



# TRANSFER-IN REQUEST

(REV. RUL. 90-24)

## INSTRUCTIONS

- A direct transfer occurs when a transfer amount is paid directly from a § 403(b) contract to another § 403(b) contract. For MetLife to receive a transfer, the payor must be an insurance company, bank, trust company, or IRS-approved custodian.
- Transfers to Mutual Fund Select Portfolios and/or Gold Track Select Annuity “TRV” recordkept at MetLife must be in the form of a check from the prior plan’s trustee, custodian, insurer, or other investment provider and made payable to:  
  - MetLife, FBO (Participant’s Name).
- This form may be used only to transfer accumulated amounts (not ongoing contributions) *from other § 403(b) contracts into* the § 403(b) contract you indicate in Section 2 of this form. If the paying § 403(b) contract was held under a plan, this contract must be a plan investment option of the same § 403(b) plan.
- To direct accumulated amounts (not ongoing contributions) *within* a MetLife contract other than MetLife Life and Annuity Company of Connecticut, contact MetLife by calling toll free 1-877-WITH-MET (877-948-4638).
- This form cannot be used for a 457(b) or 401 plan.
- **Outstanding Loan Balances:** An outstanding loan balance *cannot* be included in the transfer. However, you may payoff the outstanding loan balance *before* this transfer is submitted. *After* the loan is paid off, you may submit this direct transfer request. If you do not payoff the outstanding loan balance, you may transfer only the cash value (not including the loan) from the contract that has the outstanding loan.
- Please submit the former Custodian’s, Insurer’s or other Investment Provider’s Transfer/Surrender Request form with this form. If you are requesting a transfer from more than one contract, you must complete a *separate* surrender form for each plan and each § 403(b) contract.
- **The insurer or custodian will not make any investment until the transfer amounts have been delivered to and collected by the insurer or custodian.**
- Nothing on this form can change any provision of any plan or contract.

## SECTION 1 – GENERAL INFORMATION

Participant Name (print full name)

-   -

Social Security Number or Taxpayer Identifying Number

-    -

Home Address

Daytime Telephone Number (optional)

/   /

City State Zip Code

Date of Birth

US citizen  Yes  No

Employer/Plan Name

Employer/Plan Number

*Securities products and mutual funds offered through registered representatives of MetLife affiliated broker/dealers including Metropolitan Life Insurance Company (member NASD/SIPC) or MetLife Securities, Inc. (Member NASD/SIPC), 200 Park Avenue, New York, NY 10166. Insurance and annuities offered through Metropolitan Life Insurance Company, 200 Park Avenue, New York, NY 10166. Gold Track Select is issued by MetLife Insurance Company of Connecticut, One City Place, Hartford, CT 06103-3415. The principal underwriter is MLI Distribution LLC.*

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Participant Name: \_\_\_\_\_

PARTICIPANT'S SSN OR ITIN: \_\_\_\_\_

**SECTION 2 – INVESTMENT DIRECTION**

**Check each that applies:** list each fund individually in the boxes below, including each fund in the CHART Program®

Mutual Fund Select Portfolios 403(b)(7) Custodial Account

Check if applicable:  New CHART participant (You must complete the CHART Investment Advisory Agreement)  
 Existing CHART participant

Gold Track Select Annuity “TRV” recordkept at MetLife

Other contract not recordkept at MetLife \_\_\_\_\_ (Acct # \_\_\_\_\_)  
 (including MetLife)

Fund/Variable Annuity Fund Name	Percentage	Fund/Variable Annuity Fund Name	Percentage
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

**PERCENTAGES MUST BE IN INCREMENTS OF 1% AND THE TOTAL OF BOTH COLUMNS MUST EQUAL 100%**

**SECTION 3 – PARTICIPANT CERTIFICATION**

Before I make this investment direction, I have considered the effect of any contingent deferred sales charge, market value adjustment, or other charges under the contract I’m transferring amounts from and the fees and charges of both the contract I’m transferring amounts from and the contract I’m transferring amounts into. Also, I have considered any loss of or change in:

- life insurance protection
- guaranteed death benefits or annuity payout options
- investment advisory services
- loan provision
- a right to use provisions without restrictions imposed by an employer’s plan or ERISA (the Employee Retirement Income Security Act of 1974, as amended)

that could result from my direction.

I instruct that the transferred amount be invested as directed above. I received each Fund’s current prospectus. If I directed an amount into MFSP, I received a Custodial Account Agreement and Account Overview.

I certify, under penalties of perjury, that:

- the contract specified in Section 2 is a 403(b) contract with the same employer
- everything I stated on this form is true, correct, and complete
- my Social Security number or other Taxpayer Identifying number shown in Section 1 is correct
- I am *not* domiciled in or a resident of any place other than the address shown in Section 1

I understand that I may be subject to civil and criminal penalties and punishment for any knowingly false statement on this form. If a plan, an insurer, or a custodian pays or fails to pay any benefit or withholds or fails to withhold a tax in reliance on my false statement, I will be liable for the damages, including (but not limited to) investigation expenses and lawyers’ and legal assistants’ fees.

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

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Participant Name: \_\_\_\_\_

PARTICIPANT'S SSN OR ITIN: \_\_\_\_\_

**SUBMITTING THIS FORM**

- ◆ If your 403(b) contract is held under an ERISA or church plan, submit completed forms to the Human Resources Department (not MetLife) for the Plan Administrator to complete Section 4.

**SECTION 4 – PLAN ADMINISTRATOR’S INSTRUCTIONS AND APPROVAL**

**Complete this section only if the transfer is from an employer-sponsored plan.**

The transferred amount will be allocated as follows:

- If MetLife receives an accounting furnished by the insurer or custodian, the Plan Administrator instructs MetLife to use that accounting.
- If there is no instruction (or an insufficient instruction), the Plan Administrator instructs MetLife to allocate the entire transferred amount to the employee voluntary source.

I certify that the insurer or custodian and the Funds named in Section 2 of this form are approved plan investment options, and instruct that the transfer be completed as requested on this form.

\_\_\_\_\_  
Name of Plan Administrator Organization

\_\_\_\_\_  
Authorized Signature on behalf of Plan Administrator

\_\_\_\_\_  
Date

- ◆ Employer/Plan Administrator **MUST** keep this original form.
- ◆ Please submit the following completed forms to your MetLife financial counselor:
  - Copy of this form with **Plan Administrator’s Signature** (required)
  - Former Custodian’s, Insurer’s or other Investment Provider’s Transfer/Surrender Request form with **Plan Administrator’s Signature** (required)
  - CHART Investment Advisory Agreement (if the participant wants investment advice)
  - Original Annuity Contract Application (if applicable)

**METLIFE INTERNAL USE ONLY**

\_\_\_\_\_  
MetLife Financial Counselor (print full name)

\_\_\_\_\_  
AE/FC ID Number

\_\_\_\_\_  
Field Office

\_\_\_\_\_  
Date

Submit this completed form to: **Attn: Transfer Unit**, MetLife, P.O. Box 6717, Somerset, NJ 08875