

## Claimant's affidavit

Use this form to help us determine the payee(s) of claim proceeds under the terms of the life insurance plan.

Metropolitan Life Insurance Company

### Things to know before you begin

- The person completing this form is the "Affiant."
- If you are a surviving child, parent or sibling of the Insured, include yourself in the appropriate section below.
- After our review of this form, we will send a claim form to the appropriate party/parties.
- We may require additional documentation after the review of the claim is complete.
- If MetLife determines you are a payable party for the benefits, we will use this form to process your claim.
- Please complete this form to the best of your ability, and have your signature witnessed by a notary public.



Please be sure to return the completed affidavit, including the signed signature page.

### SECTION 1: About Affiant *(The person completing this form)*

Tell us in what capacity you're making a claim *(check one)*:

☐ Individual beneficiary or ☐ Representative of an estate

First name

Middle name

Last name

Address

City

State

ZIP

Phone number

Relationship to the Deceased

Social Security number

Date of birth *(mm/dd/yyyy)*

### SECTION 2: About the Deceased

First name

Middle name

Last name

Social Security number

Claim number *(if known)*

Employer/Association name

### About the Deceased's spouse(s)

How many times was the Deceased married? \_\_\_\_\_

#### Previous Spouse/Domestic Partner/Civil Union Partner

1. First name

Middle name

Last name

Current spouse

☐ Yes ☐ No

How was marriage terminated

☐ Death ☐ Divorce/Annulment

Date of termination *(mm/dd/yyyy)*

2. First name


Middle name

Last name

Current spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	How was marriage terminated <input type="checkbox"/> Death <input type="checkbox"/> Divorce/Annulment	Date of termination (mm/dd/yyyy)
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3. First name	Middle name	Last name
Current spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	How was marriage terminated <input type="checkbox"/> Death <input type="checkbox"/> Divorce/Annulment	Date of termination (mm/dd/yyyy)

### About the Deceased's widow or widower

First name	Middle name	Last name
Address	City	State  ZIP
Phone number	Date of birth (mm/dd/yyyy)	




### About the Deceased's natural and legally adopted children, living or deceased

Did the Deceased have any natural or legally adopted children? ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

List their names and other information below.

#### Child

1. First name	Middle name	Last name
Address	City	State  ZIP
Date of birth (mm/dd/yyyy)	Phone number	Year of death (if applicable)
Social Security (if available)		
2. First name	Middle name	Last name
Address	City	State  ZIP
Date of birth (mm/dd/yyyy)	Phone number	Year of death (if applicable)
Social Security (if available)		
3. First name	Middle name	Last name
Address	City	State  ZIP
Date of birth (mm/dd/yyyy)	Phone number	Year of death (if applicable)
Social Security (if available)		
4. First name	Middle name	Last name

Address		City	State	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	Social Security (if available)

**Note:** If additional space is needed, please use an additional plain sheet of paper

### About the Deceased's estate

- Has a court issued, or is it expected to issue, a document appointing an executor or administrator of the decedent's estate?  
☐ Yes    ☐ No
- If no, I certify that there has not been nor is there expected to be any executor or administrator or other representative appointed for the insured's estate.



**If there is a surviving spouse or surviving children, you do not need to complete the next two questions in this section. Please continue to Sections 3 and 4.**

### About the Deceased's parents, living or deceased

Was the Deceased survived by parents? ☐ Yes    ☐ No

If yes, how many? \_\_\_\_\_

List their names and other information below.

#### Parent

1. First name	Middle name	Last name		
Address		City	State	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	
2. First name	Middle name	Last name		
Address		City	State	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	



**If there are surviving parents, you do not need to fill out *About the Deceased's siblings, living or deceased* of this section. Please continue to Sections 3 and 4.**





### About the Deceased's siblings, living or deceased

Was the Deceased survived by siblings? ☐ Yes    ☐ No

If yes, how many? \_\_\_\_\_

List their names and other information below.

**Sibling**

1. First name	Middle name	Last name		
Address		City	State 	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	
2. First name	Middle name	Last name		
Address		City	State 	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	
3. First name	Middle name	Last name		
Address		City	State 	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	
4. First name	Middle name	Last name		
Address		City	State 	ZIP
Date of birth (mm/dd/yyyy)		Phone number	Year of death (if applicable)	

**Note:** If you need additional space, please use an additional plain sheet of paper

**Continue to Sections 3 (Fraud Warnings), 4 and 5.**

## State Specific Fraud Warnings – Group Product Claim Forms

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### Fraud Warnings

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

**Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**Arizona:** For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware:** 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.

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Idaho, Indiana and Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or

deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Kansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

**Kentucky:** 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.

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

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

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

**Oregon:** Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

**Pennsylvania and all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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.

**Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Vermont:** Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

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

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## SECTION 4: Tell us how you want to receive your claim payment

### Check one:

- ☐ You'd like us to put your payment into a Total Control Account that we'll open for you.
- ☐ You'd like to receive a check for your payment.
- For more information about the Total Control Account, please read "About the Total Control Account."
- Keep in mind that once you receive a check you cannot get a Total Control Account.
- If your payment is less than \$5,000, or you are not a U.S. citizen or resident for tax purposes, we will automatically pay you by check.
- If you do not select a payment option, in most states you will receive a Total Control Account, unless MetLife is required by state law, rule or regulation to pay you by check.
- **If MetLife determines you are a payable party for the benefits, we will use this form to process your claim.**

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## SECTION 5: Certifications and signature

By signing below, I acknowledge:

1. All information I have given is true and complete to the best of my knowledge and belief.
2. I understand that payment of the Plan proceeds is based on the information I have supplied.
3. I also understand and agree that payment of the proceeds of the insured's group life insurance coverage under the Plan will be issued to the designated beneficiary(ies). If the insured did not designate a beneficiary, the proceeds are payable in accordance with the Beneficiary provision of the group plan.
4. I have read the applicable Fraud Warning(s) provided in this form.

Under the penalties of perjury I certify:

1. That the number shown as my Social Security Number or Tax Identification Number in "Section 1: About Affiant" above is my correct taxpayer identification number, and
2. That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen, resident alien, or other U.S. person\*, and
4. I am not subject to FATCA reporting because I am a U.S. person\* and the account is located within the United States.

*(Please note: You must cross out Item 2 above if the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest or dividend income on your tax return.)*

*\*If you are not a U.S. Citizen, a U.S. resident alien or other U.S. person for tax purposes, please cross out items 3 and 4 above, and complete and submit form W-8BEN (individuals) or W-8BEN-E (entities).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must complete this certification to avoid 24% withholding with respect to taxable amounts.



### Did you remember to...

- ✓ Provide the requested information for any surviving relative(s) listed on the form?
- ✓ Cross out and initial any mistakes you made?
- ✓ Attach any additional required documentation?

**Reminder:** You must sign this form in the presence of a notary public.

**New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

<b>Sign Here</b>	Affiant Signature _____	Date (mm/dd/yyyy) _____
	Sworn to and subscribed before me this _____ day of _____ in the year _____ (yyyy)	
Notary Public _____		My commission expires (mm/dd/yyyy) _____

## SECTION 6: How to submit this form

Unless you have been advised of different instructions by the administrator/employer, return this signed claim form and the documents you've checked off above in the envelope included with this package, or mail/fax them to:

**Mail:**

MetLife Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505-6100

**Email:**

[Lifecclaimssubmit@metlife.com](mailto:Lifecclaimssubmit@metlife.com)

**Fax:**

1-570-558-8645



If emailing, please be advised:

Accepted document types: Word Document, PDF and JPEG.

Maximum single attachment size: 20MB

Maximum email size: 25MB

Encrypted emails cannot be accepted.



If faxing, please remember to fax both front and back sides of the signed claim form. Allow two (2) hours for documents to be received.

Please note: Most claims are reviewed within five (5) business days.

### We're here to help

If you have questions, or need help preparing your claim, call us at 1-800-MET-6420 (1-800-638-6420), then press 2. Our Customer Service Center is open Monday through Thursday, 8:00 a.m. to 8:00 p.m. EST, and Friday 8:00 a.m. to 5:00 p.m. EST.



# Providing you with security and confidence to manage your insurance proceeds — Total Control Account®

MetLife's Total Control Account® (TCA) can reduce the worry of having to make financial decisions while grieving the loss of a loved one. We pay the full amount owed to you by placing the proceeds from your life insurance claim into the TCA to provide you the time you need to best decide how to use your funds. TCA is comparable to an interest-bearing checking account, but it's so much more...

## Benefits of your TCA:



### Immediate access to funds

- Earn interest from day one
- Guaranteed minimum interest of 0.50%<sup>1</sup>
- No need for a separate bank account



### Simple and flexible

- Fee-free Visa debit card/ATM card
- Ability to link to popular payment apps/services such as PayPal®, Venmo® or Square Cash<sup>SM</sup>
- Transfer funds from your TCA at any time without fees through ACH and bank to bank wires



### Valuable account features

- No monthly maintenance or service fees\*
- No ATM fees or charges for writing drafts, reordering drafts or making withdrawals

\* Special services fees may apply only for the following: draft copies (\$2), stop payment of drafts (\$10), overdrawn TCA (\$15), and overnight delivery service (\$25.)



### Ongoing support and service

- Dedicated US-based customer service team
- View current balances, recent statements and transactions any time via our online portal

## Easy to set up and manage:

### STEP 1 File your claim and receive proceeds

Once your claim is approved, MetLife will place the insurance proceeds into the new TCA account and send out an informational TCA Welcome Kit immediately.

### STEP 2 Access funds easily

Access your insurance proceeds immediately through either the TCA Visa debit card or by writing a draft. You can use your TCA debit card at the ATM, with PayPal, Venmo or Square Cash. With your TCA debit card, there's no minimum transaction amount and any fees you incur using your TCA debit card are credited right back to your account! If you prefer drafts, you can access your funds in any amount of \$250<sup>2</sup> or more. You can use your TCA account to pay your bills online or by phone and even set up recurring payments for things like your mortgage, car payment, gym membership and more!

### STEP 3 Manage your account

Receive monthly account statements<sup>3</sup>. You can also designate a beneficiary for your new TCA account, as well.

## Other important information

- You can use a single draft to access the entire amount, including interest, in the TCA at any time or several drafts for smaller amounts (*as little as \$250*). There are no limits on the number of drafts you can write. Processing time is similar to check processing.
- Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The assets backing TCAs are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCAs and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to the Total Control Account will never fall below the guaranteed minimum rate on your welcome guide.
- While your TCA is similar to a checking account, it is a draft account not a bank account. Your Total Control Account is backed by the financial strength of MetLife. While the funds in your account are not insured by the Federal Deposit Insurance Corporation, they are guaranteed by your state insurance guarantee association. The coverage limits vary by state. Please contact the National Organization of Life and Health Insurance Guaranty Associations ([www.NOLHGA.com](http://www.NOLHGA.com) or 703-481-5206) to learn more. **FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.**
- The interest rate on your account is set weekly and will always be the greater of the guaranteed rate stated in your TCA package, or the rate established by one of two indices monitored by MetLife. We calculate interest daily and compound it, so you earn interest on your interest. The interest is added to your account monthly.
- The interest earned may be taxable.
- If there is no activity on your account for a period of time (typically three years, but this may vary by state), state regulations may require that we contact you at the address we have on file. If we aren't able to reach you, we may be required to close your account and transfer the funds to the state.
- A beneficiary may be designated if no designation has previously been made.
- We may limit or suspend your access to the funds in your account if we suspect fraud or if there was an error in opening your account.
- We use the services of The Bank of New York Mellon, 701 Market Street, Philadelphia, PA 19106, for Total Control Account recordkeeping and draft clearing.
- You may move all or a portion of your Account balance into any other settlement option for which you then qualify, provided your Account balance is above the \$250 minimum balance requirement.
- A TCA generally is not available if the proceeds are less than \$5,000, you reside in a foreign country, or if the applicant is a corporation or similar entity.
- We may receive investment earnings from operating the Total Control Account. The performance results of any investments we make do not affect the interest rate we pay you.
- We recommend you consult a tax, investment, or other financial advisor regarding tax liability and investment options.
- To learn more about TCA, please call us at 800-638-7283 or write us at Metropolitan Life Insurance Company, Total Control Account, PO Box 6300, Scranton, PA 18505-6300.

<sup>1</sup>Refer to your Customer Agreement for more details.

<sup>2</sup>Processing time is similar to check processing.

<sup>3</sup>If your account has no activity, we'll send you a statement once every three months. Each statement, whether monthly or quarterly, will include the current account balance, the interest credited, any drafts written, and any other account activity.

MetLife Services and Solutions, LLC provides administrative services for Total Control Accounts (TCAs), Guaranteed Interest Certificates (GICs), and Minor on Deposit Accounts (MODAs) established in connection with policies issued by Metropolitan Life Insurance Company (MLIC), certain of MLIC's insurance company affiliates, and certain non-affiliates.