Metropolitan Life Insurance Company

**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.

**SECTION 1: About the Insured**

First name Middle name Last name Date of birth *(mm/dd/yyyy)* Social Security number Phone number



If you make a mistake anywhere on this form, cross it out and initial it.

Address City State ZIP Employer name Customer number

**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)*

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

*To name separate beneficiaries for the Life or AD&D coverages in this section, photocopy this form and complete a different form for each type of coverage.*

**SECTION 3: About the Primary Beneficiaries**

These parties are your first choice to receive the insurance proceeds after your death. If a primary beneficiary dies before you, we will divide their share(s) equally between the remaining primary beneficiaries. **•** You must name at least one (1) primary beneficiary.

**•** Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.

**•** Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers *(no fractions or decimals)* and make sure they *(and any listed on separate pages)* add up to 100%. To distribute them equally between your primary beneficiaries, leave **all** of the proceeds % fields blank.

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**About the Primary Beneficiaries *(continued)***

**Individual**

First name Middle name Last name Address Date of birth *(mm/dd/yyyy)* City State ZIP

A

Write in the % of proceeds assigned to this

Gender M F

Social Security number Phone number Relationship to Insured

person

%

**Individual**

First name Middle name Last name Address Date of birth *(mm/dd/yyyy)* City State ZIP

B

Write in the % of proceeds assigned to this

Gender M F

Social Security number Phone number Relationship to Insured

person

%

**Individual**

First name Middle name Last name Address Date of birth *(mm/dd/yyyy)* City State ZIP

C

Write in the % of proceeds assigned to this

Gender M F

Social Security number Phone number Relationship to Insured

person

%

**Your Estate –** If you name your Estate as a primary beneficiary, you cannot name a D

contingent beneficiary.Proceeds %

E

**Testamentary Trust created in your Will –** The trust under your last Will and Testament

as shall be admitted to probate. Proceeds %

**Living *(Inter Vivos)* Trust –** See further instructions on page 4.

**Charity/Organization –** List the charity or organization name and not an employee of the

F

Proceeds G

%

charity or organization. See further instructions on page 4. Proceeds %

**Total proceeds for all primary beneficiaries *(A-G plus any listed on separate pages)* must equal 100%.** 100%Page 2 of 4

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**SECTION 4: About the Contingent Beneficiaries**

Skip this section if you’re not naming a contingent beneficiary or if you named your Estate as a primary beneficiary. Contingent beneficiaries receive the insurance proceeds only if all of the primary beneficiaries are deceased at the time of your death. If a contingent beneficiary dies before you, we will divide their share(s) equally between the remaining contingent beneficiaries.

**•** Please check the box and complete the form fields for each beneficiary you name. Having accurate information for your beneficiaries ensures that we distribute the proceeds the way you want.

**•** Do not list the same person or entity as both a primary and a contingent beneficiary.

**•** Use the proceeds % field to tell us how you want us to distribute the proceeds. If you want a specific distribution, use whole numbers *(no fractions or decimals)* and make sure they *(and any listed on separate pages)* add up to 100%. To distribute them equally between your contingent beneficiaries, leave **all** of the proceeds % fields blank.

**Individual**

First name Middle name Last name Address Date of birth *(mm/dd/yyyy)* City State ZIP

H

Write in the % of proceeds assigned to this

Gender M F

Social Security number Phone number Relationship to Insured

person

%

**Individual**

First name Middle name Last name Address Date of birth *(mm/dd/yyyy)* City State ZIP

I

Write in the % of proceeds assigned to this

Gender M F

Social Security number Phone number Relationship to Insured

person

%

**Your Estate**

**Testamentary Trust created in your Will –** The trust under your last Will and Testament

J

Proceeds K

%

as shall be admitted to probate. Proceeds %

**Living *(Inter Vivos)* Trust –** See further instructions on page 4.

**Charity/Organization –** List the charity or organization name and not an employee of the

L

Proceeds M

%

charity or organization. See further instructions on page 4. Proceeds %

**Total proceeds for all contingent beneficiaries *(H-M plus any listed on separate pages)***

**must equal 100%.** 100%Page 3 of 4

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**SECTION 5: 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: Additional information required for Living *(Inter Vivos)* Trust(s): **•** Trust/Charity/Organization name **•** Trust date

**•** Address **•** Trust Tax ID number

**•** Phone number **•** Trustee first, middle and last name **•** Type of Beneficiary *(primary or contingent)*

***•*** % of proceeds you are assigning to the

Trust/Charity/Organization

**SECTION 6: 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

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 HM** 🢦 ***answer corrected, initials required* Please note: we cannot record your beneficiary choices unless you complete these items.**

**SECTION 7: 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.

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