


Metropolitan Life Insurance Company

- Please submit this completed Automatic Payment (AP) Account Agreement form with the application or, for post issue submission, please mail this form to: MetLife • P.O. Box 10366, Des Moines, Iowa 50306-0366.
- This program is not available for contracts issued with the Guaranteed Minimum Income Benefit Max (GMIB Max) and/or the Enhanced Death Benefit Max (EDB Max), Guaranteed Withdrawal Benefit v1 (GWB v1), or FlexChoice riders.
- This program is not available for contracts issued with the following plan types: SEP IRAs, 401, 403, Custodial, or for the Fixed Annuity FA and SPIA products.
- Give client a blank copy of the Automatic Payment (AP) Account Agreement form for their records.

 Please complete this form in its entirety to avoid any delays.

Automatic payment number (Please fill in existing AP #, if applicable)

☐ Individual ☐ Joint ☐ Other (*Corporation, Trust*)

First name

☐ Joint☐ Other (Corporation, Trust)

| Middle name

| Last name

Tax ID number/Social Security number (Required regardless of tax status)

First name

Middle name

Last name

Tax ID number/Social Security number(Required regardless of tax status) | Daytime phone number

Address

City

| State

| ZIP

SECTION 2 - Authorization to pay into contract(s)/policy(ies) listed below

- ☐ New authorization to make regular debits ☐ Change of bank or account (Prior Authorization) ☐ Change of amount (Prior Authorization) ☐ ONE-TIME special draft (available if contract already on AP, or will be on AP) (See information below)

Policy/Contract number	Contract Owner's name	Relationship code*	Amount	Special draft date**	Special draft amount

Total monthly withdrawal

\$ _____

- ☐ I request a Debit Date on the _____ of each month beginning on _____ (date must be 1st through 28th of month)
(mm/dd/yyyy)

The Debit Date is the day of the month on which a debit will be processed against your bank account and must be within 90 days of completion of this form. If no date is specified, monthly debits will occur on the same day of the month as the contract date. If the contract date falls on the 29th, 30th, or 31st, debits will be processed on the 1st business day of the next month. If the payment withdrawal date selected falls on a weekend or a holiday, the account will be debited on the next business day.

* **Relationship Code:** Account Holder relationship to insured or owner:

- (1) Self (2) Spouse/Domestic Partner (3) Parent (4) Grandparent (5) Employer (6) Guardian
(7) Child (8) Other _____

****Special Draft Date** For all drafts EXCEPT initial premium/payments, the special draft date must be within 90 days of the date this form is completed.

Special Draft Initial Premium/Payment – If you select a special draft for initial payment, that special draft will take effect 3-5 days after the completed application is received in good order.

SECTION 3 - Bank account information (For new AP Accounts OR for change of banks)

- ☐ Checking ☐ Savings

Name of banking institution

Bank routing number

Bank account or code number

Branch address

City

State

ZIP

SECTION 4 - Authorizations/Acknowledgements

I, the Account Holder, **authorize**:

1. MetLife to establish an AP for my convenience to pay for contracts in accordance with the terms of this agreement;
2. MetLife to initiate debit entries ("*Debits*") to my bank account at the banking institution shown above to place payments into the contract(s) listed above;
3. The Bank to charge my account for these debits; and
4. The Bank to provide to MetLife my most recent address upon request.

I understand that:

1. The origination of automated debits to my account must comply with the provisions of U.S. law;
2. MetLife and the Bank will share with each other limited account and contract information as necessary to effect these debits;
3. By signing this document, I accept the terms of the AP agreement.

☐ By checking this box and signing below, I acknowledge that I have received a copy of the Automatic Payment Account Agreement.

Signature of Account holder/Depositor

Date (mm/dd/yyyy)

Signature of Joint account holder/Depositor

Date (mm/dd/yyyy)

Representative - First name

Middle name

Last name

Representative number

Phone number

Firm name

Firm number

SECTION 5 - General terms of agreement

Upon signing this agreement, an AP will be established by MetLife for the Account Holder listed above. All correspondence regarding this Automatic Payment agreement will be mailed to the account holder. An AP is a payment method available to pay for contracts issued or sold by the companies listed on the bottom of this form ("*MetLife Companies*"). MetLife may also refund monies to the Account Holder's bank account as necessary or appropriate.

Withdrawals — Timing and Terms

For newly issued policies, recurring debits will not start unless the contract is in force. Debits will be made for subsequent premiums as they become due, or, if the terms of the contract provide for flexible premiums, according to the schedule for planned premiums. Each MetLife Company requires a minimum \$100 periodic payment amount for automated payment.

One-Time Drafts and Deposits

MetLife provides additional services to each AP Account Holder: The Account Holder may initiate a one-time transfer of funds for payment into a contract that is currently being paid by AP by notifying MetLife or the Account Holder's agent/firm.

Nonreceipt of Debit

Be sure to have adequate funds in your bank account to cover the total deduction amount each month on the date noted on the reverse side. Any charges levied by the Account Holder's bank to the Account Holder for non-payment or insufficient funds in the Account Holder's bank account shall remain the responsibility of the Account Holder. MetLife is under no obligation to refund charges caused by the actions of the Account Holder or the Account Holder's financial institution.

Ending the Debit

The AP shall remain in full force and effect until one of the following occurs:

1. The Account Holder notifies MetLife of the termination of the AP. MetLife requires notification of at least 3 business days before a scheduled payment to either terminate the AP or to prevent a scheduled payment. If you give us sufficient time to stop the withdrawal transaction, the stop will be reflected in that month; otherwise, the stop will be reflected in the following month.
2. MetLife notifies the Account Holder of the termination of the AP.
3. The contract(s) is/are no longer in effect.
4. The Account Holder's bank account is closed or otherwise terminated.

Changing Banks or Bank Accounts

If you change your bank and/or the bank account that you use for monthly deduction, you must stop your current agreement and complete a new agreement form. If you are not able to submit the Change Bank form in advance, please be sure to leave sufficient funds in your previous bank account to cover the deduction for that month. If your mailing address ever changes, please contact us by calling your agent, writing to us at the address on page 1, or by calling us at 1-800-343-8496.

Rights and Responsibilities of the Bank

The Bank's treatment of each Debit, and the Bank's rights with respect to it, shall be the same as if it was signed or initiated by the Account Holder. If any Debit is not honored for any reason, the Bank will not be under any liability. The amount of future Debits can be changed and the Bank need not require a new agreement if the amount of such Debit varies from prior transactions.

SECTION 6 - How to submit this form

Mail:

MetLife
P. O. Box 10366
Des Moines, IA 50306-0366

Express mail only:

4700 Westown Pkwy, Ste 200
West Des Moines, IA 50266

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