

### INSTRUCTIONS

This form presents a participant's claim and gives instructions only for *Mutual Fund Select Portfolios (MFSP)* accounts and variable annuity accounts administered at [www.metlife.csplans.com](http://www.metlife.csplans.com) for the Plan or Program specified below.

- This form CANNOT be used to present any claim under a 403 or 401 Plan.
- If this claim is for other contracts placed by MetLife, other than variable annuity accounts administered at [www.metlife.csplans.com](http://www.metlife.csplans.com), contact MetLife representative at 1-877-WITH-MET (877-948-4638) for the required additional forms.

### SECTION 1 - PARTICIPANT INFORMATION

Participant Name (print full name)

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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 - PAYOUT

I would like to receive a *one-time election* of a lump sum distribution of my Plan Account. I meet *all* requirements listed below:

- My Plan Account balance is *less than* \$5,000 AND,
- I have not contributed at any time during the two (2) year period ending on the date of this distribution AND,
- I have never received a small Plan Account withdrawal in the past AND,
- I am still employed with the participating employer.

**Note:** If you do not meet *all* the requirements listed, you can only receive a distribution from your plan: 1) if you have separated from service OR 2) if you have an approved financial hardship.

Annuities are issued by MetLife Insurance Company of Connecticut (MIC), One Cityplace, Hartford, CT 06103 and distributed by MetLife Investors Distribution Company (MLIDC) (member FINRA), 5 Park Plaza, Suite 1900, Irvine, CA 92614. Securities, including variable products offered through MetLife Securities, Inc. (MSI) (member FINRA/SIPC), 200 Park Avenue, New York, NY 10166. MIC, MLIDC and MSI are affiliates.

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

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

***457 (b) Deferred Compensation Plan  
SMALL INACTIVE ACCOUNT  
WITHDRAWAL***

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**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. In addition, if the Plan, an insurer, or a custodian pays or fails to pay any benefit based 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

\_\_\_\_\_  
Today's Date

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**SUBMITTING THIS FORM**

Please submit completed, signed form(s), *including insurance company forms*, if applicable to:

**Attn: 457(b) Distributions**  
MetLife  
PO Box 6717  
Somerset, NJ 08875