


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 can't 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	
Employer name	Customer number	Employee ID		

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

Supplemental/Optional Life

Personal Accidental Death & Dismemberment (*AD&D*)

SECTION 3: Beneficiary information

- You **MUST** designate at least one primary beneficiary. A person may only be listed once. Anyone listed in the primary section cannot be listed in the contingent section.
- The sum of the Primary Beneficiary percentages **MUST** equal 100%. The sum of the Contingent Beneficiary percentages **MUST** equal 100%. Dollar amounts, fractions and decimals will not be accepted.
- If you need more space for additional beneficiaries, attach a separate page. Include all beneficiary information, and sign/date the page.

Please complete the section that pertains to the type of beneficiary you are designating.

A. Individual Beneficiaries

1. Basic Life/AD&D:

PRIMARY BENEFICIARY - Your first choice to receive your life/AD&D insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First name	Middle name	Last name	Share: %	
Street address		City	State	ZIP
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number	

First name	Middle name	Last name	Share: %	
Street address		City	State	ZIP
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number	

First name	Middle name	Last name	Share: %	
Street address		City	State	ZIP
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number	

1. Basic Life/AD&D:

CONTINGENT BENEFICIARY - Your second choice to receive your life/AD&D insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First name	Middle name	Last name	Share: %	
Street address		City	State	ZIP
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number	

First name	Middle name	Last name	Share: %	
Street address		City	State	ZIP
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number	

2. Supplemental/Optional Life:

PRIMARY BENEFICIARY - Your first choice to receive your supplemental life insurance proceeds in the event of your death. If any primary beneficiaries predecease you, that person's share will be equally divided among any remaining primary beneficiaries.

First name	Middle name	Last name			Share: %
Street address		City	State	ZIP	
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number		

First name	Middle name	Last name			Share: %
Street address		City	State	ZIP	
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number		

First name	Middle name	Last name			Share: %
Street address		City	State	ZIP	
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number		

2. Supplemental/Optional Life:

CONTINGENT BENEFICIARY - Your second choice to receive your supplemental life insurance proceeds if ALL of your primary beneficiary(ies) are not living at the time of your death. If any contingent beneficiaries predecease you, that person's share will be equally divided among any remaining contingent beneficiaries.

First name	Middle name	Last name			Share: %
Street address		City	State	ZIP	
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number		

First name	Middle name	Last name			Share: %
Street address		City	State	ZIP	
Relationship to employee	Social Security number	Date of birth (mm/dd/yyyy)	Phone number		

B. Living Trust Primary Contingent

If this form is executed by the insured, it is understood and agreed that if MetLife receives satisfactory proof that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the insured's Estate, unless otherwise indicated on this form.

Trust name		Trust date (mm/dd/yyyy)	Trustee phone number		Share: %
Trustee - First name	Middle name	Last name			
Trustee - Street address		City	State	ZIP	

C. Testamentary Trust Created in the Insured's Will Primary Contingent

The trust(ee) under any last Will and Testament of mine as shall be admitted to probate.

Share:
%

D. Insured's Estate Primary Contingent

If the Insured's Estate is selected as the Primary Beneficiary, no Contingent Beneficiary may be named.

E. Charity/Organization Primary Contingent

Be sure to name the charity or organization and not the charity or organization director or an employee of that charity/organization.

Charity/Organization name		Phone number		Share: %
Street address	City	State	ZIP	

SECTION 4: 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 5: 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.

Please print and sign below

Insured/Owner first name

Middle name

Last name

**Sign
Here**

Insured/Owner signature

Date form completed (mm/dd/yyyy)



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 *J.M* ⇐ *answer corrected, initials required*

Please note: we cannot record your beneficiary choices unless you complete these items.

SECTION 6: How to submit this form

Return this **entire** form (and any additional pages) to your employer or benefits administrator. Retain a copy of this completed form for your records.