**BENEFICIARY CHANGE FORM**

- Name new Owner's beneficiary and/or new Owner's contingent beneficiary.
- Must accompany Form A when naming new Owner/Joint Owner (NQ).

**B1** Entry required for BENEFICIARY.

(If any information needs to be updated on MetLife's records, please check (✓ or X) the box(es) next to the correct data.)

- Owner's Name (Print First, Middle, Last)
- Social Security/Tax ID#
- Telephone Number
- Street Address (Include Apt/Floor/PO Box)
- City or Town
- State
- Zip Code

Contract/Certificate Number(s)

Annuitant(s) if not the Owner(s)

**B2** Entry required for BENEFICIARY.

(Note: This section does not change the beneficiary of an Annuitant who is not the Owner.)

Please note if more than one revocable beneficiary is named, payment/assumption will be made in equal shares to the survivors unless otherwise specified in writing by the Owner. Percentages must be in whole numbers.

I revoke any prior choice of the beneficiary and contingent beneficiary to receive any amount payable under the contract/certificate on account of my death. I also revoke any prior choice of an optional income plan that applies to any amount payable under the contract/certificate on account of my death. I name the following revocable beneficiary(ies) and contingent beneficiary(ies) to receive any amount payable at death:

<table>
<thead>
<tr>
<th>Beneficiary Type</th>
<th>Beneficiary Name and Relationship to Annuitant(s)</th>
<th>Date of Birth/Trust Date</th>
<th>Social Security/Tax ID#</th>
<th>Address (Street, City, State, Zip)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
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<td></td>
<td>%</td>
</tr>
<tr>
<td>Contingent</td>
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<td>Primary</td>
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</tbody>
</table>

If the primary beneficiary(ies) named above predeceases me, the named revocable contingent beneficiary(ies) will become the beneficiary(ies). If no beneficiary is alive when I die, my estate is to receive any amount payable.

If more than one beneficiary is alive when I die, they will be paid in equal shares, unless otherwise noted. Percentages must be in whole numbers. When there are two or more Owners, this designation applies to any amount payable at the death of the last Owner to die.

**B3** Entry required for BENEFICIARY.

Owner's Signature

Joint Owner's Signature (if needed)

Witness Signature (Massachusetts Only)

**For MetLife's Internal Use**

Submitting Sales Office

Servicing Account Representative | Office | Agency | Index

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