

PARTICIPANT INFORMATION CHANGE REQUEST

INSTRUCTIONS

This form gives instructions only for *Mutual Fund Select Portfolios (MFSP)* accounts and variable annuity accounts administered at www.metlife.csplans.com.

- This form is to be used by current participants only. *Do not use for enrollment purposes.*
- All sections must be completed in full, unless otherwise indicated.
- If you want to change your investment direction for future contributions or need help in completing this request, please contact MetLife by calling toll-free 1-877-WITH-MET (877-948-4638).

SECTION 1 – PARTICIPANT INFORMATION

If you are requesting a change for more than one Plan, you must complete a *separate* form for each Plan.

Participant Name (print full name)

Social Security Number (SSN) or
Taxpayer Identifying Number (TIN)

Home Address

Daytime Telephone Number

City State Zip Code

Date of Birth (MM/DD/YYYY)

US citizen: Yes No

Employer/Plan Name

Employer/Plan Number

SECTION 2 – PARTICIPANT INFORMATION CHANGE

Please enter only the information that is to be changed.

Name Change (print full name)

Phone Number

Address

City, State, Zip Code

SECTION 3 – PARTICIPANT CERTIFICATION

I certify, under penalties of perjury, that:

- everything I said on this form is true, correct and complete
- my Social Security Number or other Taxpayer Identification Number shown above is correct
- I am **not** a resident of any nation, state, or locality other than as shown on this form.

I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan.

Participant's Signature

Date

SECTION 4 - SUBMITTING THIS FORM

Please mail completed, signed form to: **Attn: Enrollment Services**
MetLife
PO Box 6717
Somerset, NJ 08875

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