

Life Express Order TicketCompany: ☐ First MetLife Investors Insurance Company ☐ MetLife Investors USA Insurance Company ☐ Metropolitan Life Insurance Company**SECTION I - About the Proposed Insured**

First Name _____ Middle Name _____ Last Name _____
State of Residence _____ Date of Birth _____ Gender ☐ M ☐ F Social Security No. _____
Contact Phone No. _____ Preferred Time to Call: From _____ ☐ AM ☐ PM To _____ ☐ AM ☐ PM
Language Preference for Telephone Interview ☐ English ☐ Other _____

SECTION II - About the Owner**⚠ If Owner is other than Proposed Insured.**

Owner Type: ☐ Individual ☐ Trust ☐ Business ☐ Other _____
Owner Name _____
(include contact name if not an Individual owner)
State of Residence/Domicile _____ Date of Birth _____ Gender ☐ M ☐ F SSN/TIN _____
Contact Phone No. _____ Preferred Time to Call: From _____ ☐ AM ☐ PM To _____ ☐ AM ☐ PM

SECTION III - Financial Information

Owner's Earned Annual Income _____ Owner's Net Worth _____ Source of current and future payments _____

SECTION IV - About the Primary Beneficiary

Primary Beneficiary Name First _____ Middle _____ Last _____ Relationship to Insured _____

SECTION V - About Existing or Applied for Insurance**⚠ If "YES" to either question in this section, complete and submit any state and company required replacement forms.**

Does the Proposed Insured or Owner have any existing or applied for life insurance or annuities with this or any other company?

Proposed Insured ☐ Yes ☐ No Owner ☐ Yes ☐ NoIf **YES**, please provide total amount of existing and applied for **Life** insurance on the **Proposed Insured** only \$ _____In connection with this form, has there been, or will there be with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance? ☐ Yes ☐ No**SECTION VI - About Proposed Coverage**

Product Name: _____ Face Amount: _____

Benefits/Riders: _____

| Whole Life | Universal Life/Variable Life |
|--|---|
| Dividend Options: <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> Automatic Premium Loan Requested | <input type="checkbox"/> Coverage Continuation (UL only) Death Benefit Option _____ Definition of Life Insurance: <input type="checkbox"/> Guideline Premium Test <input type="checkbox"/> Cash Value Accumulation Test |
| | Planned Premium Year 1 _____ Years 2 to _____ Years ____ to ____ (UL only) |

Payment Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly Electronic Payment
☐ Monthly Electronic Payment per Existing Number _____ ☐ Other _____

Premium _____

Special Requests/Additional Information (Include here any requests for alternates/additional, specific policy date, save age, etc.):



SECTION VII - Illustration Certification for UL/VL/Whole Life ProductsWas a sales illustration provided for the life insurance policy as applied for? ☐ Yes ☐ No Rate Class Quoted _____If **YES**, please choose one of the following:

- ☐ An illustration was signed and matches the policy applied for. It is included with this Life Express Order Ticket.
- ☐ An illustration was shown or provided but is different from the policy applied for. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- ☐ The sale was made using an illustration with Accelerated Payment. Please indicate number of years _____
- ☐ An illustration was displayed on a computer screen. The displayed illustration matches the policy applied for but no printed copy of the illustration was provided. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery. The illustration displayed on a computer screen included the following information:
- Gender (as illustrated) ☐ Male ☐ Female ☐ Unisex Age _____
- Rating Class (e.g. Standard Non-smoker) _____ ☐ Non-smoker ☐ Smoker
- Product Name _____ Face Amount _____ Dividend Option (Whole Life Only) _____

If **NO**, please choose one of the following:

- ☐ Producer certifies that a signed illustration is not required by law.
- ☐ No illustration conforming to the policy as applied for was shown or provided prior to or at the time of this Life Express Order Ticket. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

SECTION VIII - Producer Identification & Certification1. What is the purpose of insurance? (Check **ALL** that apply.)

- ☐ Estate Planning ☐ Charitable Giving ☐ Qualified Plan ☐ Mortgage Protection ☐ Buy/Sell
- ☐ Executive Bonus ☐ Split Dollar ☐ Private Split Dollar ☐ Deferred Compensation ☐ Key Person
- ☐ Business Needs - Other ☐ Income Protection ☐ Other _____

2. Method used to arrive at the Face Amount Recommendation?

- ☐ Profiles Needs Analysis ☐ Human Life Value ☐ GSIB Proposal ☐ Other _____

3. Have you completed and attached the required replacement forms?

☐ Yes ☐ No ☐ N/A

4. Have you attached the Internal Revenue Code Section 1035 form?

☐ Yes ☐ No ☐ N/A

5. Have the following documents been delivered:

- | | | | |
|---------------------------------|---|---|---|
| Privacy Notice | <input type="checkbox"/> Yes <input type="checkbox"/> No | Life Insurance Buyer's Guide | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HIV Notice and Consent Form | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Temporary Insurance Agreement and Receipt | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Compensation Disclosure Notice* | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Military Disclosure | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Debit Authorization Disclosure | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Current prospectus for variable products and riders | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| ABR/ADBR Disclosure Statement | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |

*Only required for business sold by Agency Distribution Group (MetLife and NEF), MLR and MetLife Auto & Home sales representatives.

6. Did you use only sales material approved for use by the appropriate Company?

☐ Yes ☐ No7. Did you see all persons to be insured on the date the Life Express Order Ticket was taken? ☐ Yes ☐ No If **NO**, why not? _____8. Are you related to the Proposed Insured(s)? ☐ Yes ☐ No If **YES**, indicate relationship _____9. Is the Proposed Owner a member of the military services or a dependent of a member of military services? "Member of the military" includes persons in any of the 5 branches of the U.S. Armed Forces or in the Reserve or in the National Guard. ☐ Yes ☐ No

I certify that I have truly and accurately recorded on all parts of this Life Express Order Ticket the information supplied by the Proposed Insured(s) and/or the applicant(s). As noted in question #7 above, I have personally observed the Proposed Insured and the applicant. Apart from any additional comments that I have supplied in the additional information section on the previous page, the Proposed Insured appears to me to be healthy. The purpose of this sale has been discussed with the Owner(s) and I believe that the product recommendations noted in this Life Express Order Ticket are appropriate.

| Producer Name (Please Print FULL Name) | Sales Office/ Agency Number/ID | Producer Number/ID | Commission Split % 1st Year | Renewal | Amount of GDC (for MLD only) |
|---|-----------------------------------|-----------------------|--------------------------------|---------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Signatures**For Company Use Only**

Name of Producer _____ ▶ Producer Signature _____ Date _____

I have personally reviewed this Life Express Order Ticket for appropriateness of sale. The Producer was appropriately licensed and appointed on the date this document was signed.

Name of Agency Manager or Designee _____ ▶ Agency Manager or Designee Signature _____ Date _____

Broker/Dealer or Home Office use only (Suitability Review of Variable Products) _____ ▶ Registered Principal Signature _____ Date _____

Annualized Commissions - Life Independent Producers ONLY Does the Producer wish to annualize commissions? ☐ Yes ☐ NoIf **YES**, signature of Producer's Manager (GA/MGA/BGA) is required. ▶ GA/MGA/BGA Signature _____ Date _____

Authorization

Company (Check the appropriate ONE.)
The Company indicated in this section is referred to as "**the Company**".

- ☐ Metropolitan Life Insurance Company
☐ New England Life Insurance Company
☐ MetLife Investors Insurance Company
- ☐ General American Life Insurance Company
☐ MetLife Investors USA Insurance Company
☐ Metropolitan Tower Life Insurance Company

This form was designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

For underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below, I authorize:

- Any medical practitioner; any medical facility; any other medical entity; any pharmacy or pharmacy-related service organization; any insurer; any consumer reporting agency; and the MIB Group, Inc. (MIB) to give the Company information about me or such child(ren), including:
 - personal information and data;
 - entire medical file for the last ten (10) years, including medical information, records and data (such as: office visits; patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases and other similar information);
 - information related to alcohol and drug abuse and treatment;
 - information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions, including Human Immunodeficiency Virus (HIV) test results; and
 - information, records and data relating to mental illness.
- The Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.
- The Company to request and obtain: consumer; investigative consumer; or motor vehicle reports.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.

I understand that:

- Information, records and data that the Company receives pursuant to this Authorization will be used and maintained by the Company as described in the Company's Privacy Notice, a copy of which was given to me.
- All or part of the information, records and data that the Company receives pursuant to this Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor

who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.

- Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR Part 2. This information may be redisclosed as provided in this Authorization.
- Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to those laws or regulations.
- Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the insurability of other family members.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- If underwriting determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.
- I am not required by law to sign this Authorization, but if I do not, the Company will not be able to underwrite my application for life insurance. Health care provider(s) or health care plan(s) asked to release information pursuant to this Authorization cannot condition treatment or payment for treatment or other benefits on my signing it.
- **This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to the Company, Privacy Office, PO BOX 489, Warwick, RI 02887-9954 and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.**
- **I have a right to receive a copy of this form.**
- **A photocopy of this form is as valid as the original form.**

Signatures

Print Name of Proposed Insured

Date of Birth

First

Middle

Last

If Proposed Insured is under 18, the ☐ **Parent** or ☐ **Guardian** is to sign on line for such child.

Signature of Proposed Insured

Date

Signed at City, State

As witness, I attest to having observed all parties sign in my presence.

Witness to Signature

