



Metropolitan Life Insurance Company

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 usually be established in your name once your claim is approved, unless a different settlement option was selected. You will receive a personalized “checkbook” and a kit that includes a Customer Agreement and gives you additional information regarding your Account. 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 interest 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 in this folder.

If you have further questions about the Account, you can call MetLife’s Customer Services Center at its toll-free number, 1-800-MET-SAVE (1-800-638-7283). Hearing impaired callers with a Telecommunications Device for the Deaf (TDD) can call 1-800-229-3037.

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

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

- Service Representatives are within easy reach to answer any questions you may have—just call toll-free Monday through Friday, from 8:00 A.M. to 6:00 P.M., Eastern Time, at 1-800-MET-SAVE (1-800-638-7283). Callers with a Telecommunications Device for the Deaf (TDD) can call 1-800-229-3037.

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.

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, or you reside in a foreign country, or the claimant is a corporation or similar entity, — and the insured did not designate a settlement option, payment is usually made by a single, lump-sum check. 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.

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. Return this completed Claim Statement to the Employer's appropriate Benefits Office. Be sure to include an officially certified copy of the death certificate.

A. Information about you:

- Your Name (please print or type) _____
First Middle Initial Last
- Your Social Security No. _____
- Your Date of Birth _____ Your Sex Male Female
Mo. Day Year
- Your Phone Number (in case we need to contact you) _____ Day () _____ Evening () _____
Area Code Area Code
- Your Address _____
House Number Street Name Apt./Box No. (if any)
City State Zip
- Your relationship to the deceased. You are the Husband or Wife Child Parent Other _____
Explain

B. Information about the deceased:

- His/Her Name _____
First Middle Initial Last
- His/Her Residence Address _____
House Number Street Name Apt./Box No. (if any)
City State Zip
- His/Her Marital Status Single Married Widow/Widower Separated Divorced
- His/Her Date of Birth _____
Mo. Day Year
- His/Her Social Security No. ____ / ____ / _____
- His/Her Employer _____
- 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 and belief, 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 York: [only applies to Accident and Health Benefits (AD&D/VAD&D)]: I know it is a crime to fill out this form with facts I know are false or to leave out facts I know are important. I know that if I do this, I may also have to pay a civil penalty of up to \$5,000 plus the value of the claim.

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.

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

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

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 an application for insurance or 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 on file with your Account.

Beneficiary Signature _____

Date _____

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

Social Security Number				Date of Death Mo. Day Yr.			Date of Birth Mo. Day Yr.			Last			Name of Insured Employee First Middle			Sex M or F
------------------------	--	--	--	------------------------------	--	--	------------------------------	--	--	------	--	--	--	--	--	---------------

Name of Employer _____

Division or Subsidiary and Location _____

Dependent Claim 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 _____
-----------------------------	------------------------------	--	--	---------------	------------------------------------	------	--	--	--	--	--	---

The employee is the only beneficiary allowed for dependent claims.

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:							
Report Number	Sub Code	Branch	Type of Life Benefits Check applicable box(es)	Amount	Employee is: <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried or <input type="checkbox"/> Union <input type="checkbox"/> Non-Union or <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt							
			<input type="checkbox"/> Basic Life	_____	Base Annual Earnings \$ _____ As of Date: <table border="1"><tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr></table>					Mo.	Day	Yr.
Mo.	Day	Yr.										
			<input type="checkbox"/> Optional Life*	_____	Did the employee increase coverage more than one benefit level at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate Date <table border="1"><tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr></table>					Mo.	Day	Yr.
Mo.	Day	Yr.										
			<input type="checkbox"/> Dependent Life	_____	Check if Settlement Option instruction is attached <input type="checkbox"/>							
			<input type="checkbox"/> Group Life Plus	_____								
			<input type="checkbox"/> AD&D	_____								
			<input type="checkbox"/> VAD&D	_____								
			<input type="checkbox"/> Group Universal Life**	_____								
			<input type="checkbox"/> Spouse Group Universal Life	_____								
			<input type="checkbox"/> Group Variable Universal Life	_____								
			<input type="checkbox"/> Spouse Group Variable Universal Life	_____								

*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.

Please complete information below:

Active Employee: Enter the effective date of amount of insurance being claimed

Mo.	Day	Yr.
-----	-----	-----

Retired Employee: Date retired

Mo.	Day	Yr.
-----	-----	-----

For employees who were not actively at work, please indicate status of employee at date of death (select one item):

Regular Retiree Retiree Due to Disability Terminated Due to Disability Terminated For Any Other Reason

Leave of Absence/Layoff/Sick Leave Disabled (not terminated or retired)

On what date did the employee last work?

Mo.	Day	Yr.
-----	-----	-----

 Reason for stopping _____

Was the employer-employee relationship terminated before death? No Yes Date

Mo.	Day	Yr.
-----	-----	-----

 Reason _____

Was life insurance cancelled? No Yes Date

Mo.	Day	Yr.
-----	-----	-----

Was a Total and Permanent Disability claim ever filed with MetLife for this employee? No Yes Approval Number: _____

Survivor Income Benefit: If the deceased employee qualified for Survivor Income Benefits, and such benefits are covered by MetLife, specify if the claim is attached, or will follow.

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.