



PARTICIPATION AGREEMENT

You may use this form for one plan or arrangement. [ ] 403(b) [ ] 457(b) [ ] 401(a)/414(h) [ ] 401(k)

Check all that apply: [ ] New Participant [ ] Data Change [ ] Increase [ ] Roth [ ] Step-up
[ ] New Contract [ ] Allocation Change [ ] Decrease [ ] Re-Start [ ] Catch-up
[ ] Beneficiary Change [ ] Suspend

IDENTIFYING INFORMATION

SSN/ITIN: [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ] Plan Name: \_\_\_\_\_ Plan #: \_\_\_\_\_
Mr/Mrs/Ms First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Home Phone: [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ] Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Single / Married
Department Name: \_\_\_\_\_ Department Number: \_\_\_\_\_ Employee Number: \_\_\_\_\_
Work Phone: (\_\_\_\_) \_\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Payroll Name/Cycle: \_\_\_\_\_

PAYROLL INFORMATION

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Annual Salary: \$ \_\_\_\_\_
EE Salary Reduction Per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays = EE Annual Contributions: \$ \_\_\_\_\_
EB Salary Reduction Per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays = EB Annual Contributions: \$ \_\_\_\_\_
Roth Salary Reduction Per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays = Roth Annual Contributions: \$ \_\_\_\_\_
ER Salary Reduction Per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays = ER Annual Contributions: \$ \_\_\_\_\_
EN Salary Reduction Per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays = EN Annual Contributions: \$ \_\_\_\_\_
Safe Harbor EN Salary Reduction Per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays = Safe Harbor Annual Contributions: \$ \_\_\_\_\_
Increase/Decrease: \$ \_\_\_\_\_ Skip Pays: \_\_\_\_\_ Total EE, EB, Roth, ER & EN Contributions: \$ \_\_\_\_\_
Total Contribution per pay: \$ \_\_\_\_\_ Normal \$ \_\_\_\_\_ X \_\_\_\_ # of Pays = Total Catch/Step-up per year: \$ \_\_\_\_\_

INVESTMENT DIRECTION

Employee Voluntary (EE): Amount per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays
Issuer: \_\_\_\_\_ Contract: \_\_\_\_\_ Fund: \_\_\_\_\_ Distribution: \_\_\_\_\_ } = 100%
Employee Basic (EB): Amount per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays
Issuer: \_\_\_\_\_ Contract: \_\_\_\_\_ Fund: \_\_\_\_\_ Distribution: \_\_\_\_\_ } = 100%
Employee Basic (Roth): Amount per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays
Issuer: \_\_\_\_\_ Contract: \_\_\_\_\_ Fund: \_\_\_\_\_ Distribution: \_\_\_\_\_ } = 100%
Employer Match (ER): Amount per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays
Issuer: \_\_\_\_\_ Contract: \_\_\_\_\_ Fund: \_\_\_\_\_ Distribution: \_\_\_\_\_ } = 100%
Employer (EN): Amount per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays
Issuer: \_\_\_\_\_ Contract: \_\_\_\_\_ Fund: \_\_\_\_\_ Distribution: \_\_\_\_\_ } = 100%
Employer (Safe Harbor): Amount per Pay: \_\_\_\_% or \$ \_\_\_\_\_ X \_\_\_\_ Number of Pays
Issuer: \_\_\_\_\_ Contract: \_\_\_\_\_ Fund: \_\_\_\_\_ Distribution: \_\_\_\_\_ } = 100%

BENEFICIARY INFORMATION

1st Primary Beneficiary: \_\_\_\_\_ Spouse / non-spouse SSN/ITIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Allocation: \_\_\_\_%
2nd Primary Beneficiary: \_\_\_\_\_ Spouse / non-spouse SSN/ITIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Allocation: \_\_\_\_%
If you have a spouse, and your Beneficiary is not your spouse, you must complete the Qualified Election form. That form is not required if your plan is not governed by ERISA and does not have a spouse's consent provision.
1st Contingent Beneficiary: \_\_\_\_\_ Spouse / non-spouse SSN/ITIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Allocation: \_\_\_\_%
2nd Contingent Beneficiary: \_\_\_\_\_ Spouse / non-spouse SSN/ITIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Allocation: \_\_\_\_%

This form explains some important information about distribution restrictions and funding options. Please read the back of the form carefully. By signing below, you acknowledge receipt of the prospectus, MetLife Privacy Notice, Compensation Disclosure Notice, Business Continuity and MACA as applicable.

ACKNOWLEDGEMENT: I have delivered the Producer Compensation Disclosure form (only applicable for business sold by MLR producers).

MetLife FSR: \_\_\_\_\_
Print Name of Licensed & Appointed Sales Representative/DAI Signature of Licensed & Appointed Sales Representative

Participant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

## PARTICIPATION AGREEMENT      *YOUR RETIREMENT SAVINGS*

**You've agreed to reduce your salary.** By signing this form, you authorize your Employer to reduce your salary or wages in amounts equal to the Employee Contributions that you've specified. Your Employer will use these amounts to make contributions under the plan or program you specified. This contract remains in effect until you permanently leave work for your Employer, or you use this form to notify your Employer that you want to stop or change your contributions.

If you directed that any portion of your contributions be applied to a life insurance contract, your Employer and MetLife may (but are not required to) apply the following rule to any change in the amount of your contributions (when you fail to specify otherwise): if your contributions increase, the increase will go to the contract(s) other than the life insurance contract, as long as the scheduled premium under the life insurance contract is met; if your contributions decrease, the contributions to the life insurance contract will be the lesser of the scheduled premium under the contract or the amount that may be contributed without causing your plan account or arrangement to exceed any tax-law limit on incidental insurance.

**Plan distribution restrictions** Your plan or arrangement is meant for retirement savings. If your plan or arrangement is under Internal Revenue Code § 401(k) or § 403(b), you won't be permitted to take money out until you reach age 59½ or you sever from your Employer (including death or permanent disability). If you have a financial hardship, you may get a limited distribution from your salary-reduction contributions only (not from investment earnings). With limited exceptions, a distribution before age 59½ is subject to a 10% penalty tax. If your plan is under Internal Revenue Code § 457(b), you won't be permitted to take money out until you sever from your Employer (including death or permanent disability). If you have an unforeseeable emergency, you may get a limited distribution. Your plan or arrangement might impose additional restrictions.

**Designated 401(k)/403(b) Roth Accounts** If the amounts have been held under any Designated Roth Account for at least five years, then any withdrawal, distribution or payment of these amounts made on account of death, disability, or after attainment of age 59 ½ is generally free of Federal income tax. Unlike Roth IRAs, withdrawals, distributions and payments that do not meet the five year rule will generally be taxed on a pro-rated basis with respect to earnings and after-tax contributions. The 10% penalty tax will generally apply on the same basis as a traditional pre-tax account under the Plan. Additionally, rollover distributions may only be made tax-free into another Designated Roth Account or into a Roth IRA.

**Contribution limits** Both parties intend that all contributions made under this Agreement be within applicable deferral and contribution limits. If any contribution specified on this form would exceed any applicable limit, either party may reduce the salary-reduction contribution to the greatest amount that would cause all contributions to be within all limits. The parties agree that any contribution that does not satisfy all applicable limits should be presumed to have been made under a mistake of fact or contrary to this Agreement. If any contribution was made under a mistake of fact or contrary to this Agreement, you or the Employer (without consent by or notice to the other party) may instruct a corrective disbursement of the mistaken contributions.

**You can stop your contributions at any time.** At any time, you may stop your contributions by using this form to give notice to your Employer (see "Effective Date" below). If you stop your contributions, you might lose some or all of your life insurance protection.

**How to change your contributions** Unless your Plan or your Employer requires otherwise, you may increase or decrease your contributions by using this form at any time. If you decrease your contributions, you may lose some or all of your life insurance protection.

**Effective date** Your "start" or "stop" or increase or decrease of contributions is effective as of the latest of: the Effective Date you asked for, the first payday that is at least 31 days after both your Employer and MetLife have accepted this form, the date specified by the Plan, or the later date required by the tax law that governs your plan or arrangement.

**Corrections** If any of your Employer, your Plan Administrator, or MetLife mistakenly directs your contributions to a contract, fund, or account other than according to your direction, you agree that any of them may correct the mistake, including by redeeming an amount from one contract to pay it into another.

**Funding choices** Except as otherwise provided by the Plan, you choose how to allocate your contributions, except that you must choose a contract(s) permitted by your Employer. You alone are responsible for your investment decisions. Your investment direction applies to all contributions.

**Investment changes** You may make investment changes, according to the provisions of your contract(s) and your Plan. Any change will be effective only when accepted by the insurer or custodian. The distribution restrictions explained above don't affect your right to transfer your 403(b) amounts to another 403(b) contract permitted by your Employer.

**Your Employer isn't responsible for losses.** Your Employer is NOT responsible for any loss you suffer for any reason that arises out of this Agreement or your participation in your plan or any contract(s).

**Prospectus and other investment information** By signing this form, you acknowledge that MetLife gave you, if you've specified any variable annuity contract (including a fixed option of a variable annuity contract) or any mutual fund, each applicable prospectus. If you specified MetLife's Mutual Fund Select Portfolios account, you confirm that you received the Account Overview, which describes that account's fees. Variable annuities issued by MetLife Insurance Company of Connecticut, 1300 Hall Boulevard, Bloomfield, CT 06002-2910. Mutual funds are offered by MetLife Securities, Inc., 200 Park Avenue, New York, NY 10166.

**Summary Plan Description** If the plan you specified is governed by ERISA, you confirm that you received your Plan's Summary Plan Description.

**Change in employer** You intend to make your contributions to the kind of retirement plan or arrangement that may properly receive the contributions. If you are not an employee of a public school or charitable organization, your Employer must pay your contributions to the plan for which you are eligible to make contributions. For example, if your Employer causes you to become an employee of a non-charitable organization and that organization maintains a 401(k) plan, this Agreement will be understood to provide that your Employee Contributions reduced from your pay from the non-charitable organization are 401(k) contributions. If any contribution was mistakenly delivered to the wrong plan or contract, your Employer must instruct a disbursement from that plan or contract for the purpose of restoring the contribution to the appropriate plan or contract.

**Please check your account statements.** Please read carefully each account statement as soon as you get it. Please tell MetLife in writing about anything that you think may be incorrect. Send this to the MetLife National Office address as specified on your statement. If you don't send your written objection within 60 days of the date of an account statement (or the time provided by the relevant Service Agreement), MetLife assumes that you adopted everything reported and that you did not instruct anything not reported.

# Compensation Disclosure Notice



MetLife, its affiliated insurance companies and broker-dealers are committed to helping you select an appropriate product based on your financial needs and stated investment objectives.

Your MetLife Resources sales representative ("Representative") is an employee of a MetLife Company.

Your Representative is authorized to offer and sell products to you that are issued or distributed by Metropolitan Life Insurance Company or certain of MetLife's affiliated insurance companies and broker-dealers (each, a "MetLife Company" and, together, the "MetLife Companies").\* Products from the MetLife Companies include fixed life insurance and annuities, property, casualty, and health insurance, variable annuities, and variable life insurance ("MetLife Products"). Your Representative also may be authorized to offer you certain products, including insurance, annuities, and mutual funds, issued by companies other than the MetLife Companies ("non-MetLife products").

Your Representative acts on behalf of the MetLife Companies in connection with the offer and sale of MetLife Products to you. He or she acts on behalf of a company other than MetLife in connection with the sale of non-MetLife products. Your Representative also may service your mutual funds, securities or insurance products on behalf of the company issuing the product.

Your Representative is compensated by a MetLife Company for sale, renewal and servicing of MetLife Products and certain non-MetLife products. This compensation includes base commissions and other forms of compensation that may vary from product to product and by the amount of the purchase payment made by you. You should be aware that the amount of his or her compensation may increase in part based upon the relative amount of MetLife Products that he or she sells during a set period. He or she also is eligible for additional cash compensation (such as medical, retirement and other benefits) and non-cash compensation (such as conferences and sales support services) based on his or her sales of MetLife Products and overall sales and productivity. Your Representative may also receive compensation for the sale, renewal and servicing of non-MetLife products directly from the issuing company.

There are certain unaffiliated brokers who sell products through an association with a MetLife Resources sales office. They are compensated by a MetLife Company for the sale, renewal and servicing of MetLife Products. Those brokers may receive increased compensation based upon the amount of MetLife Products sold during a set period.

\* The following are the MetLife Companies whose products your Representative may be authorized to sell: Metropolitan Life Insurance Company, Metropolitan Property and Casualty Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan Group Property and Casualty Insurance Company, Metropolitan Lloyds Insurance Company of Texas, Economy Fire & Casualty Company, Economy Preferred Insurance Company, Economy Premier Assurance Company, MetLife Investors Insurance Company of Missouri, First MetLife Investors Insurance Company, MetLife Investors USA Insurance Company, New England Life Insurance Company, General American Life Insurance Company, Texas Life Insurance Company, Paragon Life Insurance Company, MetLife Insurance Company of Connecticut, MetLife Securities, Inc., Walnut Street Securities, Inc., New England Securities, Corp. and Tower Square Securities, Inc. For more information, please refer to [www.metlife.com](http://www.metlife.com).

"New England Financial" is a registered service mark of New England Life Insurance Company.

## LEAVE WITH APPLICANT

COMPDISC-MLR (11/06)

We know that you buy our products and services because you trust us. This notice explains how we protect your privacy and treat your personal information. It applies to current and former customers. “Personal information” here means anything we know about you personally.

### Protecting Your Information

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We take important steps to protect your personal information. We treat it as confidential. We tell our employees to take care in handling it. We limit access to those who need it to perform their jobs. Our outside service providers must also protect it, and use it only to meet our business needs. We also take steps to protect our systems from unauthorized access. We comply with all laws that apply to us.

### Collecting Your Information

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We typically collect your name, address, age, and other relevant information. For example, we may ask about your:

- finances
- creditworthiness
- employment
- health

We may also collect information about any business you have with us, our affiliates, or other companies. Our affiliates include life, car, and home insurers. They also include a bank, a legal plans company, and securities broker-dealers. In the future, we may also have affiliates in other businesses.

### How We Get Your Information

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We get your personal information mostly from you. We may also use outside sources to help ensure our records are correct and complete. These sources may include consumer reporting agencies, employers, other financial institutions, adult relatives, and others. These sources may give us reports or share what they know with others. We don't control the accuracy of information outside sources give us. If you want to make any changes to information we receive from others about you, you must contact those sources.

### Using Your Information

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We collect your personal information to help us decide if you're eligible for our products or services. We may also need it to verify identities to help deter fraud, money laundering, or other crimes. How we use this information depends on what products and services you have or want from us. It also depends on what laws apply to those products and services. For example, we may also use your information to:

- administer your products and services
- process claims and other transactions
- perform business research
- confirm or correct your information
- market new products to you
- help us run our business
- comply with applicable laws

### Sharing Your Information With Others

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We may share your personal information with others with your consent, by agreement, or as permitted or required by law. For example, we may share your information with businesses hired to carry out services for us. We may also share it with our affiliated or unaffiliated business partners through joint marketing agreements. In those situations, we may share your information to jointly offer you products and services or have others offer you products and services we endorse or sponsor. Before sharing your information with any affiliate or joint marketing partner for their own marketing purposes, however, we will first notify you and give you an opportunity to opt out.

Other reasons we may share your information include:

- doing what a court, law enforcement, or government agency requires us to do (for example, complying with search warrants or subpoenas)
- telling another company what we know about you if we are selling or merging any part of our business
- giving information to a governmental agency so it can decide if you are eligible for public benefits
- giving your information to someone with a legal interest in your assets (for example, creditor with a lien on your account)
- giving your information to your health care provider
- those listed in our “Using Your Information” section above

### HIPAA

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We will not share your health information with any other company – even one of our affiliates – for their own marketing purposes. If you have dental, long term care, or medical insurance from us, the Health Insurance Portability and Accountability Act (“HIPAA”) may further limit how we may use and share your information.

## Accessing and Correcting Your Information

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You may ask us for a copy of the personal information we have about you. Generally, we will provide it as long as it is reasonably retrievable and within our control. You must make your request in writing listing the account or policy numbers with the information you want to access. For legal reasons, we may not show you anything we learned as part of a claim or lawsuit, unless required by law.

If you tell us that what we know about you is incorrect, we will review it. If we agree, we will update our records. Otherwise, you may dispute our findings in writing, and we will include your statement whenever we give your disputed information to anyone outside MetLife.

## Questions

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We want you to understand how we protect your privacy. If you have any questions about this notice, please contact us. When you write, include your name, address, and policy or account number.

### Send privacy questions to:

MetLife Privacy Office  
P. O. Box 489  
Warwick, RI 02887-9954  
[privacy@metlife.com](mailto:privacy@metlife.com)

We may revise this privacy notice. If we make any material changes, we will notify you as required by law. We provide this privacy notice to you on behalf of these MetLife companies:

**Metropolitan Life Insurance Company**  
**MetLife Investors Insurance Company**  
**MetLife Investors USA Insurance Company**

**MetLife Securities, Inc.**  
**MetLife Insurance Company of Connecticut**  
**MetLife Associates, LLC**

## **BUSINESS CONTINUITY PLAN DISCLOSURE\***

MetLife, Inc. together with each of its subsidiaries and affiliates, including its broker dealer affiliates (collectively "MetLife"), is committed to safeguarding the interests of our clients and customers in the event of an emergency or significant business disruption ("SBD"). MetLife's comprehensive business continuity strategy is designed to enable MetLife to meet its existing obligations to its clients and customers in the event of an emergency or SBD by safeguarding employees' lives and firm property, making a financial and operational assessment, quickly recovering and resuming operations, protecting all of MetLife's books and records, and allowing customers to transact business.

MetLife has a documented corporate policy requiring each Business Unit to develop a business continuity plan (hereinafter "Business Continuity Plan"). Pursuant to this policy, MetLife's I/T Risk and Business Recovery ("ITRBR") department has the fulltime responsibility of coordinating the development, testing and maintenance of all MetLife Business Continuity Plans. ITRBR also manages contracts with recovery services vendors and is responsible for management reporting on all aspects of continuity. A formal process that includes a continuous review of internal controls enforces the corporate policy on continuity.

Business Continuity Plans have been developed, tested and approved by management for all MetLife business locations, production IT systems and applications. The plans reside in a common, best-of breed database and are routinely updated by business units and ITRBR staff. The database is replicated between two sites that are several hundred miles apart. Business Impact Analyses are used to keep the Business Continuity Plans aligned with business requirements.

Recovery resources are identified in advance and are obtained from several sources. These resources exist either within MetLife's capabilities or are obtained from recovery services vendors under contract.

Local crisis management teams are in place in all MetLife locations. These local crisis teams are charged with recording and managing any potential or actual crisis at the site from the time a situation occurs to the resolution of the incident and resumption of normal business operations.

MetLife's Business Continuity Plans address advance preparations and actions to be taken in response to disruptions of various magnitudes. The Business Continuity Plans address the potential impact of varying levels of disruptions to MetLife employees, equipment, computer and telecommunications systems, and office facilities. While it is impossible to anticipate every type of disruption that could affect MetLife's businesses, examples of the incidents covered by the Business Continuity Plans include, but are not limited to, terrorists attacks, hurricanes, fires, bomb threats, earthquakes, public transportation strikes, IT disruptions, and cyber-threats.

MetLife maintains back-up systems and power supplies that allow critical computer and telecommunications systems and facility functions to be maintained in the event of minor, local disruptions. The duration of the disruption will depend on the nature and extent of the emergency or SBD.

In the event of an SBD, where it is not possible to conduct business from one of MetLife's offices, the company has contracted with a recovery services vendor for use of a remote alternate site equipped with sufficient resources to support critical business operations. Telephone service would be re-routed to this site. MetLife's networks and major business applications are replicated daily in a different geographical location from the company's offices, enabling it to access these systems from the remote site should the local systems become unavailable. As required in the Business Continuity Plans, MetLife is generally prepared to restore critical business functionality at the alternate site no later than 48 hours after declaration of an SBD. Other employees have been designated to work from home during periods of major disruptions.

The MetLife's Business Continuity Plans are reviewed as necessary, and at least annually, to ensure they account for technology, business and regulatory changes, operations, structure or location. The Business Continuity Plans are subject to change, and material changes will be updated promptly on the MetLife public website and all affiliates' websites. You may obtain a current written copy of this notice by contacting a MetLife representative or writing to us at:

MetLife  
One MetLife Plaza  
Long Island City, New York 11101  
Attn: Corporate Ethics and Compliance

\*This disclosure is intended to comply with the rules promulgated by the Financial Industry Regulatory Authority (FINRA).