

**Metropolitan Life Insurance Company**  
**Designation of Beneficiary and Contingent Beneficiary(ies)**  
 (Before Completing Form, See Following Page)

Group Policy(ies) No. \_\_\_\_\_ Insured's Social Security No. \_\_\_\_\_

In accordance with the conditions of the Group Policy, I hereby revoke any previous designation of beneficiary and contingent beneficiary and designate as beneficiary:

**Primary Beneficiary Designation**

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share%
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				<b>TOTAL: 100%</b>

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies)

**Contingent Beneficiary Designation**

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share%
Payment will be made in equal shares or all to the survivor unless otherwise indicated.				<b>TOTAL: 100%</b>

**If no beneficiary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.**

I reserve the right to change this designation at any time.

This designation becomes effective upon receipt by the Human Resources Department.

\_\_\_\_\_  
 Name and Address of Insured or Owner (if assigned) (Print)

\_\_\_\_\_  
 Signature of Insured or Owner (if assigned)

\_\_\_\_\_  
 Date Signed

**Please Note**

Do not erase or attempt to make any corrections; use a new form.

When the beneficiary is not related to you by blood or marriage, the "Relationship" should be shown as "Nonrelative."

**For Plan Sponsor's Use**

Records noted by \_\_\_\_\_ Date \_\_\_\_\_