

Absolute Assignment Pursuant to a Viatical Settlement

With Waivers and Consents

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

Group Life Insurance Pro	gram ("Program") of	Employer/Policyholder				
Insured's Social Security						
Insured's Address			hone Number			
Group Policy No.			"Certifica			
Has a Continued Protection		•				
	Spouse Waiver for Assig					
Please Read the Following The spouse of the assigned his/her spouse, AND the Arizona, California, Idaho,	or should sign below IF the assignor is a resident o	f one of the followin	g community pro	operty jurisdictior		
I, spouse of the assignor, property rights in and to th			and release any	and all commun		
Name of Spouse	Signa	ture of Spouse		Date		
l Hereby Assign To						
I Hereby Assign To	of Assignee		Assignee Phone Numbe	r		
Address of Assignee: Street	C	ty	State	Zip Code		
and Assignee's assigns, al the insured's group life in requisite contributions for th insurance on the insured's to elect any available settle under the insurance policy company providing insurar Employer.	surance under the Progr ne coverage under said Pr life, the right, to the exter ment option. This assignn (policies) and any replaced	am, including but no ogram, the privilege o nt permissible to chan nent relates to the exi- ment or substitute pol	ot limited to: the of obtaining an ind age the beneficia sting coverages icy of the same o	right to make a dividual policy of l ry(ies) and the rig now being assign or another insuran		
Sign your name only by the	line of coverage(s) you in	tend 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				
Voluntary Accidental Death and Dismem	berment Insurance, if any	Survivor Monthly Income Be	nefits, if any			
It is understood and agree sufficiency of this assignn accepted by the Program a	nent and that the assignr					
Dated at	in the State of	this	day of	,		
City	State	Day	Mo	onth Year		

Name of Assignor /Owner

Name of Witness

Signature of Assignor /Owner

Signature of Witness

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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 sha	ares must eo	qual 100%)		<u></u>				
Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	SSN	Phone Number	Address (Street, City, State, Zip Code)	Share Percentage			
because of the insured's de assignee's estate if the assign It is understood and agreed t benefits if the Group Policy designation and that in such Group Policy, this assignment	hee is not liv hat this desi providing event the Si	ing at the ir gnation wil for such b urvivor life	nsured's de I in no way enefits ma	eath. y apply in akes no µ	respect of any Survivor lif provision whatever for a	fe insurance beneficiary			
Name of Assignee /Owner				Signature of Assignee /Owner					
Waivers and Consents With respect to this assignment only, the Group Policyholder and MetLife hereby (1) waive with respect to the Group Policy and certificate, any provision therein against assignment for the above referenced coverage(s), and (2) consent to this assignment and to the exercise by the assignee of all of the aforesaid right, title, interest and incidents of ownership.									
To Be Completed By			To Be Completed By						
The Group Policyholder (Must be signed by an officer)				MetLife (Must be signed by an officer)					
Name of Group Policyholder			Metropolitan Life Insurance Company						
Ву			Ву						
Title			Title						
Date			Date	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 signs and dates the form.
- ► This form only applies to coverages insured by MetLife.
- ► MetLife will only process assignments to licensed viatical settlement providers in accordance with applicable state law.
- 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 gift provisions of the policy will not be waived for collateral assignments.
- The following definitions may be helpful in completing your assignment form.

Assignor/Owner:

An individual or entity who absolutely assigns all right, title, interest and incidents of ownership of an insured's life insurance coverage. The assignor is the owner of the coverage.

Viator:

In general, an assignor who is a terminally ill or chronically ill insured who absolutely assigns all right, title, interest and incidents of ownership of his/her life insurance coverage to a viatical settlement provider. A viator is a type of assignor.

Assignee:

The individual or entity to whom a transfer of all right, title, interest and incidents of ownership of an insured's life insurance coverage is made. For a viatical assignment, the assignee is the viatical settlement provider. For a viatical reassignment, the assignee may be an individual, entity, or another viatical settlement provider.

Viatical Settlement Provider:

The person, or entity, that pays the viator/assignor a discounted amount of the life insurance benefit.

Viatical Assignment:

A viatical assignment is made when a viator absolutely assigns all right, title, interest and incidents of ownership of his/her life insurance benefit to a viatical settlement provider. The viatical settlement provider pays the insured a discounted amount of the life insurance benefit.

Viatical Reassignment:

A viatical reassignment (i.e., an assignment of previously viaticated coverage) is made when the viatical settlement provider, as the assignor/owner of the life insurance coverage, absolutely <u>reassigns</u> all right, title, interest and incidents of ownership of the insured's life insurance coverage to an individual, entity, or another viatical settlement provider.

General Information on Viatical Licensure:

Many states require viatical settlement providers to be licensed and to provide certain disclosures to persons who are considering assigning their benefits to such providers.

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.