Changing the owner of your policy

Steps

- 1. To change the ownership of a policy you can request the Life Insurance Absolute Assignment form by contacting INDLifeRequest@metlife.com or by downloading the form from our <u>Self-Service</u> page.
- 2. If you've emailed us to request your form, it will be mailed within 5 business days.
- 3. As you complete the form please keep in mind that the CURRENT contract owner must complete, sign and date Sections I, II & III where noted. The NEW contract owner must review and sign Section IV where noted. (Additional tips are noted below)
- 4. The bottom of each form will provide details on how to return it once completed.
- 5. After receiving the completed form, your request will be processed within 5 business days.
- 6. You will be mailed confirmation of your change after your information is processed. Please carefully review the confirmation for accuracy and contact us if any of the information is incorrect. Keep this confirmation for your records.

Additional Tips

• To change the owner of your policy to one or more individuals you will need to list the new owner information in the Type A section titled: Assignment to One or More Individuals.

TYPE A:	Assignment to	o One or More	e Individuals			
First Name	Middle Name	Last Name	Relationship to Insured	Soc. Security	y No. Date of Birth	% if Not Equal*
Permanent Ac	ddress	City	State		Country of Citizenship Pho	ne Number

• To change the owner of your policy to a business or charity you will need to list the new owner information in the Type B section titled: Assignment to a Business or Charity.

Name of Entity	isiness or Charity		Type of Entity (Corp., Partnership, etc.)	Tax ID Number
Permanent Address	City	State	Zip	Phone Number

(See Additional Tips on next page)



Additional Tips (continued)

•	To change the owner of your policy to a Living Trust you will need to list the new owner information in the Type C section titled:
	Assignment to a Living Trust.

Name of Trust			Date of Trust	State Where Trust was Created
Permanent Address of Trust	City	State	Zip	Phone Number
Grantor of the Trust - First Name	Middle	Last		Trust Tax ID Number
Names of all Currently Serving Trustees Contact Trustee - First Name	Middle	Last		Social Security Number
Permanent Address	City	State	Zip	Phone Number
Additional Trustee(s) - First Name Middle	Last		Phone Number	Social Security Number
		ees must sign OR		
If Multiple Trustees are named, for any ac	r life insurance policy t e contract. If the new	ne existing bene owner is the insu	any one Trustee	e can sign. will be removed. The defance of the local control of the lo
Additional Trustee(s) - First Name Middle If Multiple Trustees are named, for any according to the new ownership of you eneficiary will be the NEW owner of the state. The new owner needs to complete the undersigned hereby revoke(s) any proportion/Optional Income Plan election, a	r life insurance policy t e contract. If the new te their own beneficial	ne existing bene owner is the insury designation to ficiaries and Cor	any one Trustee	will be removed. The defaneficiary will be the Insurence in the Insurence
If Multiple Trustees are named, for any action of the name of the ownership of you eneficiary will be the NEW owner of the state. The new owner needs to complete the undersigned hereby revoke(s) any present the undersigned hereby revoke(s) and the undersigned hereby	r life insurance policy t e contract. If the new ete their own beneficial rior designation of Bene nd absolutely assign(s)	ne existing bene owner is the insury designation to ficiaries and Con all ownership and	ficiary information of the default be a have a different beautingent Owners and beneficial rights to	will be removed. The defaneficiary will be the Insurence in the Insurence

If any Owner resides in Massachusetts, that Owner's signature must be witnessed by a disinterested person over 18 who is not being named as an Assignee. In all other states, witnessing is recommended but not required.

• If the current owner on the policy is deceased, the form should be completed by the court appointed executor of their estate. This form should be accompanied by a copy of the owner's death certificate and the court appointed documents for the estate.

