

INSTRUCTIONS

- If you are forwarding surrendering paperwork to MetLife Insurance Company of Connecticut ("MetLife"), include a completed acceptance letter. Otherwise, forward acceptance letter to your surrendering institution.

SECTION 1 – FINANCIAL INSTITUTION INFORMATION

Insurer or Custodian

Date

Address

City

State

Zip Code

SECTION 2 – GENERAL INFORMATION

Participant Name (print full name)

Employer/Plan Name

Employer/Plan Number

Social Security Number or Taxpayer Identifying Number

US citizen: Yes No

SECTION 3 – ROLLOVER INSTRUCTION

Type of rollover request:

FROM: 457(b) Deferred Compensation Plan

TO: 457(b) Deferred Compensation Plan

SECTION 4 – PARTICIPANT'S CERTIFICATION

I believe the rollover or transfer described above is permitted by my Plan (if any) and approved by my Plan Administrator (if any) and I instruct the insurer or custodian named above to pay a direct rollover or transfer as specified by this form.

Participant's Signature

Date


SECTION 5 – ACCEPTANCE

The above-named Participant requested that we confirm to you our availability to receive a direct transfer or rollover as described above. As agent of, the Custodian, we confirm to you that we are willing to accept a contribution of an eligible rollover distribution only from a 457(b) Deferred Compensation Plan. Under our administration procedure, we will accept a check only if the payor is an insurance company, bank, trust company, or broker/dealer that appears to be acting as the insurer, trustee, or custodian (or agent of such a person) regarding an eligible retirement plan.

Please redeem the amount that the Participant requested.

- ◆ **Make the check payable to: MetLife, FBO Participant's name.**
- ◆ **Please note the Participant's name and Social Security number on the check and mail to:**

MetLife, PO Box 828579, Philadelphia, PA 19182-8579, **Attention: Transfer Dept.**


Vera S. White
National Director, Client Management
MetLife