



Instructions

General

The Metropolitan Life Insurance Company (MetLife) pays claims for the Federal Employees' Group Life Insurance (FEGLI) Program through its administrative office, the Office of Federal Employees' Group Life Insurance (OFEGLI). "I" and "you" refer to the individual completing this form.

Who receives the death benefits?

The law states that FEGLI benefits will be paid in the following manner: If the deceased assigned ownership of his/her life insurance to someone else (generally by filing an RI 76-10, Assignment form), then MetLife will pay:

- First, to the beneficiary(ies) the assignee(s) validly designated;
- Second, if none, to the assignee(s).

If the deceased did *not* assign ownership and there is a valid court order on file with the agency or the U.S. Office of Personnel Management (OPM), as appropriate, MetLife will pay benefits according to the court order.

If the deceased did *not* assign ownership and there is *no* valid court order on file with the agency or OPM, as appropriate, then MetLife will pay:

- First, to the beneficiary(ies) the deceased validly designated;
- Second, if none, to the deceased's widow or widower;
- Third, if none of the above, to the deceased's child or children and descendants of any deceased children (a court will usually have to appoint a guardian to receive payment for a minor child);
- Fourth, if none of the above, to the deceased's parents in equal shares, or the entire amount to the surviving parent;
- Fifth, if none of the above, to the court-appointed executor or administrator of the deceased's estate;
- Sixth, if none of the above, to the deceased's other next of kin, entitled under the laws of the state where the deceased lived.

How will I receive benefits?

If your claim is for less than \$5,000, MetLife will mail you a check.

If your claim is for \$5,000 or more, you must choose one of two payment options: (1) a check, or (2) a MetLife Total Control Account (TCA), an interest bearing account set up in your name and administered by MetLife. This account is not insured by the Federal Deposit Insurance Corporation (FDIC). The choice is yours. See Page 2 for details. See Page 3 to make your selection.

How do I complete this form?

Please type or print legibly in ink. If you need help completing this form, call MetLife/OFEGLI's customer service representatives, toll-free, at: 1-800-633-4542. Below is a summary of which parts of the form you must complete:

| If you are a: | Then Complete These Parts of the Form: | | | | | | | |
|---------------------|--|---|----------|-----------|---|---|---|-----------|
| | A | B | C 1-3 | C 4-13 | D | E | F | Page 3 |
| Widow or Widower | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ |
| All Others | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ |

Incomplete answers could delay MetLife's action on your claim. If a question doesn't apply, write "N/A" or "not applicable". If the answer is "No" or "Unknown", write that. If you are completing this claim on behalf of someone else (such as a minor), complete items 1-3 of Part C with that person's information, not yours. In Part 2 of Page 3, and Part F of Page 5, sign your own name "on behalf of" the other person. Fill in **your** name, address and phone numbers. However, the Social Security Number should be the other person's, not yours.

What else do I have to submit?

In addition to this claim form, you must submit a certified copy of the deceased's death certificate that contains the cause and manner of death (however, if you know for sure that another claimant is submitting the deceased's death certificate, you don't have to). You can get the certificate from your city or state's Bureau of Vital Statistics or equivalent agency. MetLife cannot process your claim until it receives the certified death certificate. Please submit an English translation of any foreign language death certificate. In addition, send to MetLife all Designation of Beneficiary Form(s) (SF 2823 and/or SF 54) that you may have which show the agency receipt date on the bottom. If you are an executor or administrator filing this claim on behalf of the deceased's estate, send MetLife a copy of the court appointment papers. MetLife will let you know if it needs anything else.

Where do I send this form and other documents?

If the deceased was employed at the time of death:

Send everything to the deceased's employing office. MetLife will process your claim after it receives certification from the agency. However, if you are the deceased's widow(er) and the agency told you to send your claim form and other documents directly to MetLife, you should do that. Please include copies of any letters you received from the agency that mention death benefits.

If the deceased was retired or receiving Federal Workers' Compensation benefits at the time of death:

Send everything to: MetLife, OFEGLI, P.O. Box 6512, Utica, NY 13504-6512.

Instructions to the employing agency

Forward the completed claim, death certificate and court appointment papers, if any, to: MetLife, OFEGLI, P.O. Box 6512, Utica, NY 13504-6512, together with:

1. The original Agency Certification of Insurance Status (SF 2821);
2. The original Designation of Beneficiary form(s) (SF 2823 or SF 54), if any;
3. All court orders on file, if any; and
4. All other FEGLI forms (for example, SF 2817, RI 76-27 or FE-2004 election forms, RI 76-10 assignment form, etc.).



Understanding Your Life Insurance Payment Options

If your claim is for less than \$5,000, Metropolitan Life Insurance Company (MetLife) will mail you a check.

If your claim is for \$5,000 or more, you have an important choice to make regarding how you wish to receive the payment. On Page 3, you must select one of two ways to receive your payment:

- **Check** (mailed to you through the U.S. Postal Service)
- **MetLife Total Control Account (TCA)** - an interest bearing account set up in your name and administered by MetLife.

The MetLife TCA is a settlement option offered by MetLife for the payment of claims. A MetLife TCA is not a checking, savings, or money market bank account. **Since your MetLife TCA is not a bank account, it is not insured by the FDIC or any government agency.** Instead, MetLife guarantees the full amount in your MetLife TCA, including all interest earned. MetLife's guarantee is further backed by your respective state insurance guaranty association. Maximum guarantee limits vary from state to state and may change over time. If you choose a MetLife TCA, the relationship is between you and MetLife, not with the Federal government or any of its agencies.

The MetLife TCA offers you a minimum guaranteed annual effective interest rate, meaning that MetLife commits to pay you at least that specified rate of interest on the money in the account. You begin earning interest the day the MetLife TCA is created. Interest is earned daily, but is not credited until the last day of the month. The interest rate offered on the MetLife TCA may be better or worse than the prevailing market rates. The MetLife TCA is a product offered by MetLife on which the company may make a profit. You pay no monthly maintenance fees on a MetLife TCA.

You have complete control of, and access to, the entire amount of your insurance proceeds. **You can withdraw the full amount from the MetLife TCA at any time.** The information packet you receive will include a draft book (similar to a checkbook). At any time and at no cost, you can write drafts (similar to checks) from a minimum of \$250 up to the full balance of your account. In addition, you will receive periodic activity statements, and you can designate a beneficiary for your account. If you choose the MetLife TCA settlement option, you will receive more detailed information when the account is opened.

Please keep pages 1 and 2 for your records



Claim for Death Benefits
Federal Employees' Group Life Insurance (FEGLI) Program



Part 1: Select Method to Receive Your Payment

Please **SELECT ONE** method of settlement in order to receive your payment. **By selecting below, you confirm that you have read the enclosed materials on both FEGLI payment options (Check and MetLife Total Control Account).**

Check

Your payment will be sent via the U.S. Postal Service to the address you enter below.

MetLife Total Control Account (TCA)

You are eligible for a MetLife TCA if your payment is for \$5,000 or more. *MetLife TCA is not a bank account and is not FDIC-insured.* See Page 2 for more details.

If no box is checked above (and your payment is \$5,000 or more), a MetLife Total Control Account will be established in your name and your payment will be deposited on your behalf.

Part 2: Enter the Following Information to Receive Payment

Please complete, in ink, the information below. This information is needed to send you a check or to open your MetLife Total Control Account. Even if this information is provided elsewhere on this form, you must also provide it here.

| | | | | | | | | | |
|---|---|--|--|--|--|---|--|--|--|
| Your signature | | | | | | | | | |
| Your name <i>(please print)</i> | | | | | | | | | |
| Address <i>(number, street, apartment number)(P.O. Box is NOT acceptable)</i> | | | | | | | | | |
| City, State, ZIP Code | | | | | | | | | |
| Your Social Security Number <i>or</i> Estate/Trust/Tax ID Number | | | | | | | | | |
| Date <i>(mm/dd/yyyy)</i> | Daytime telephone number () Area Code | | | | | Evening telephone number () Area Code | | | |

Please return pages 3 through 5 to OFEGLI



Claim for Death Benefits
Federal Employees' Group Life Insurance Program



Part A. Information About the Deceased (Everyone must complete this part)

| | | |
|--|--|-------------------------------|
| 1. Deceased's full name (Last) (First) (Middle) | 2. Date of birth (mm/dd/yyyy) | 3. Date of death (mm/dd/yyyy) |
| 4. Social Security Number | 5. Legal residence at time of death—(City and state) | |
| 6. Department or agency in which last employed, including bureau or division | 7. Location of last employment (City, State, ZIP code) | |
| 8. At the time of death, was the deceased retired and receiving a monthly annuity under any Federal civilian retirement system ? | | |
| Yes No Unknown If "Yes", provide the Claim number (CSA, CSF, CSI) _____ *Special Note: Social Security monthly payments are not Federal civilian retirement annuities. | | |
| 9. At the time of death, was the deceased receiving Federal Worker's Compensation benefits ? | | |
| Yes No Unknown If "Yes", provide the effective date of Federal Workers' Compensation benefits _____ (mm/dd/yyyy) | | |

Part B. Information About the Deceased's Family (Everyone must complete this part)

| | | | |
|--|---|--|--|
| 1. How many times was the deceased married? | 2. Give the name of each spouse (include ALL marriages) | 3. How did the marriage end? (Check one in each case) | 4. When did the marriage end? (mm/dd/yyyy) |
| | | <input type="checkbox"/> Death <input type="checkbox"/> Divorce | |
| | | <input type="checkbox"/> Death <input type="checkbox"/> Divorce | |
| | | <input type="checkbox"/> Death <input type="checkbox"/> Divorce | |
| 5. Did the deceased have any living children on the date of his/her death? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many? _____ | | 6. Did the deceased have any children who died before the date of his/her death? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many? _____ | |

Part C. Information About You (Everyone must complete items 1, 2 and 3)

| | | |
|--------------------------------------|--------------------------------------|------------------------------------|
| 1. Your name (Last) (First) (Middle) | 2. Your relationship to the deceased | 3. Your date of birth (mm/dd/yyyy) |
|--------------------------------------|--------------------------------------|------------------------------------|

Complete Items 4 through 13 only if you are the deceased's widow or widower

| | | | |
|--|--|--|---|
| 4. Date of marriage (mm/dd/yyyy) | 5. Place of marriage (City and state) | 6. Marriage was performed by: <input type="checkbox"/> Clergy or Justice of the Peace <input type="checkbox"/> Other (specify) | |
| 7. Were you living with the deceased at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Were you divorced from the deceased at the time of death? <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. If you were divorced from the deceased, give the date (mm/dd/yyyy) and place of the divorce. | |
| 10. How many times were you married? | 11. Give the name of each spouse (include ALL marriages) | 12. How did the marriage end? (Check one in each case) | 13. When did the marriage end? (mm/dd/yyyy) |
| | | <input type="checkbox"/> Death <input type="checkbox"/> Divorce | |
| | | <input type="checkbox"/> Death <input type="checkbox"/> Divorce | |
| | | <input type="checkbox"/> Death <input type="checkbox"/> Divorce | |

Everyone must complete Parts D and E unless you are the deceased's widow or widower

Part D. Information About the Deceased's Next of Kin

- | | |
|---|---|
| <p>1. List below the name, age, relationship, and address of:</p> <p>(a) Widow or widower;</p> <p>(b) If there is no surviving widow or widower, list the child or children of all the deceased's marriages (include adopted children and children born out-of-wedlock) and the descendants of any deceased child or children (use additional sheets if necessary);</p> | <p>(c) If there are no children, list the parents; if one or both parents are deceased, so state and give the date of death;</p> <p>(d) If there are no survivors in (a) through (c), list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.). (Use additional sheets if necessary).</p> |
|---|---|

| Name | Age | Relationship to the deceased | Full address |
|------|-----|------------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Fill in items 2 and 3 only if any of the persons listed above are under age 18

| | | | | | |
|---|---|------|---|-----------------------|--|
| <p>2. If the court appointed a guardian for the estate of any minor children above, give the name and address of the guardian and attach a copy of the court appointment papers. Natural parentage or custody as a result of a divorce do not constitute guardianship.</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name</td></tr> <tr><td style="padding: 2px;">Address (<i>Number, street, apt. no.</i>)</td></tr> <tr><td style="padding: 2px;">City, State, ZIP code</td></tr> </table> | Name | Address (<i>Number, street, apt. no.</i>) | City, State, ZIP code | <p>3. If the court did not appoint a guardian for the estate of any minor children, will it appoint one later?</p> <p align="center">Yes No</p> |
| Name | | | | | |
| Address (<i>Number, street, apt. no.</i>) | | | | | |
| City, State, ZIP code | | | | | |

Part E. Information About the Deceased's Estate

| | | | | | |
|---|---|------|---|-----------------------|---|
| <p>1. If the court appointed an executor or administrator to settle the deceased's estate, give his/her name and address and attach a copy of the court appointment papers.</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name</td></tr> <tr><td style="padding: 2px;">Address (<i>Number, street, apt. no.</i>)</td></tr> <tr><td style="padding: 2px;">City, State, ZIP code</td></tr> </table> | Name | Address (<i>Number, street, apt. no.</i>) | City, State, ZIP code | <p>2. If the court did not appoint an executor or administrator, will it appoint one later?</p> <p align="center">Yes No</p> |
| Name | | | | | |
| Address (<i>Number, street, apt. no.</i>) | | | | | |
| City, State, ZIP code | | | | | |

Part F. Your Certification (Everyone must complete this part)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------------------------|---|-----------------------|--|---|--|--|--|--|---|---|---|--|--|--|--|---|---|--|--|--|--|--|--|--|--|
| <p>Are you claiming accidental death benefits (did the deceased die solely through violent, external, and accidental means)? If "Yes", submit coroners and police reports, news clippings, and any other available reports concerning the accident. MetLife cannot consider a claim for such benefits if the deceased separated or retired before the accident.</p> | Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>If your claim is for <u>less</u> than \$5,000, MetLife will mail you a check. If your claim is for \$5,000 or more, you must choose one of two payment options. See Page 2 for details. See Page 3 to make your selection.</p> <p>FEGLI death benefits are not subject to Federal income tax, but the interest that MetLife pays on those benefits is subject to such tax. MetLife will report all interest payments to the Internal Revenue Service (IRS).</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Your name (<i>Please print</i>)</td></tr> <tr><td style="padding: 2px;">Address (<i>Number, street, apt. no.</i>)</td></tr> <tr><td style="padding: 2px;">City, State, ZIP code</td></tr> <tr> <td style="padding: 2px; text-align: center;"> Your Social Security Number <i>or</i> Estate / Trust / Tax ID Number </td> </tr> <tr> <td style="padding: 2px; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td></tr> </table> </td> <td style="width:5%; text-align: center;">-</td> <td style="width:20%; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td></tr> </table> </td> <td style="width:5%; text-align: center;">-</td> <td style="width:20%; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> </tr> </table> </td> </tr> </table> </td> </tr> </table> | Your name (<i>Please print</i>) | Address (<i>Number, street, apt. no.</i>) | City, State, ZIP code | Your Social Security Number <i>or</i> Estate / Trust / Tax ID Number | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td></tr> </table> </td> <td style="width:5%; text-align: center;">-</td> <td style="width:20%; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td></tr> </table> </td> <td style="width:5%; text-align: center;">-</td> <td style="width:20%; text-align: center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> </tr> </table> </td> </tr> </table> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td></tr> </table> | | | | | - | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td><td style="width:25px; height: 20px;"> </td></tr> </table> | | | | | - | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> <td style="width:25px; height: 20px;"> </td> </tr> </table> | | | | | | | | |
| Your name (<i>Please print</i>) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City, State, ZIP code | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Under penalty of perjury, I certify:

- 1. That the number shown on this form is my correct taxpayer identification number; and**
- 2. That I am NOT subject to backup withholding because: (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding.**

If you are currently subject to backup withholding, check this box:

3. I am a U.S. citizen or a U.S. resident for tax purposes. Check one: Yes No

If you are not a U.S. citizen or resident for tax purposes, MetLife will send you a W-8BEN that you are required to complete to certify your foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

_____ (_____) _____ (_____) _____
 My signature (*Do not print*) Area Code Daytime telephone no. Area Code Evening telephone no.

Warning – If you knowingly and willfully make any materially false, fictitious or fraudulent statement or representation on this form, or conceal a material fact related to the requests for information on this form, you may be subject to a monetary fine or imprisonment for not more than five years, or both, under 18 U.S.C. 1001.

MetLife's TCA ("Total Control Account") is a settlement option for the payment of claims. The TCA is not a checking, savings or money market account from a bank. If you receive your life insurance proceeds by TCA, your customer relationship is with MetLife, not the Federal government or any of its agencies.

The Total Control Account® Settlement Option Features

INTEREST

- TCA earns interest from the date it is established. The rate credited to your TCA **will never fall below the annual effective interest rate guaranteed in your Customer Agreement issued to you when proceeds are paid through a TCA**, and will equal or exceed the rate established by one of the following indices: the prior week's Money Fund Report Averages™/Government 7-Day Simple Yield or the Bank Rate Monitor™ National Money Market Rate Index.
- Interest is compounded daily and credited monthly to your TCA. (Generally, the interest you are paid will be subject to income tax. You should consult your own tax advisor about your particular circumstances.)

METLIFE TCA FINANCIAL SECURITY

- The assets backing the TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to your TCA will never fall below the rate guaranteed in your **Customer Agreement. Call 1-800-METSAVE (1-800-638-7283) for your guaranteed annual effective interest rate.**
- The TCA is not insured by the FDIC ("Federal Deposit Insurance Corporation") or any government agency. However, the entire amount of your TCA, including all interest paid to you, is fully guaranteed by the financial strength and claims paying ability of MetLife. MetLife's guarantee is further backed by your respective state insurance guaranty association. Maximum limits vary from state to state and may change over time. MetLife's obligation to pay the total policy proceeds is satisfied by depositing such proceeds in your TCA.

IMMEDIATE ACCESS TO FUNDS AND FLEXIBILITY

- **You can withdraw all or part of your TCA balance immediately** or at any time thereafter, without penalty or loss of interest.
- There are no limits on the number of drafts you can write each month.
- You can name a beneficiary to receive your TCA balance, in case something happens to you.

NO MONTHLY MAINTENANCE FEES

- There are no monthly maintenance fees for the TCA, and no charges for withdrawals, drafts or reordering drafts.
- You can write drafts from a minimum amount of \$250 up to the full amount in your TCA at any time.
- Please note: automatic electronic fund transfers, electronic bill payments, and phone payments are not available from the TCA.
- You may be charged a fee for special services. The current special servicing fees are:
 - Draft Copy: \$2.00
 - Stop Payment: \$10.00
 - Wire Transfer: \$10.00
 - Overdrawn TCA: \$15.00

These fees may be subject to change in accordance with the terms of the TCA Customer Agreement.

METLIFE TCA FEATURES AND RELATED SERVICES

- When a claim is paid through a TCA, you'll receive a TCA Starter Kit with information about TCA, a draftbook, and a Customer Agreement specifying your guaranteed annual effective interest rate.
- MetLife sends each account holder a quarterly statement regarding account balances and activity. Statements are also sent monthly if there has been withdrawal activity in the account.
- Dedicated customer service representatives are within easy reach to answer any questions you may have about your TCA. You will be provided with a toll-free customer service number with your starter kit materials.

TIME TO DECIDE

- TCA provides you with interest on your funds while you take the time to decide how to best use your proceeds.
- Your rights to elect other MetLife settlement options are preserved. You may, at any time, place some or all of your TCA balance in any other available option.
You will receive information on settlement options which are available to you along with your TCA Starter Kit.

If the proceeds payable to you are less than \$5,000, or you reside in a foreign country, or the claimant is a corporation or similar entity, payment is usually made by a single, lump-sum check. Proceeds payable to minors will either be paid to the appropriate guardian or held by MetLife until age of majority.

Total Control Account® is a registered service mark of Metropolitan Life Insurance Company