

Absolute Assignment to Individual with Waivers and Consents

Assignee's Designation of Beneficiary

Effective as of the date of this assignment, I hereby (1) revoke any previous beneficiary designation as to the above-named Insured under the Group Policy, and (2) revocably designate as beneficiary thereunder:

Primary Beneficiary(ies) (Total shares must equal 100%)

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	SSN	Phone Number	Address (Street, City, State, Zip Code)	Share Percentage

Contingent Beneficiary(ies) (Total shares must equal 100%)

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	SSN	Phone Number	Address (Street, City, State, Zip Code)	Share Percentage

Unless otherwise provided above, payment to two or more primary beneficiaries or two or more contingent beneficiaries shall be made in equal shares or to the survivors in equal shares or all to the last survivor. If there is no primary or contingent beneficiary living at the death of the insured, the amount of benefits payable because of the insured's death shall be payable to the assignee if living at the insured's death or to the assignee's estate if the assignee is not living at the insured's death.

It is understood and agreed that this designation will in no way apply in respect of any Survivor life insurance benefits if the Group Policy providing for such benefits makes no provision whatever for a beneficiary designation and that in such event the Survivor life insurance benefits will be payable only as provided in the Group Policy, this assignment notwithstanding.

Name of Assignee /Owner

Signature of Assignee /Owner

Date

Waivers and Consents

With respect to this assignment only, the Group Policyholder and MetLife hereby (1) waive with respect to the Group Policy and certificate, any provision therein against assignment for the above referenced coverage(s), and (2) consent to this assignment and to the exercise by the assignee of all of the aforesaid right, title, interest and incidents of ownership.

To Be Completed By
The Group Policyholder (Must be signed by an officer)

To Be Completed By
MetLife (Must be signed by an officer)

Name of Group Policyholder

Metropolitan Life Insurance Company

By _____

By _____

Title _____

Title _____

Date _____

Date _____

INSTRUCTIONS

- ▶ Do not erase or attempt to make corrections. Use a new form.
- ▶ MetLife must receive the form within 60 days of when the assignor/owner signs and dates the form.
- ▶ This form applies only to coverages insured by MetLife.
- ▶ Gift assignments are not permitted as collateral security or for value.
- ▶ Unless and until the assignee designates a new beneficiary, any existing beneficiary designation on file at the time the assignment is made will remain on record and the life insurance proceeds will be paid accordingly upon receipt of a properly supported claim.
- ▶ The following definitions may be helpful in completing your assignment form.

Assignment: Is the irrevocable transfer by an assignor/owner to an assignee of all right, title, interest and incidents of ownership, both present and future, relating to the assigned Group Life insurance coverage.

Assignor/: An individual or entity who assigns all right, title, interest and incidents of **Owner** ownership of an insured's Group Life insurance coverage. The assignor/owner is the owner of the coverage.

Assignee: The individual or entity to whom a transfer of all right, title, interest and incidents of ownership of an insured's Group Life insurance coverage is made.

The absolute assignment of a life insurance certificate has legal and tax implications. The assignor/owner may want to consult with a personal legal or tax advisor. Neither MetLife nor its representatives or agents are permitted to give legal or tax advice. Any information included in or related to this form is for general informational purposes only and should not be considered legal or tax advice. You should consult with and rely on your own legal and tax advisors.

Absolute Assignment to Trust With Waivers and Consents

Please read instructions on page 3 before completing and executing this form.

Group Life Insurance Program (Program) of _____
Name of Employer/Policyholder

Insured's Social Security No. ____/____/____ Name of Insured _____

Insured's Address _____ Insured's Phone Number _____

Group Policy No. _____ Group Certificate No. (if known) _____ "Certificate"

Has a Continued Protection (Waiver of Premium) claim been approved for the insured? Yes No

Spouse Waiver for Assignment of Group Life Benefits

(To Be Completed If Applicable)

Please Read the Following Section Carefully:

The spouse of the assignor should sign below **IF** the assignor is making an assignment to a person other than his/her spouse, **AND** the assignor is a resident of one of the following community property jurisdictions: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, Wisconsin.

I, spouse of the assignor, hereby consent to this assignment and waive and release any and all community property rights in and to the subject matter of the assignment.

Name of Spouse

Signature of Spouse

Date

I Hereby Assign, as a gift, all right, title, interest and incidents of ownership, both present and future, relating to the insured's group life insurance as set forth below.

Sign your name only by the line of coverage(s) you intend to assign.

Basic Life Insurance, if any

Accidental Death and Dismemberment Insurance, if any

Supplemental Life Insurance, if any

Supplemental Accidental Death and Dismemberment Insurance, if any

Survivor Monthly Income Benefits, if any

Voluntary Accidental Death and Dismemberment Insurance, if any

under the Program, including but not limited to: the right to make any requisite contributions under said Program, the privilege of obtaining an individual policy of life insurance on the insured's life, the right, to the extent permissible under the provisions of the Program, to change the beneficiary and/or the contingent beneficiary, and the right to elect any available settlement option, to:

Name of Trustee(s)

Trustee Phone Number

Address of Trustee(s)

and successor(s) in trust, as Trustee(s) under _____
Title of Agreement

dated _____, executed by me and by said Trustee(s). This assignment relates to the existing coverages assigned under the insurance policy (policies) and any replacement or substitute policy of the same or another insurance company providing insurance under the Program, and any amended or successor Program provided by the Employer.

Absolute Assignment to Trust With Waivers and Consents

It is understood and agreed that this assignment will be of no effect whatsoever, nor binding upon the Employer or the present insurer under the Program until copies of this form have been signed by the Employer and the present insurer, but when signed, will relate back and take effect as of the date of my signature below.

It is further understood and agreed that the Employer and the present insurer assume no obligation as to the validity or sufficiency of the assignment for any purpose whatsoever.

Dated at _____ in the State of _____ this _____ day of _____, _____
City State Day Month Year

 Name of Assignor/Owner

 Name of Witness

 Signature of Assignor/Owner

 Signature of Witness

Designation of Trust as Beneficiary

Effective as of the date of this assignment, the undersigned hereby (1) revoke(s) any previous beneficiary designation pertaining to the Group Policy, and (2) revocably designate(s) as beneficiary thereunder said Trustee(s) and successor(s) in trust, as Trustee(s) under the aforementioned trust agreement.

The insurer shall not be responsible for the Trustee's application or disposition of any payment made to it pursuant to this designation and the receipt of said Trustee shall be full discharge of the insurer's liability with respect to the Program.

(For Individual Trustee(s) Only)

(For Corporate Trustee Only)

 Name of individual trustee

 (Name of corporate trustee)

 Signature of individual trustee

 Date

 Trustee Phone Number

 Name of individual trustee

By: _____
 Date

 Signature of individual trustee

 Date

Title _____

Waivers and Consents

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To Be Completed By
The Group Policyholder (Must be signed by an officer)

To Be Completed By
MetLife (Must be signed by an officer)

 Name of Group Policyholder
 By _____

 Metropolitan Life Insurance Company

By _____

Title _____

Title _____

Date _____

Date _____

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Assignee: The individual or entity to whom a transfer of all right, title, interest and incidents of ownership of an insured's Group Life insurance coverage is made.

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