



Dear Beneficiary:

We at MetLife are sorry for your loss. To help you through what can be a very difficult, emotional, and confusing time, we created a settlement option, the Total Control Account® Money Market Option, to give you the time you need to best decide how to use your insurance or annuity proceeds.

The insurance or annuity contract may have provided other settlement options for payment of the proceeds. Unless the contract owner or insured preselected a specific method of settlement, your right to choose any of these other settlement options is preserved while your money is in a Total Control Account. If a settlement option was preselected for you, more information will be provided as your claim is processed.

If the amount of proceeds payable to you is \$7,500 or more, a Total Control Account will be opened in your name once your claim is approved, unless a different settlement option was selected. You will receive a personalized "checkbook" and a Customer Agreement, which gives you additional information regarding your Account in an easy to read question and answer format. By using one of your personalized "checks," you can draw a draft on your Total Control Account for the entire amount at any time. Information regarding the other settlement options available will also be provided.

While your money is in a Total Control Account, it is guaranteed by MetLife. You can access all or part of the insurance proceeds at any time, simply by writing one of your checks. You are not charged for checks, there are no transaction or monthly fees and there are no penalties for withdrawing all or part of your money.

We hope that the Total Control Account will help you rest a little easier knowing that your money is safe, earning a competitive rate, and accessible to you when you need it, giving you time to make financial decisions that are right for you. Please read the additional information regarding the Total Control Account provided on this form.

If you have further questions about the Account, MetLife's Investment and Fiduciary Services Department is available every business day at (908) 634-9594 or through its toll-free number, 800-MET-SAVE (800-638-7283). Hearing impaired callers with a TDD can call (908) 636-4349 or 800-229-3037.

Once again, we extend our condolences and assure you that we will make every effort to help you in every way we can.

Please complete the Beneficiary Life Insurance Claim Statement section of this form. Then ask your employer to complete the Employer's Statement section and mail this form to:

MetLife
SBC Life Claims
P.O. Box 6122
Utica, NY 13501-6122

The TOTAL CONTROL ACCOUNT® Money Market Option
Designed to Put *You* in Complete Control of Your Life Insurance Proceeds

The Total Control Account provides ...

SAFETY

- The entire amount of your Account, including all interest earned, is fully guaranteed by MetLife.

COMPETITIVE RATES

- The Account earns interest at money market rates that are responsive to current market conditions.
- Interest is compounded daily and credited monthly. (Generally, the interest earned will be subject to income tax.)

FREE CHECKING

- You can write checks from a minimum amount of \$250 up to the full amount in the Account at any time.
- There are no monthly service or transaction charges. There is no charge for printing or reordering checks.

CONVENIENCE

- A personalized checkbook provides you with easy and immediate access to the funds.
- You will receive a monthly statement, showing all transactions, interest earned and the balance in the Account.

FLEXIBILITY

- You can withdraw all or part of your money at any time, without penalty or loss of interest.
- There are no limits on the number of checks you can write each month.
- You can name a beneficiary to receive money held in the Account, in case something happens to you.

FULL SERVICE

- Beneficiary Service Representatives are within easy reach to answer any questions you may have about your Account. You'll be able to call them, toll-free, every business day, 8:00 a.m. - 6:00 p.m. Eastern Standard Time.

TIME TO DECIDE

- Your rights to elect all other available MetLife settlement options* are preserved. You may, at any time, place some or all of the money in your Account in any other available option.
- MetLife has a range of settlement options for you to choose from, including Guaranteed Interest Certificates. You will receive complete information on all settlement options which are available to you along with the Total Control Account checkbook.

*If the insured designated an alternative settlement option, that designation will be carried out. In this case, more information will be provided to you as your claim is processed.

The Total Control Account gives you:

Safety • Security • Convenience • Flexibility
Free Checking • Competitive Interest

If the proceeds payable to you are less than \$7,500 — and the insured did not designate a settlement option, payment is usually made by a single, lump-sum check.

Completing Your Claim Statement

Every effort has been made to make completing your claim form as simple as possible. The following examples should make it even simpler. Each beneficiary must submit his or her own claim form.

SECTION A

Here you are asked for information about you and your relationship to the deceased. Your completed form might look like this:

A. Information about you:			
1. Your Name (please print or type)	<u>JOAN</u>	<u>R.</u>	<u>Smith</u>
	First	Middle Initial	Last
2. Your Social Security No.	<u>123-45-6789</u>		
3. Your Date of Birth	<u>6</u>	<u>28</u>	<u>31</u>
	Mo.	Day	Year
4. Your Phone Number (in case we need to contact you)	Day <u>(305) 555-6728</u> Evening <u>(305) 555-1234</u>		
	Area Code Area Code		
5. Your Address	<u>21-15</u>	<u>MARTIN STREET</u>	<u>3B</u>
	House Number	Street Name	Apt./Box No. (if any)
	<u>MIAMI</u>	<u>FLORIDA</u>	<u>33400</u>
	City	State	Zip
6. Your relationship to the deceased. You are the	<input checked="" type="checkbox"/> Husband or Wife <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other		
	Explain		

SECTION B

In Section B we ask you to tell us about the deceased. Please be sure that you use the deceased's legal residence address prior to the death. Your completed form might look like this:

B. Information about the deceased:			
1. His/Her Name	<u>GEORGE</u>	<u>H.</u>	<u>Smith</u>
	First	Middle Initial	Last
2. His/Her Residence Address	<u>21-15</u>	<u>MARTIN STREET</u>	<u>3B</u>
	House Number	Street Name	Apt./Box No. (if any)
	<u>MIAMI</u>	<u>FLORIDA</u>	<u>33400</u>
	City	State	Zip
3. His/Her Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
4. His/Her Date of Birth	<u>6</u>	<u>28</u>	<u>31</u>
	Mo.	Day	Year
5. His/Her Social Security No.	<u>123 45 6789</u>		
6. His/Her Employer	<u>ABC COMPANY</u>		
7. We need an officially certified copy of death certificate. Is a copy attached?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If not, state why			

Please make every effort to include with your form an officially certified copy of the death certificate. The absence of the death certificate can cause substantial delays. If your name has changed since the original beneficiary designation please provide supporting documentation.

Once you have completed the form, sign (just as you sign checks) and date it.

<p>The information I have given is, to the best of my knowledge, true and accurate. Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number, and that: (please check one)</p> <p><input type="checkbox"/> The Internal Revenue Service (IRS) has notified me that I am subject to backup withholding as a result of a failure to report all interest or dividends, or</p> <p><input type="checkbox"/> I am not subject (or no longer subject) to backup withholding.</p> <p>The IRS does not require your consent to any provision of this document other than the certifications to avoid backup withholding.</p> <p>If the insured was covered under a policy issued in one of the states listed below <u>or</u> if you reside in one of the states listed below, one of the following state warnings may apply to you:</p> <p>New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</p> <p>Florida: 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 of the third degree.</p> <p>Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.</p> <p>If the insured was covered under a policy issued in any state other than those listed above, or if you reside in any state other than those listed above, then the following warning may apply to you:</p> <p>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 and subjects such person to criminal and civil penalties.</p> <p>Please sign below as you would sign on checks. If you are receiving a Total Control Account, this signature will be placed with your Account.</p> <p><u>Joan Rose Smith</u> <u>January 20, 1992</u></p> <p>Beneficiary Signature Date</p>	
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Return this completed Claim Statement to the Employer's appropriate Benefit Office. Be sure to include an officially certified copy of the death certificate.

Beneficiary's Life Insurance Claim Statement

In order to process your claim as quickly as possible we need some information about you and about the deceased.
Each beneficiary must submit his or her own claim statement.

A. Information about you:

1. Your Name (please print or type) _____
First Middle Initial Last
2. Your Social Security No. _____
3. Your Date of Birth _____ Your Sex ☐ Male ☐ Female
Mo. Day Year
4. Your Phone Number (in case we need to contact you) _____ Day () _____ Evening () _____
Area Code Area Code
5. Your Address _____
House Number Street Name Apt./Box No. (if any)

City State Zip
6. Your relationship to the deceased. You are the ☐ Husband or Wife ☐ Child ☐ Parent ☐ Other _____
Explain

B. Information about the deceased:

1. His/Her Name _____
First Middle Initial Last
2. His/Her Residence Address _____
House Number Street Name Apt./Box No. (if any)

City State Zip
3. His/Her Marital Status ☐ Single ☐ Married ☐ Widow/Widower ☐ Separated ☐ Divorced
4. His/Her Date of Birth _____
Mo. Day Year
5. His/Her Social Security No. ____ / ____ / ____ 6. His/Her Employer _____
7. We need an officially certified copy of death certificate. Is a copy attached? ☐ Yes ☐ No
If not, please state why _____

The information I have given is, to the best of my knowledge, true and accurate. Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number, and that: (please check one)

- ☐ The Internal Revenue Service (IRS) has notified me that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
- ☐ I am not subject (or no longer subject) to backup withholding.

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

If the insured was covered under a policy issued in one of the states listed below or if you reside in one of the states listed below, one of the following state warnings may apply to you:

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

Florida: 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 of the third degree.

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

If the insured was covered under a policy issued in any state other than those listed above, or if you reside in any state other than those listed above, then the following warning may apply to you:

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 and subjects such person to criminal and civil penalties.

Please sign below as you would sign on checks. If you are receiving a Total Control Account, this signature will be placed with your Account.

Beneficiary Signature _____

Date _____

EMPLOYER'S STATEMENT — To Be Completed by an Authorized Company Representative. Please Type.

Certificate Number	Date of Death Mo. Day Yr.			Date of Birth Mo. Day Yr.			Name of Insured Employee Last First Middle			Sex M or F
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Name of Employer _____

Social Sec. Number
If Different from Cert. No.Division or
Subsidiary
and Location _____

This Line Across for Dependent Claims Only	Date of Birth Mo. Day Yr.			Sex M or F	Amount of Dependent Life Insurance	Last	Name of Deceased Dependent First Middle			Relationship Spouse _____ Child _____
	Mo.	Day	Yr.							

Notice: Be sure to consider any reduction formula applicable to each type of Life benefit in-force when entering the amount of Life benefits for which claim is made.

Complete the following if Applicable:

- | | | |
|--|----|--|
| <input type="checkbox"/> Hourly Employee | or | <input type="checkbox"/> Salaried Employee |
| <input type="checkbox"/> Union Employee | or | <input type="checkbox"/> Non-Union Employee |
| <input type="checkbox"/> Exempt Employee | or | <input type="checkbox"/> Non-Exempt Employee |

Group (Report Number)	Sub Code	Claim Pay Point (Branch)	Type of Life Benefits Check applicable box(es)	Amount
			<input type="checkbox"/> Basic Life	
			<input type="checkbox"/> Optional Life*	
			<input type="checkbox"/> Group Life Plus	
			<input type="checkbox"/> Group Universal Life**	

Occupation _____

Is there any transaction pending which will affect the payee or the amount payable? If yes, give particulars:

*Optional Life includes Supplemental Life, Additional Life, and Voluntary Life Benefits

**For more information concerning Group Universal Life coverage, please call 1-800-523-2894.

On what date did the employee last work? _____ Reason for stopping _____

Was employee ☐ active or ☐ retired? Date retired _____ Annual base pay _____

If active, enter the effective date of the amount of insurance being claimed. _____

If retired, enter the amount of insurance prior to reduction, if any. _____

Was the employer-employee relationship terminated before death? ☐ No ☐ Yes Date _____ Reason _____Was life insurance cancelled? ☐ No ☐ Yes Date _____ Was conversion applied for? ☐ No ☐ Yes ☐ UnknownWas a Total and Permanent Disability claim ever filed with MetLife for this employee? ☐ No ☐ Yes

If yes, please provide the approval number. _____

Annuity Death Benefit		Accidental Death Benefit	Survivor Income Benefit
If an Annuity Death Benefit is claimed, and such benefit is covered by MetLife, enter Group Annuity	For groups operated on the "Annual Exhibit" method of billing or if employee contributions are reported annually: Employee contributions for prior exhibit year \$ _____ Employee contributions for current exhibit year \$ _____ Total employee contributions \$ _____	If an Accidental Death Benefit is claimed, and such benefit is covered by MetLife, enter amount of such benefit only. \$ _____ Amount of Regular Life Insurance should be entered above.	If the deceased employee qualified for Survivor Income Benefits, and such benefits are covered by MetLife, specify if the claim <input type="checkbox"/> is attached, or <input type="checkbox"/> will follow
Contract No. _____ and Cert. No. _____			

Signature of Employer's Authorized Representative _____

Date _____

Telephone No. _____

Send check or Total Control Account Package:

- ☐ Directly to Beneficiary(ies)
- ☐ Other: _____

Please attach any enrollment forms and beneficiary designations you retained. If a beneficiary is deceased, a copy of his or her death certificate is required. If you have any questions, please contact the MetLife administrator responsible for your group.

As soon as your claim has been processed and approved (and the amount payable to you exceeds \$7,500), a Total Control Account will be automatically opened, and you will receive:

- A booklet which includes your Customer Agreement spelling out the exact terms of your Account in an easy-to-read question-and-answer format.
- A brochure describing other Settlement Options available, at no cost to you, including Guaranteed Interest Certificates.



- A Confirmation Certificate, showing the amount of life insurance proceeds placed in your Account, your Account number, the current interest rate, effective annual yield, and a Beneficiary Designation form.
- Personalized checks give you immediate access to your money. You may write checks, payable to anyone, for any amount of \$250 or more, to cover immediate expenses or for any other purpose. Meanwhile, the funds you don't use right away are safe at MetLife and continuing to earn competitive money market interest.