Guide to making your claim

What you'll find in this package

- *Life insurance claim form* – You'll need to complete and return this to us with the death certificate.
- *About the Total Control Account* – This explains the option you may have to receive your claim proceeds.

SECTION 1: Information

To submit your claim, follow these steps:

1. **Decide**

   There are a few different options you may have to receive your life insurance proceeds:
   - A check that we mail to you, or;
   - A Total Control Account that we open for you to hold your claim proceeds.

   Please read the enclosed *About the Total Control Account* for details about the Total Control Account and other settlement options that may be available to you. If your proceeds are eligible for the Total Control Account, you may choose that option. If you do not choose a payment option, you will be sent a check.

2. **Complete**

   Complete the enclosed *Life insurance claim form* by following the instructions on the form. Please provide all the information requested so we may process your claim as quickly as possible.

3. **Return**

   Please send us your completed claim form and the documents we ask for in Section 6 of the form.

   If your claim is below $100,000.00 you may complete this form electronically and submit your documentation directly by going to our online claims portal at metlife.com/lifeinsuranceclaims.

SECTION 2: What to expect after you submit your claim

We're committed to processing your claim as quickly as possible.

If we approve your claim and you choose to receive a check, or your proceeds are less than $50,000, we'll mail you the check.

If you choose to receive your proceeds in a Total Control Account, we'll:

- Open a Total Control Account in your name.
- Place the proceeds from your claim into your account, and;
- Mail you a package, that includes account details and a book of personalized drafts *(like checks)*.

MetLife

Life insurance claim form

Use this form if the beneficiary is a person *(not a trust or entity)* to submit a life insurance claim.

Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company

Things to know before you begin

- Each beneficiary submitting a claim must complete and submit a separate claim form. However, we only need one death certificate.
- Please answer each question fully and accurately. If you return this form with missing or incorrect information, it will delay your claim.

Please initial any corrections you make to the form.

SECTION 1: About you

Please print your name the way you want it to appear on your payment.

First name | Middle name | Last name

Relationship to the Insured | Maiden name

Mailing address *(Street number and name, apartment or suite)*

City | State ▼ | ZIP code

Country of citizenship | Date of birth *(mm/dd/yyyy)* | Sex *(M/F)* ▼ | Social Security number

Phone number

Please tell us if you would like to receive claim statuses electronically* *(check the box and provide information)*

Cell phone number | Email address

☐ I consent to receive claim status e-mails and text messages as indicated above, and agree to the terms and conditions in Section 6.

**Please see the enclosed About Electronic Statusing in Section 6 for more details.*

SECTION 2: About the deceased

Name *(first, middle, last)*

First name | Middle name | Last name

Residence address *(Street number and name, apartment or suite)* | Maiden name

City | State ▼ | ZIP code

Date of birth *(mm/dd/yyyy)*	Date of death *(mm/dd/yyyy)*	Social Security number

Marital status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow/Widower ☐

SECTION 3: About your claim

Please list the policy number and suffix *(if applicable)* for all policies you're making a claim on:

SECTION 4: Tell us how you want to receive your claim payment

Check one:

☐ You'd like to receive a check for your payment.

☐ You'd like us to put your payment into a Total Control Account that we'll open for you.

The Total Control Account (TCA) is a draft account that works like a checking account. Add any special instructions or comments you have us for here:

- If your payment is less than $50,000, you are not a U.S. citizen or resident for tax purposes, or insurance policy from which your proceeds are being paid does not make this option available for your proceeds, we'll automatically pay you by check.
- Keep in mind once you receive a check you can't get a Total Control Account.
- For more information about the Total Control Account, please read the enclosed *About the Total Control Account*.
- If you do not choose a payment option, you will be sent a check.

For Illinois residents and policies issued in Illinois only – By law, we're required to process and pay your life claim within 31 days of the receipt of the insured's death certificate. If we don't make a payment to you within this time, your life claim amount will accumulate interest at the rate of 10% annually, calculated from the date the person died, to the date the total amount due to you is paid.

SECTION 5: Certification and signature

By signing this claim form, you certify that:

- All the information you have given is true and complete to the best of your knowledge.
- If we overpay you, we have the right to recover the amount we overpaid. This can happen if we find we've paid you more than you're entitled to under this life insurance claim, or if we paid you when we should have paid someone else. You agree to repay us the amount we overpaid. You also understand that if you do not repay us, we may take steps, including legal action, to recover the overpayment.
- You have read the Claim Fraud Warnings included with this form. **New York residents**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Under the penalties of perjury, I certify:

1. That the number shown as my Social Security number in "Section 1: About you" above is my correct taxpayer identification number, and
2. That I am not subject to backup withholding because: *(a)* I am exempt from backup withholding, or *(b)* I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or *(c)* the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen, resident alien, or other U.S. person*, and
4. I am not subject to FATCA reporting because I am a U.S. person* and the account is located within the United States.

(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)

*If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-8BEN *(individuals)* or W-8BEN-E *(entities)*.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here	Signature of Person making the claim	Date signed *(mm/dd/yyyy)*

SECTION 6: How to submit this form

6A. Check off the items you're sending with this claim form

- ☐ **Death certificate.** Please send us a **copy** of the death certificate. If your claim is for more than $100,000, we require a **certified** death certificate. A certified death certificate has a raised or colored seal on it. The funeral director taking care of the funeral arrangements can usually arrange to have the death certificate certified. **We only require one death certificate** - if you're aware of another claimant who's sending one, you don't have to send it.
- ☐ Policy numbers you're making a claim for in Section 3.
- ☐ If you signed a document with a funeral home that authorizes us to make a payment directly to them, a copy of that document.
- ☐ If the person died in an accident and you're making an accidental death benefit claim, proof of the accident - police reports and other supporting documents.
- ☐ If you have Power of Attorney, a copy of the appointment papers naming you as the attorney-in-fact for the beneficiary.

About electronic statusing

MetLife provides electronic statusing as a convenience to you. Please review the following terms and conditions carefully before you provide *(a)* your agreement to them, and *(b)* your consent to receiving electronic statuses.

By agreeing to the terms of this Agreement, you are consenting to receive claims statuses in one or more of the following ways:

1. When a change has been made to your claim, we will send you an email advising you that we have made such a change; Such e-mails will be sent to the current e-mail address we have on file for you. In addition, we can notify you about the availability of claim statuses by text messages *(SMS - Short Messaging Service)*. If you agree to receive notification of the availability of claim status messages by text message, you acknowledge and agree that any charges associated with your receipt of these messages are fully your obligation and are not reimbursable by MetLife of any of its affiliates. There may be other third-party costs for Internet access fees of text message *(SMS)* charges that are not reimbursable by MetLife or any of its affiliates. We will continue to deliver information in writing to you by U.S. mail.
2. You may withdraw your consent, change your delivery preferences, and update information we need to contact you electronically at any time by replying "stop" to a text message from us or by calling our Customer Service Department.

6B. Please mail your completed claim to the following address:

Product	Address	Phone Number
Life Policies	P.O. Box 330 Warwick RI 02887-0330	1-800-638-5000
Variable Life Policies *(Variable Life policies typically may have one of the following suffixes after the number: UM, MLV, -R or -V)*	P.O. Box 353 Warwick RI 02887-0353	1-800-638-5000

If your claim is below $100,000 you may:

Email to: INDlifeclaims@metlife.com or Fax to: 1-908-655-9586.

Some services in connection with your claim may be performed by MetLife Global Operations Support Center Private Limited. This service arrangement in no way alters our obligations to you. Services will not be performed by MetLife Global Support Center Private Limited if prohibited by state or local law.

About the Total Control Account®

A convenient place to hold the proceeds from your claim while you decide what to do with the money.

SECTION 1: How the account works

The Total Control Account (TCA) is a draft account that works like a checking account:

- When your account is open, MetLife[1] will send you a package which includes additional details about the TCA. We pay the full amount owed to you by placing your proceeds into the TCA and providing you a book of drafts. You can use the drafts like you would use checks.
- You can use a single draft to access the entire proceeds or several drafts for smaller amounts *(as little as $250)*. There are no limits on the number of drafts you can write. Processing time is similar to check processing.
- You also may conveniently use your TCA as a source of funds to pay your bills online or by phone.
- You earn interest on the money in your account from the date your account is open.
- We'll send you an account statement each month when there is activity in your account. If you have no activity, we'll send you a statement once every three months.
- You can name a beneficiary for your account. We'll include a beneficiary form in the package we send you when we open your account.

SECTION 2: Interest rates and guarantees

The interest rate on your account is set weekly and will always be the greater of the guaranteed rate stated in your TCA package, or the rate established by one of two indices monitored by MetLife. We calculate interest daily and compound it, and add it to your account monthly, so you earn interest on your interest. The interest earnings generally are taxable so you should speak with your tax advisor. In addition, you should consult with an investment or other financial advisor regarding investment options for the proceeds from your claim. In addition, you should consult with an investment or other financial advisor regarding investment options for the proceeds from your claim.

SECTION 3: No monthly maintenance fees

There are no monthly maintenance or service fees on your TCA, no charges for making withdrawals or writing drafts, and no cost for ordering additional drafts. You may be charged for special services or an overdrawn TCA, and the current fees *(subject to change)* for those services are: draft copy $2; stop payment $10; overdrawn TCA $15; overnight delivery service $25.

SECTION 4: Other important information

- Your Total Control Account is backed by the financial strength of MetLife. The assets backing the funds are held in MetLife's general account and are subject to MetLife's creditors. In addition, while the funds in your account are not insured by the FDIC, they are guaranteed by your state insurance guarantee association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations *(NOLHGA.com or 1-703-481-5206)* to learn more. FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.
- If there is no activity on your account for a period of time *(typically three years, but this may vary by state)*, state regulations may require that we contact you at the address we have on file. If we aren't able to reach you, we may be required to close your account and transfer the funds to the state.
- We may limit or suspend your access to the funds in your account if we suspect fraud or if there was an error in opening your account.
- We use the services of The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, for Total Control Account recordkeeping and draft clearing.
- You may move all or a portion of your Account balance *(subject to applicable minimums)* into any other settlement option for which you then qualify.
- A TCA generally is not available if your claim is less than $50,000, you reside in a foreign country, or if the claimant is a corporation or similar entity.
- The insurance policy may have provided other settlement options for payment of your proceeds. The options listed below may not be available under all circumstances. Your right to elect these options may be preserved if you elect a TCA. Some settlement options are: Interest Income, Installment Income for a Stated Period, Installment Income for a Stated Amount, Single Life Income - Guaranteed Payment Option, Single Life Income - Guaranteed Return, and Joint and Survivor Life Income. You can reference the policy for more details.
- We may receive investment earnings from operating the Total Control Account. The performance results of any investments we make do not affect the interest rate we pay you.
- To learn more about TCA, please call us at 1-800-638-7283 or write us at Metropolitan Life Insurance Company, Total Control Account Claims,PO Box 6100, Scranton, PA 18505-6100, Attention: TCA.

[1]*Total Control Account® is a registered service mark of Metropolitan Life Insurance Company.*

Claim fraud warnings

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alabama, Arkansas, District of Columbia, Louisiana, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies to the extent required by applicable law.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the statute.