

Annuity withdrawal

This form is used to request a withdrawal from your annuity contract.

Metropolitan Life Insurance Company

Things to know before you begin

- This form is not used for 1035 Exchanges or Annuitization.
- The Owner’s signature is required in Section 7 of this form. If there is more than one Owner, all Owners must sign. Please use black ink.
- The withdrawal check will be mailed to the Owner’s address of record unless otherwise specified in Section 4 or Section 5.
- Withdrawal charges may apply to any withdrawal or surrender.
- Please read the Federal income tax status and withholding section carefully and indicate a withholding election.



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

SECTION 1: Contract information

Annuity contract number

Annuitant information

First name	Middle name	Last name
_____	_____	_____

Owner information

First name	Middle name	Last name
_____	_____	_____

Social Security number/TIN	Phone number
_____	_____

Street address	City	State	ZIP
_____	_____	_____	_____

SECTION 2: Type of withdrawal

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.

Important: Please review your contract and/or prospectus for detailed information regarding early withdrawal penalties and other withdrawal provisions. If you have elected Guaranteed Withdrawal Benefit (GWB) or Lifetime Withdrawal Guarantee Benefit (LWG), cumulative withdrawals that exceed the Annual Benefit Payment in any contract year may significantly reduce the value of the GWB or LWG benefit. If you have LWG and you make any withdrawals prior to age 59 1/2, we will not make payments to you over your lifetime. Any withdrawal will reduce your Account Balance and/or Death Benefit. For the LWG, GWB, and Guaranteed Minimum Income Benefit (GMIB), prior withdrawals may affect your ability to take future step-ups or resets.

If you elected the **GMIB Max IV**, or **GMIB Max IV with EDB Max IV** and you take your first withdrawal prior to the 5th contract anniversary, your dollar-for-dollar withdrawal rate will be the greater of: (a) 4.5% each year or (b) your required minimum distribution (RMD). If you take your first withdrawal on or after the 5th contract anniversary, your dollar-for-dollar withdrawal rate will be the greater of: (a) 5% each year or (b) your RMD.

If you elected the **GWB v1** Rider and wish to withdraw an amount that is equal to your Annual Benefit Payment and take a withdrawal prior to the 5th contract anniversary, your Annual Benefit Payment will be the greater of: (a) 5.00% of your Total Guaranteed Withdrawal Amount (TGWA) each year or (b) if applicable, your required minimum distribution (RMD). If you take a withdrawal on or after the 5th contract anniversary, but prior to your 10th contract anniversary, your Annual Benefit Payment will be the greater of: (a) 6.00% of your TGWA each year or (b) if applicable, your RMD. If you take a withdrawal on or after your 10th contract anniversary, your Annual Benefit Payment will be the greater of (a) 7.00% of your TGWA each year or (b) if applicable, your RMD. Cumulative withdrawals in a contract year that exceed your Annual Benefit Payment will reduce your TGWA and Remaining Guaranteed Withdrawal Amount (RGWA) on a proportional basis, which may significantly reduce your future benefits.

If you elected the **GWB v1** Rider and wish to take a withdrawal for a specific dollar amount, that withdrawal amount may not exceed the Annual Benefit Payment amount allowed under the rider.

If you elected a **FlexChoice** living benefit rider and take a withdrawal prior to the Lifetime Withdrawal Age (*age 59 1/2*), your Benefit Base and Death Benefit Base will be reduced in the same proportion as the amount of the withdrawal (*including Withdrawal Charges, if any*) divided by the account value prior to the withdrawal (*a Proportional Adjustment*). This can cause a substantial reduction in your benefits. Prior to the Lifetime Withdrawal Age there is no Annual Benefit Payment (*ABP*). Any withdrawal that occurs after 59 1/2 is considered either a Non-Excess Withdrawal or an Excess Withdrawal. Your ABP is the maximum amount that may be withdrawn in a contract year without triggering a Proportional Adjustment to the Benefit Base. Your first withdrawal after the Lifetime Withdrawal Age determines your Withdrawal Rate. Once determined, the Withdrawal Rate will not change for the remainder of the contract.

A "Non-Excess Withdrawal" is a withdrawal that does not exceed the ABP for the current contract year. Non-Excess Withdrawals do not reduce the Benefit Base but will reduce the Death Benefit Base. An "Excess Withdrawal" is a withdrawal that causes the cumulative withdrawals for the current contract year to exceed the ABP. An Excess Withdrawal, and any subsequent withdrawals that occur in that Contract Year, trigger a Proportional Adjustment to the Benefit Base and Death Benefit Base and can cause a substantial reduction in your benefits.

I request that the Company, subject to the terms of my contract, process the following transaction:

1. Full withdrawal

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.

2. Partial withdrawal - Partial withdrawal amount must be a minimum of \$500.

(Check and complete one of the following withdrawal options):

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.*)

Contract Penalty Free Withdrawal Amount (*if contractually available, 10% each contract year*)

Gain Only Free Amount

The maximum amount available without a withdrawal charge

- Current Annual Benefit Payment allowed under the **FlexChoice Level** or **FlexChoice Expedite** living benefit rider. *(This option only applies to contracts where the FlexChoice Level or FlexChoice Expedite living benefit rider has been elected.)*
- Current Annual Benefit Payment (net of prior withdrawals in the same contract year) allowed under the **Guaranteed Withdrawal Benefit (GWB)** or **Lifetime Withdrawal Guarantee Benefit (LWG)**. *(This option only applies to contracts where the GWB or LWG Rider has been elected.)*
- 100% of the withdrawal rate of the current Annual Increase Amount under GMIB. *(This option only applies to contracts where the GMIB rider has been elected.)*
- 100% of the current Withdrawal Rate under the **FlexChoice Level** or **FlexChoice Expedite** living benefit rider. *(This option only applies to contracts where the FlexChoice Level or FlexChoice Expedite living benefit rider has been elected.)*

SECTION 3: Source of withdrawal - Use whole percentages only

If no source is indicated, the withdrawal will be made from each portfolio or account in the proportion that it bears to the total account balance.

Funding choices	Percentage	Funding choices	Percentage
	%		%
	%		%
	%		%
		Total 100%	%

SECTION 4: Special instructions *(Optional)*

This section allows the check to be mailed to MetLife for a Long Term Care Payment, Premium for a Life Insurance policy or payment to a Total Control Account. Check one of the following withdrawal options:

- Open a new Total Control Account® ("TCA") to receive my surrender proceeds of **\$10,000.00 or more**. By establishing a **Total Control Account® (TCA)** in my name. **I confirm that I have read the included material entitled "Total Control Account Features."** If you already have a TCA issued by the same company that issued the contract you are surrendering and want your proceeds added to that account, please provide your Account #: _____
- Long Term Care payment account #: _____
- Premium for a life Insurance policy account #: _____

Remarks:

SECTION 5: Alternate payment instructions/EFT *(Optional)*

Note: Electronic Funds Transfer (EFT) is not available for MetLife Long Term Care payments, MetLife Life Insurance policy premiums or payments to a MetLife Total Control Account.

A check will be sent to the address on record if Electronic Funds Transfer is not selected below.

1. Electronic Funds Transfer (EFT) to a pre-authorized bank account already on file

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

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

Bank address	City	State	ZIP
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Account number (if applicable)

SECTION 6 - Federal income tax status and withholding

The IRS requires us to withhold federal income tax at a rate of 10% from the taxable portion of your payments. You can elect not to have tax withheld. Even if you elect not to have income tax withheld from your payments, you are liable for payment of income tax on the taxable portion of your payments. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Additionally, a 10% federal tax penalty may apply to the taxable amount if the Owner is under age 59 ½. A distribution from a Roth IRA attributable to a conversion within five years from the conversion may be subject to the 10% penalty tax. You should consult your tax advisor regarding your personal situation.

Check one:

I elect to have federal income tax withheld from this distribution at a rate of 10% and any state tax where required.

I elect to have federal and state income tax withheld from this distribution, as indicated below:

Federal _____% State _____% Owner's state of residence _____

I elect **NOT** to have federal and state, if applicable, income tax withheld from these distributions.

Note: If none of the withholding elections above is chosen, MetLife is required to withhold 10% of the taxable portion of annuity distributions for federal income taxes. State income tax may also be required to be withheld in certain states if federal tax is withheld.

SECTION 7: Signature(s)

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	Title <i>(If applicable)</i>	Date <i>(mm/dd/yyyy)</i>
Sign Here	Signature of Joint Owner <i>(if any)</i>	Title <i>(If applicable)</i>	Date <i>(mm/dd/yyyy)</i>

Notice: The tax law provides that deferred annuities issued after October 21, 1988 by the same insurance company or an affiliate in the same calendar year to the same owner, are combined for tax purposes. As a result, a greater portion of your withdrawals may be considered taxable income than you would otherwise expect. In addition, please note that no agent or representative of The Company is authorized to alter, change or waive any of the terms or conditions of this form or to bind The Company by any statement or representation as to the availability of a withdrawal, if any, under this contract. The Company suggests that you consult your own attorney, accountant or tax advisor for information relating to Federal and state income tax liabilities that may be incurred as a result of a withdrawal.

SECTION 8: How to submit this form

Mail:
 MetLife
 P.O. Box 10342
 Des Moines, IA 50306-0342

Overnight mail only:
 MetLife
 4700 Westown Parkway Suite 200
 West Des Moines, IA 50266

Fax;
 877-547-9669

Email:
requests@metlife.com