MetLife®

DIRECT DEPOSIT ENROLLMENT FORM

_____	_____	_____
Name (Please Print)	Social Security Number	Annuitant ID/Certificate Number (from your annuity check stub)

I hereby request MetLife to deposit my payments directly to my account at the financial institution described below. This agreement will remain in effect until MetLife receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to MetLife.

You will not be liable for any failure to modify or terminate this arrangement until you have received a written request from me in a form satisfactory to you and have had a reasonable time to act upon it. I understand that your liability under the contract is fully satisfied as soon as the deposit is made to my account.

If you make any overpayments to my account, I hereby authorize and direct my financial institution to withdraw it from my account and to refund the overpayment to you without my specific agreement, upon receipt of your request.

PLEASE COMPLETE THE FOLLOWING INFORMATION

Questions? Please Call Us Toll-Free at 1-800-638-2704

Type of Account: ☐ Checking ☐ Savings (please check one)

Account Number: _____
(Include any dashes or spaces which may appear in your Account Number)

Name of Bank or Depository _____
(Please print)

Address of Bank or Depository_____
(Where you have your Account) (Street address)

_____
(City, State and Zip Code)

Bank Routing Number_____

Please attach a voided check if this is a checking account.

Your Legal Address

Report change to MetLife

_____	_____
(Street Address)	(City, State and Zip Code)
_____	_____
(Your Signature) - **Required**	(Date)

Telephone No._____

Please send completed form to one of the following:

Mailing Address:	**Overnight Address:**	**Facsimile**
MetLife	**MetLife**	**1-866-855-2773**
PO Box 14710	**2025 Leestown Road Suite J**	
Lexington, KY 40512-4710	**Lexington, KY 40511-1000**	

INSTRUCTIONS

If at any time you wish to discontinue or change this arrangement, write MetLife® immediately at the address shown above always indicate your Annuitant ID/Certificate Number in any correspondence to MetLife**.**

MetLife includes: Metropolitan Life Insurance Company and MetLife Insurance Company of Connecticut