



403(b) Hardship Withdrawal Request Form

(Including "Safe Harbor" Hardship Rules)

Because 403(b) withdrawal rules are complex, please read Instructions before completing this form.

1. GENERAL INFORMATION (Complete all applicable items.)

Participant Name (First, Middle & Last)	Social Security Number	Contract/Certificate Number
Street Address	Marital Status _____ Sex: ___ Female ___ Male	U.S. Citizenship Status ___ U.S. Citizen ___ U.S. Resident Alien ___ Nonresident Alien
City, State & ZIP Code	Daytime Phone Number	
Employer Name	Employer Group Number	

2. REASON FOR HARDSHIP WITHDRAWAL (Check all applicable boxes. You must provide documentation showing evidence of hardship to Plan.)

- A. Medical expenses described under Code 213(d) incurred or anticipated to be incurred by the employee, the employee's spouse or dependent. This is for all deductible medical expenses – not just the amount that actually exceeds 7.5% of adjusted gross income.
- B. Purchase (excluding mortgage payments) a principal residence of the employee.
- C. Tuition and related educational fees for the next 12 months for post-secondary education for the employee, spouse, children or dependents.
- D. Payment to prevent eviction from the employee's primary residence or foreclosure on the mortgage on the employee's primary residence.
- E. Funeral expenses of parents, spouse, children or dependent.
- F. Certain expenses relating to the repair of damage to the employee's principal residence that would qualify for the casualty deduction, such as those resulting from hurricane or flood damage.
- G. Other reason permitted under Plan and Internal Revenue Code _____.

3. NET AMOUNT OF WITHDRAWAL

Indicate the amount you need to satisfy your hardship: \$ _____. (The net amount of withdrawal you are requesting must be a specific dollar amount. If you write "maximum available amount" or a similar expression without a dollar amount, we cannot process your request. Your contract/certificate value will be reduced by this amount plus any applicable federal/state tax withholding. A \$500 minimum may apply based on contract provisions.)

If you have elected a living benefit rider, please note that the withdrawals could negatively impact the benefits under this rider. Please refer to your prospectus for details.

4. SOURCE OF WITHDRAWAL (Optional)

Distributions will be automatically prorated against all funding and money type options unless you specify otherwise. Do not complete if you own a fixed annuity.

- Complete section below if you wish to have the distribution taken from specific sources by indicating the fund and/or money type along with the percentage and/or dollar amount.
- Write percentages in whole numbers (e.g., 33%, not 33 1/3%).

Funding/Money Type Options	Percentage or Dollar Amount	Funding/Money Type Options	Percentage or Dollar Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL of both columns			100% and/or \$

5. FEDERAL INCOME TAX WITHHOLDING INSTRUCTIONS

The taxable part of your hardship withdrawal will be subject to 10% Federal income tax withholding unless you elect not to have withholding apply, or elect to have more than 10% withheld below. If you elect no withholding, or if you elect withholding and you have insufficient Federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are insufficient. Even if you elect no Federal income tax withholding, you are responsible for Federal income tax on the taxable part of this withdrawal. You may also owe an additional 10% penalty tax to the IRS if you have not yet reached age 59½.

- A. Do not withhold Federal income tax on the taxable part of my withdrawal.
- B. Other _____% (greater than 10%)

6. STATE INCOME TAX WITHHOLDING INSTRUCTIONS (Complete only if applicable.)

Some states require MetLife to withhold state income tax if we withhold for Federal income tax. MetLife will calculate the amount of withholding for you. In some of these states, you may ask for no state income tax withholding (even though you requested or we are required to withhold for Federal income tax) or you may specify the amount you want withheld. In other states, no state income tax withholding will apply unless you indicate the amount you want withheld for state income tax.

- A. Do NOT withhold for state income tax.
- B. Withhold _____% for state income tax.

7. PAYMENT INSTRUCTIONS

- Send check to the address listed in Section 1 above.
- Send check to the following address:

Address: _____ City: _____ State: _____ ZIP: _____

Special Mailing Instructions: _____

8. PARTICIPANT STATEMENT & SIGNATURE

I certify the amount of withdrawal requested above is not more than the amount I need to relieve my financial hardship and, if applicable, to cover the resulting taxes. I understand the law prohibits my withdrawal if my need may be satisfied from other resources reasonably available to me. I certify my hardship cannot be satisfied:

- through reimbursement or compensation by insurance or otherwise;
- by reasonable liquidation of my assets;
- by other distributions (including distributions of amounts rolled over to my 403(b) annuity) or nontaxable loans available from this and any other plans of my Employer;
- by stopping my voluntary pre-tax and after-tax contributions (if any) to this and any other plans of my Employer for at least 6 months (or for ERISA Plans, the length of time required under the Plan) after receiving this withdrawal;
- by borrowing from commercial sources on reasonable commercial terms; or
- by the assets of my spouse or minor children which are reasonably available to me.

I certify that the amount I have requested does not exceed my elective deferrals to the Plan.

I certify that I have provided documentation showing evidence of the hardship reason(s) indicated in Section 2 to my Plan Administrator/Authorized Representative.

I understand MetLife (and if my plan is an ERISA Plan, my Employer or Plan Administrator) makes no warranty or representation regarding the tax consequences, if any, resulting from my hardship withdrawal. I understand that in determining my eligibility for this withdrawal, MetLife is relying on my Employer or Plan Administrator/Authorized Representative.

I understand and agree that salary reduction contributions to all plans of my employer must be suspended for at least six (6) months after the financial hardship distribution.

I understand that if I have a variable annuity with an outstanding loan, my contract/certificate must have an amount in the Fixed Interest Account equal to 115% - 125% of the gross loan amount as applicable to my contract/certificate. On the day MetLife receives my hardship withdrawal request in good order, funds from the Separate Account investment divisions will be transferred to the Fixed Interest Account to satisfy this requirement if my contract/certificate does not have 115% - 125%, as applicable, of the gross loan amount requested in the Fixed Interest Account. The funds transferred from the Separate Account investment divisions will be in proportion to the current allocation of funds to the Separate Account investment divisions within my contract/certificate on the day MetLife receives my hardship withdrawal request in good order.

I certify all of the information I have provided is true, accurate and complete to the best of my knowledge.

Participant Signature: _____ Date: _____

9. PLAN INFORMATION AND PLAN ADMINISTRATOR/AUTHORIZED REPRESENTATIVE OR EMPLOYER STATEMENT & SIGNATURE

A) Complete for ERISA Plans only:

Participant is _____% vested. The Plan makes the following contribution types available for this withdrawal in the priority order listed below:

1. _____ Employee Rollovers into the Plan
2. _____ Pre-1989 Employee Voluntary Pre-Tax contributions (and their pre-1989 earnings) not subject to 403(b)(7) withdrawal restrictions
3. _____ Employee After-Tax Contributions not subject to 403(b)(7) withdrawal restrictions
4. _____ Employer Matching Contributions not subject to 403(b)(7) withdrawal restrictions
5. _____ Employer Basic Contributions not subject to 403(b)(7) withdrawal restrictions
6. _____ Employee Mandatory Contributions (i.e., pre-tax contributions made as a result of an irrevocable election or as a condition of employment) not subject to 403(b)(7) withdrawal restrictions
7. _____ Any of contribution types 3–6 checked above made before 1989 and subject to 403(b)(7) withdrawal restrictions (but not their post-1988 earnings)
8. _____ Pre-1989 Employee Voluntary Pre-Tax contributions (and their pre-1989 earnings) that are subject to 403(b)(7) withdrawal restrictions
9. _____ Post-1988 Employee Voluntary Pre-Tax contributions (but not their earnings)

Note: Write "N/A" if a contribution type is already available for in-service distributions without having to meet the hardship withdrawal requirements, is not available for hardship withdrawals, or does not apply. If contribution types 7–9 are available for hardship withdrawals, they must be accessed last.

B) For both Non-ERISA and ERISA Plans:

I certify this withdrawal is permissible under the terms of the Plan and I have been provided documentation showing evidence of the hardship reason(s) indicated in Section 2. The participant has already received all loans or other distributions for which he/she qualifies. I also certify contributions will be stopped for at least 6 months (or the length of time required under the Plan) after the hardship withdrawal. I hereby approve this withdrawal request.

Plan Administrator/Authorized Representative Signature: _____ Date: _____

Employer Signature (if applicable): _____ Date: _____

SEE NEXT PAGE FOR QJSA WAIVER AND SPOUSAL CONSENT (SECTION 10).

10. ANNUITY INFORMATION, QJSA AND NOTICE WAIVER, AND SPOUSAL CONSENT

Note: This section applies ONLY if your Employer's plan includes a qualified joint and survivor annuity ("QJSA") provision.

Qualified Joint and Survivor Annuity. The law or your Employer's plan requires that your vested Plan Account Balance be paid in the form of a qualified joint and survivor annuity ("QJSA") unless you and (if you are married) your spouse elect a different payment alternative. The QJSA is an annuity payable to you for your lifetime and, upon your death, an annuity payable to your spouse for his or her lifetime. The amount of each annuity payment to your spouse will equal at least 50% of the annuity payment made to you. If you are not married or your spouse does not survive you, the payments under the QJSA will stop at your death. For more information concerning the amount of each payment and other terms of the QJSA, see the Plan Administrator or your Employer.

You may waive your right to have your vested Plan Account Balance paid in the form of a QJSA. If you are married and the distribution exceeds \$5,000, your spouse must consent to this waiver in order for it to be valid. You (and your spouse) may do this by completing items A. and B. below. If you make such a waiver, all or part of your vested Plan Account Balance will be paid in accordance with your hardship withdrawal election above.

A. Waiver of Annuity and Minimum Notice Period. I waive any right to claim that the part of my vested Plan Account Balance payable as a result of this hardship withdrawal request be paid in the form of a QJSA. I request that my vested Plan Account Balance instead be paid to me in accordance with my election in Section 5 above. This waiver does not affect the payment of the remainder of my vested Plan Account Balance as a QJSA. I consent to an immediate distribution of the elected part of my vested Plan Account Balance. I affirmatively waive any unexpired part of the minimum 30-day notice period during which I may consent to a distribution from the Plan.

Participant Signature: _____ Date: _____

B. Spousal Consent*. (This section must be completed if the Participant is married and the distribution amount exceeds \$5,000.) I, the Participant's spouse, have received and understand the information provided above. I voluntarily consent to the payment election and above **Waiver of Annuity** completed by my spouse, the Participant. I understand the law requires my spouse's Plan Account Balance be paid as an annuity (called a qualified joint and survivor annuity) that will pay lifetime benefits to me if I survive my spouse. I may, but am not required to, waive my rights to this annuity. My spouse's election to not receive his or her Plan Account Balance in the form of the qualified joint and survivor annuity is not valid unless I consent to such election. By signing this Consent, I forever waive my rights to the annuity for this part of my spouse's Plan Account Balance.

Spouse Signature: _____ Date: _____

Notarization of Spouse's Signature

STATE OF _____

COUNTY OF _____

The undersigned Notary Public certifies that _____, personally known to me to be the same person whose name is subscribed to the foregoing document, appeared before me in person, and acknowledged the signature and delivery of this instrument as his or her free and voluntary act, for the uses and purposes therein set forth.

Notary Public Signature: _____ Date: _____

Print Name of Notary: _____ My Commission Expires: _____

OR

Plan Administrator/Authorized Representative Witness

The undersigned, with authority to act on behalf of the Plan, certifies that _____, the Participant's spouse, appeared before me in person, and executed the foregoing document freely and voluntarily.

Plan Administrator/Authorized Representative Signature: _____ Date: _____

** If spousal consent is required but cannot be obtained, this form must be accompanied by an affidavit completed by the participant and approved by the Plan Administrator. The affidavit must state that spousal consent is not needed or cannot be obtained because: (1) the participant's spouse cannot be found; or (2) the participant is legally separated from or has been abandoned by the spouse (within the meaning of local law) and has a court order to such effect and no qualified domestic relations order exists that requires spousal consent to this withdrawal.*

Instructions

WHO MAY USE THIS FORM

If you are a participant, use this form to request a hardship withdrawal from your 403(b) annuity (also known as a tax-sheltered annuity or "TSA") if you participate in either a voluntary non-ERISA 403(b) program or in an employer-sponsored 403(b) Plan that follows the 401(k) "deemed" or "safe harbor" hardship withdrawal rules. (An employer-sponsored plan is a 403(b) ERISA plan or a church or governmental 403(b) plan operating under a written plan document and/or providing employer contributions.) If you are 59½ or older or have separated from service, you may not be eligible for a hardship withdrawal under the Plan's rules and may instead need to use the *403(b) Withdrawal Request Form*. Do not use this form if you are an alternate payee or beneficiary.

Please note that a hardship withdrawal may incur certificate withdrawal charges. If your certificate is for a two-tiered annuity, a hardship withdrawal will cause a loss of upper-tier interest.

These instructions summarize MetLife's understanding of tax rules that may apply to your hardship withdrawal. Tax rules are complex and may contain conditions and exceptions not included in these Instructions. MetLife does not offer these Instructions as tax advice, and you may not rely upon any statement therein as such. Consult your tax advisor and/or retirement planner before you request a withdrawal.

For more specific information on the tax treatment of payments from tax-qualified retirement plans, see Internal Revenue Service ("IRS") Publication 571, *Tax-Sheltered Annuity Plans*, Publication 575, *Pension and Annuity Income*, and Publication 590, *Individual Retirement Arrangements*. These publications are available from your local IRS office or by calling 1-800-TAX-FORM (1-800-829-3676).

TSA WITHDRAWAL RESTRICTIONS AND PENALTIES

IRS rules restrict when you may make withdrawals from your TSA or 403(b)(7) custodial account. Your employer's plan may include provisions in addition to the IRS restrictions below that further restrict your ability to make withdrawals before you have a severance from employment.

	IRS 403(b) Withdrawal Restrictions		
	Restricted	Restricted But Available for Hardship	Unrestricted
	Other than for hardship, amounts below are eligible for withdrawal only after participant's age 59½, severance from employment, death, or disability:	Subject to certain conditions, amounts below are available for hardship before participant's age 59½, or severance from employment:	Amounts below are generally eligible for withdrawal at any time:
403(b) Annuity ("TSA")	<ul style="list-style-type: none"> • Post-1988 earnings on your voluntary pre-tax contributions from before 1989; • Your post-1988 voluntary pre-tax contributions and their earnings; and • Amounts you or your employer contributed to a 403(b)(7) custodial account and that you later directly transferred under Revenue Ruling 90-24 to your TSA. 	<ul style="list-style-type: none"> • Your post-1988 voluntary pre-tax contributions, but not their earnings. • You and your employer's pre-1989 contributions and their pre-1989 earnings that you directly transferred to the TSA under Revenue Ruling 90-24 from a 403(b)(7) custodial account. 	<ul style="list-style-type: none"> • Your voluntary pre-tax contributions from before 1989 and their pre-1989 earnings; • Your pre-tax contributions made as a result of an irrevocable election or as a condition of employment and their earnings; • Your after-tax contributions plus their earnings; • Your employer's contributions and their earnings; and • The above amounts that you transferred to your TSA from another TSA (other than a section 403(b)(7) custodial account; and • Eligible rollover distribution amounts you rolled to your TSA from another TSA, a 403(b)(7) custodial account, an IRA, a Section 401(a) or 403(a) plan, a governmental 457(b) plan, and their earnings.
403(b)(7) Custodial Account	<ul style="list-style-type: none"> • All amounts. 	<ul style="list-style-type: none"> • Your post-1988 voluntary pre-tax contributions, but not their earnings; and • Your and your employer's pre-1989 contributions and their pre-1989 earnings. 	No amounts.

Hardship Withdrawals

IRS "safe harbor" rules require that hardship withdrawals satisfy the following conditions:

- You must have an immediate and heavy financial need. Withdrawals you make for any of the reasons listed in Section 2 of the form are deemed to satisfy the immediate and heavy financial need condition.
- The amount you request must not exceed the amount you need to relieve the need (plus reasonably anticipated income taxes or penalties). You must also have exhausted all other resources reasonably available to you. This includes withdrawing from your TSA or 403(b)(7) custodial account IRS unrestricted amounts or requesting a loan.
- Your hardship withdrawal will be subject to 10% Federal income tax withholding unless you elect no withholding. Depending on your state of residence, your hardship withdrawal may be subject to state income tax withholding.

Your employer's 403(b) plan may also apply the first two conditions above to withdrawals of IRS unrestricted amounts you make before severance from employment. If you participate in such a plan, a hardship withdrawal of such amounts will be subject to 10% Federal income tax withholding, unless you elect no withholding. State income tax withholding may also apply.

You may **not** roll over a hardship withdrawal from a TSA or a 403(b)(7) custodial account to any other type of plan or IRA.

Premature Withdrawal Penalty

A 10% IRS penalty tax applies to withdrawals of any amounts from TSAs and 403(b)(7) custodial accounts unless the withdrawals are made:

- After you reach age 59½;
- After you die;
- Because of your permanent and total disability;
- As part of a series of substantially equal periodic payments for your life or life expectancy or for the joint lives or joint life expectancies of you and your designated beneficiary, if payments begin after you separate from service;
- After you separate from service in or after the year you reach age 55;
- To an alternate payee under a qualified domestic relations order;
- In an amount that does not exceed your allowable medical care deduction under Internal Revenue Code ("IRC") Section 213;
- To remove certain excess amounts; or
- Because of an IRS levy.

HOW TO COMPLETE THE FORM

1 General Information

You must complete this section of the form to ensure accurate processing.

2 Reason for Hardship Withdrawal

Check the appropriate box(es) to indicate the reason for this hardship withdrawal. For box A, "medical care" and "unreimbursed medical expenses" must meet the definition provided in IRC Section 213(d). (This is the same definition that you use in figuring a deduction for medical expenses on Schedule A of IRS Form 1040. See IRS Publication 502, *Medical and Dental Expenses*, for further information.)

For boxes A, C and E, "dependent" is any individual defined in IRC Section 152 and includes any of the following individuals over half of whose support, for the calendar year in which your taxable year begins, was provided by you:

- Your son or daughter, or a descendant of either;
- Your stepson or stepdaughter;
- Your brother, sister, stepbrother, or stepsister;
- Your father or mother, or an ancestor of either;
- Your stepfather or stepmother;
- The son or daughter of your brother or sister;
- The brother or sister of your father or mother;
- Your son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law; or
- An individual who, for your taxable year, has your home as his principal place of residence and is a member of your household.

Included in the definition of "dependent" is any child you legally adopted, for your taxable year, if the child has your home as his/her principal place of abode and is a member of your household, and you are a citizen or national of the United States. The term "dependent" does not include any individual who is not a citizen or national of the United States unless such individual is a resident of the United States or a country contiguous to the United States.

3 Net Amount of Withdrawal

Write in the dollar amount you need to receive to satisfy your hardship and that you cannot obtain from other resources. If the amount you request is unavailable because of the application of IRS or Plan withdrawal restrictions, surrender charges, or income tax withholding, we will send you the maximum amount available from your account/certificate. The minimum hardship withdrawal amount is \$500, except for VestMet contracts (\$250 minimum for withdrawals from Separate Account divisions or \$1,000 minimum for withdrawals from the Fixed Interest Account) and AAA contracts (\$1,000 minimum). Hardship withdrawals are not available from FPPA and FPPC contracts issued before 1974. Review your account/certificate and/or the prospectus to determine the minimum amount you must leave in your account/certificate to keep it open after a partial withdrawal is processed.

We will withdraw from your account/certificate more than the net amount you request if: (1) administrative and/or surrender charges apply to this withdrawal; (2) we are required to or you ask us to withhold Federal income taxes; or (3) we must withhold state or local income taxes. (See Sections 5 and 6 of the form for additional information on income tax withholding.)

If you have an outstanding loan, 115% – 125% of your outstanding loan balance must remain in your annuity as loan collateral and is not available for hardship withdrawals. Please refer to your contract/certificate to determine the applicable percentage.

4 Source of Withdrawal

This section does not apply if you are making a hardship withdrawal from a fixed annuity.

If you are making a hardship withdrawal from a variable annuity, you may tell us the names of the funding options from which we are to take the withdrawal and the percentage applicable to each. (The distribution will be automatically prorated against all funding options if the percentages are not completed or funds are not available in the funding options you choose.) The percentages must be whole numbers that total 100%. If you have an outstanding loan, 115% – 125% of your outstanding loan balance must remain in the Fixed Interest Account as loan collateral and is not available for hardship withdrawals. Please refer to your contract/certificate to determine the applicable percentage.

5 Federal Income Tax Withholding Instructions

10% Federal income tax withholding will apply unless you check one of the boxes in this section. If you are a U.S. citizen or resident alien and you provide a delivery address outside the U.S. or its possessions, you may not waive the 10% federal income tax withholding. If you are a nonresident alien, you must provide a completed IRS Form W-8BEN to certify your foreign status. To claim reduced withholding under a tax treaty, you must also provide an IRS Individual Taxpayer Identification Number ("ITIN"). If there is no applicable tax treaty or you do not provide an ITIN, we will automatically withhold 30% of the taxable amount for federal income tax. If you do not provide an ITIN, you must provide an updated W-8BEN every three years. If you are a nonresident alien requesting payment through a "qualified intermediary," the qualified intermediary must complete IRS Form W-8IMY.

6 State Income Tax Withholding Instructions

In the following states, state income tax must be withheld when Federal income tax is withheld: Delaware, Iowa, Kansas, Massachusetts, Maine, North Carolina, Oklahoma, Virginia, and Vermont. In California and Oregon, we will withhold for state income tax unless you tell us not to. MetLife will calculate the amount of withholding for you if you live in one of these states.

We will withhold the amount you tell us to withhold in the following states: Alabama, Arkansas, Colorado, Connecticut, District of Columbia, Georgia, Idaho, Indiana, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, North Dakota, Nebraska, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, Wisconsin, and West Virginia.

In Mississippi, we will withhold for state income tax unless your payment is made after you reach age 59½, is made as the result of your death or disability or under a QDRO, if you have separated from service and are at least age 55, or you are receiving payments based on your life expectancy or the joint life expectancies of you and a beneficiary.

7 Payment Instructions

Indicate how we should mail the distribution check. Indicate where we should mail the distribution check. If you have selected overnight mail delivery, the address you have chosen for check delivery purposes must be a street address. Please note that Overnight Delivery does not include weekend or holiday delivery service.

8 Participant Statement and Signature

Read this section carefully before you sign. If you are signing on behalf of the TSA participant as his or her legal guardian or conservator, provide a copy of your appointment that has been certified by the Clerk of Court in the last 60 days. If you are signing as the TSA participant's Attorney-in-Fact, provide a Power of Attorney Document and a Certification of Attorney in Fact.

9 Plan Information and Plan Administrator/Authorized Representative or Employer Statement & Signature

The Plan Administrator/Authorized Representative must indicate the vesting percentage applicable to employer matching and nonelective (basic) contributions, which contribution types are available and the order in which you must use them for hardship withdrawals, and the length of time (6 or 12 months) your contributions to the plan will be suspended after you take a hardship withdrawal. The Plan Administrator (or an authorized representative of your employer if there is no Plan Administrator) must sign this request.

10 Annuity Information, QJSA and Notice Waiver, and Spousal Consent - Required for ERISA Plans only

If your employer's plan provides a Qualified Joint and Survivor Annuity benefit, you must sign this section of the form to acknowledge waiver of the Qualified Joint and Survivor Annuity. If you are married and the withdrawal request exceeds \$5,000, your spouse must consent to your waiver of the Qualified Joint and Survivor Annuity. A notary public must notarize your spouse's signature. (Some plans allow an authorized representative of the plan to witness the spouse's signature as an alternative to notarization.)

MAILING AND FACSIMILE INSTRUCTIONS

Mail this form to:

MetLife
P.O. Box 10356
Des Moines, IA 50306-0356

Overnight mail only:

Metlife
4700 Westown Parkway, Ste 200
Des Moines, IA 50266

Fax:

908-552-3403

Note: If you fax the completed form, please do not mail it unless you are requested to do so.