

**Absolute Assignment to Individual**

Please read instructions on page 3 before completing and executing this form.

Utility Field 1                      Utility Field 2                      Utility Field 3                      Utility Field 4

**Group Life Insurance Program** ("Program") of \_\_\_\_\_  
Name of Policyholder

**Insured's Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_                      **Name of Insured** \_\_\_\_\_

**Insured's Address** \_\_\_\_\_                      **Insured's Phone Number** \_\_\_\_\_

**Group Policy No.** \_\_\_\_\_                      **Group Certificate No. (if known)** \_\_\_\_\_ "Certificate"

Has a Continued Protection (Waiver of Premium) claim been approved for the insured?                       Yes                       No

**Spouse Waiver for Assignment of Group Life Benefits**  
(To Be Completed If Applicable)

**Please Read the Following Section Carefully:**  
The spouse of the assignor should sign below **IF** the assignor is making an assignment to a person other than his/her spouse, **AND** the assignor is a resident of one of the following community property jurisdictions: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, Wisconsin.

I, spouse of the assignor, hereby consent to this assignment and waive and release any and all community property rights in and to the subject matter of the assignment.

\_\_\_\_\_  
Name of Spouse                      Signature of Spouse                      Date

**I Hereby Assign, As A Gift, To** \_\_\_\_\_                      \_\_\_\_\_  
Name of Assignee                      Relationship

\_\_\_\_\_  
Date of Birth                      Address of Assignee: Street                      City                      State                      Zip Code

\_\_\_\_\_  
Assignee SSN                      Assignee Phone Number

and his (or her) estate or assigns, all right, title, interest and incidents of ownership, both present and future, relating to the insured's group life insurance under the Program, including but not limited to: the right to make any requisite contributions for the coverage under said Program, the privilege of obtaining an individual policy of life insurance on the insured's life, the right, to the extent permissible to change the beneficiary(ies) and the right to elect any available settlement option. This assignment relates to the existing coverages now being assigned under the insurance policy (policies) and any replacement or substitute policy of the same or another insurance company providing insurance under the Program, and any amended or successor Program provided by the Policyholder.

Sign your name only by the coverage(s) you intend to assign:

\_\_\_\_\_  
Basic Life Insurance, if any                      Accidental Death and Dismemberment Insurance, if any

\_\_\_\_\_  
Supplemental Life Insurance, if any                      Supplemental Accidental Death and Dismemberment Insurance, if any

\_\_\_\_\_  
Survivor Monthly Income Benefits, if any                      Voluntary Accidental Death and Dismemberment Insurance, if any

It is understood and agreed that neither MetLife nor the Program assume any obligation as to the validity or sufficiency of this assignment and that the assignment will not be binding upon them until filed with and accepted by the Program and MetLife.

Dated at \_\_\_\_\_ in the State of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
City                      State                      Day                      Month                      Year

\_\_\_\_\_  
Name of Assignor /Owner                      Name of Witness

\_\_\_\_\_  
Signature of Assignor /Owner                      Signature of Witness

# Absolute Assignment to Individual

## Assignee's Designation of Beneficiary

Effective as of the date of this assignment, I hereby (1) revoke any previous beneficiary designation as to the above-named Insured under the Group Policy, and (2) revocably designate as beneficiary thereunder:

**Primary Beneficiary(ies)** (Total shares must equal 100%)

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	SSN	Phone Number	Address (Street, City, State, Zip Code)	Share Percentage

**Contingent Beneficiary(ies)** (Total shares must equal 100%)

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	SSN	Phone Number	Address (Street, City, State, Zip Code)	Share Percentage

Unless otherwise provided above, payment to two or more primary beneficiaries or two or more contingent beneficiaries shall be made in equal shares or to the survivors in equal shares or all to the last survivor. If there is no primary or contingent beneficiary living at the death of the insured, the amount of benefits payable because of the insured's death shall be payable to the assignee if living at the insured's death or to the assignee's estate if the assignee is not living at the insured's death.

It is understood and agreed that this designation will in no way apply in respect of any Survivor life insurance benefits if the Group Policy providing for such benefits makes no provision whatever for a beneficiary designation and that in such event the Survivor life insurance benefits will be payable only as provided in the Group Policy, this assignment notwithstanding.

\_\_\_\_\_ Signature of Assignee /Owner \_\_\_\_\_ Date

**To Be Completed By Policyholder**  
 By \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

**To Be Completed By MetLife**  
 By \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

## INSTRUCTIONS

- ▶ Do not erase or attempt to make corrections. Use a new form.
- ▶ MetLife must receive the form within 60 days of when the assignor/owner signs and dates it.
- ▶ This form applies only to coverages insured by MetLife.
- ▶ Gift assignments are not permitted as collateral security or for value.
- ▶ Unless and until the assignee designates a new beneficiary, any existing beneficiary designation on file at the time the assignment is made will remain on record and the life insurance proceeds will be paid accordingly upon receipt of a properly supported claim.
- ▶ The following definitions may be helpful in completing your assignment form.

**Assignment:** Is the irrevocable transfer by an assignor/owner to an assignee of all right, title, interest and incidents of ownership, both present and future, relating to the assigned Group Life insurance coverage.

**Assignor/:** An individual or entity who assigns all right, title, interest and incidents of **Owner** ownership of an insured's Group Life insurance coverage. The assignor/owner is the owner of the coverage.

**Assignee:** The individual or entity to whom a transfer of all right, title, interest and incidents of ownership of an insured's Group Life insurance coverage is made.

The absolute assignment of a life insurance certificate has legal and tax implications. The assignor/owner may want to consult with a personal legal or tax advisor. Neither MetLife nor its representatives or agents are permitted to give legal or tax advice. Any information included in or related to this form is for general informational purposes only and should not be considered legal or tax advice. You should consult with and rely on your own legal and tax advisors.