts not rolled over or transferred

This section applies if your withdrawal includes eligible rollover distribution amounts and you ask to have such amounts paid to you. *(No Federal income tax withholding applies to eligible rollover distributions directly rolled over to an IRA, 403(b) plan, governmental 457(b) plan, or qualified plan, or directly transferred to a governmental defined benefit plan to purchase service credit. No Federal income tax withholding applies to amounts directly transferred to another TSA, 403(b)(7) custodial account, or 403(b)(9) church plan.)* distributions directly rolled over to an IRA, 403(b) plan, governmental 457(b) plan, or qualified plan, or directly transferred to a governmental defined benefit plan to purchase service credit. No Federal income tax withholding applies to amounts directly transferred to another TSA, 403(b)(7) custodial account, or 403(b)(9) church plan.) Check the box in this section and write in a dollar amount only if you want an amount in addition to the mandatory 20% Federal income tax withholding to apply to the payment to you of eligible rollover distribution amounts.

8. Federal income tax withholding instructions – Amounts not eligible for rollover paid to you

This section only applies to distributions to you of amounts not eligible for rollover treatment (*e.g., a required minimum distribution after reaching age 70½, payments to an alternate payee who is not the participant's former spouse*). If you are an alternate payee who is not the participant's former spouse, the distribution will be taxed to the participant pursuant to IRS Notice 89-25. If you are a U.S. citizen or resident alien and you alien and you provide a delivery address outside the U.S. or its possessions, you may not waive the 10% federal income tax withholding. If you are a nonresident alien, you must provide a completed IRS Form W-8BEN to certify your foreign status. To claim reduced withholding under a tax treaty, you must also provide an IRS Individual Taxpayer Identification Number ("ITIN"). If there is no applicable tax treaty or you do not provide an ITIN, we will automatically withhold 30% of the taxable amount for federal income tax. If you do not provide an ITIN, you must provide an updated W-8BEN every three years. If you are a nonresident alien requesting payment through a "qualified intermediary," the qualified intermediary must complete IRS Form W-8IMY.

9. State income tax withholding instructions

In the following states, state income tax must be withheld when Federal income tax is withheld: Delaware, Iowa, Kansas, Massachusetts, Maine, Maryland, North Carolina, Oklahoma, Virginia, and Vermont. In California and Oregon, we will withhold for state income tax unless you tell us not to. MetLife will calculate the amount of withholding for you if you live in one of these states.

We will withhold the amount you tell us to withhold in the following states: Alabama, Arkansas, Colorado, Connecticut, District of Columbia, Georgia, Idaho, Indiana, Kentucky, Louisiana, Michigan, Minnesota, Missouri, Montana, North Dakota, Nebraska, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, Wisconsin, and West Virginia. In Mississippi, we will withhold for state income tax unless your payment is made after you reach age 59½, is made as the result of your death or disability or under a QDRO, if you have separated from service and are at least age 55, or you are receiving payments based on your life expectancy or the joint life expectancies of you and a beneficiary.

10. Participant statement and signature

Read the Special Tax Notice Regarding TSA Payments carefully before you sign at the bottom of this section. If you are signing on behalf of the TSA participant as his or her legal guardian or conservator, provide a copy of your appointment that has been certified by the Clerk of Court in the last 60 days. If you are signing as the TSA participant's Attorney-in-Fact, provide a Power of Attorney Document and a Certification of Attorney in Fact.

11. Plan administrator/authorized representative signature

If a direct transfer/rollover is being requested, the Plan Administrator/Authorized Representative must sign this section.

SECTION 13: How to submit this form

Mail:

MetLife
P.O. Box 10356
Des Moines, IA 50306-0356

Overnight mail only:

MetLife
4700 Westown Parkway Suite 200
West Des Moines, IA 50266

Fax:

877-549-5834

Email:

requests@metlife.com