



Electronic Payment (EP) Account Agreement

Instructions: Use this form to establish or change an electronic payment account as a payment method for policies and contracts issued by the companies listed below. Once you have established an EP Account, other products can be included with this account so that payments can be withdrawn on the same date from the same bank account. Please complete this form in its entirety to avoid any delays in processing. If you need assistance completing this form, please call your representative, sales office, or the appropriate number listed under How to Submit this Form.

The Company indicated in this section is referred to as **"the Company."**

- Metropolitan Life Insurance Company
- New England Life Insurance Company
- General American Life Insurance Company
- MetLife Insurance Company of Connecticut
- First MetLife Investors Insurance Company
- MetLife Investors USA Insurance Company
- MetLife Investors Insurance Company
- Metropolitan Tower Life Insurance Company

SECTION I - Type of Request

- New Authorization (To make regular withdrawals)
- Change of Bank Account (Prior Authorization)
- Add policy/contract to existing Electronic Payment Account # _____

Note: Individual Disability Income contracts can not be added to existing electronic payment accounts containing any other MetLife products.

SECTION II - Bank Account Owner Information

Primary Owner of the Bank Account: Individual or Business Entity

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____

Business Entity _____ Tax ID Number If Company Check _____

Street Address _____

City _____ State _____ Zip _____

Joint Owner of the Bank Account:

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____



SECTION III - Policy/Contract Payment Information

Please complete the following chart using a separate column for each policy/contract.

	Policy/Contract No.	Policy/Contract No.	Policy/Contract No.	Policy/Contract No.
Recurring Payment Type: Please choose one or more of the following: Premium, Loan, Annuity, PUAR/PAIR, ALBO, ADCW, etc.				
Recurring Payment Amount: Amount to draft every month				
Relationship of Bank Account Owner to Insured or Contract Owner: Please choose one of the following: Self, Spouse/Domestic Partner, Parent, Child, Grandparent, Employer, Guardian, or Contract Owner. (This section is not required for Individual Disability Income Policies) * Please review Bank Draft Disclosure for additional information.				
Initial Premium Advance Payment Amount: *Please review Bank Draft Disclosure for additional information.				

Withdrawal Date is the day of the month we will withdraw from your bank account. If you do not specify a date, monthly withdrawals will occur on the same day of the month as the issue date.

Please specify **only one** option: Issue Date of Policy/Contract Withdrawal on the ____ of each month

SECTION IV - Bank Information

Account Type: Checking Savings

We **CANNOT** establish electronic payments without a preprinted voided check or a letter from the bank. Additionally, we **CANNOT** establish electronic payments from starter checks, cash management, brokerage, or mutual fund checks, nor from foreign banks (unless the check is being paid in U.S. Dollars through a U. S. correspondent bank. The U.S. correspondent bank name must be on the check.)

IMPORTANT REMINDER-

**IN ORDER TO PROCESS YOUR REQUEST
PLEASE TAPE YOUR PREPRINTED VOIDED CHECK OR DEPOSIT SLIP HERE.**

Alternatively you may submit a letter on bank letterhead that includes the routing and account numbers.

Banking Institution Routing Number _____ Account Number _____



SECTION V - ACH Withdrawal Authorization

I, the Account Holder, hereby authorize

1. The companies named above (MetLife) to initiate withdrawal entries to the deposit account designated above at the Bank named above, using the Automated Clearing House;
2. Monthly recurring withdrawals; and
3. Withdrawals made from time to time, as I authorize.

I understand that:

1. The origination of electronic withdrawals to my account must comply with the provisions of U.S. law;
2. MetLife requires notification of at least 2 business days (5 business days for MetLife of Connecticut policies) before a scheduled payment to either terminate the EP or to prevent a scheduled payment;
3. If payments are made for insurance premiums, paying my insurance premiums monthly may result in a higher yearly out-of-pocket cost or different cash values.

SECTION VI - Signatures

Signature Requirements

All Bank Account Owners must sign this form. Please sign as shown below:

A Partnership	The full name of the firm should be printed with the signature of all general partners (not limited partners).
A Sole Proprietorship	The full name of the business should be printed with the signature of the owner followed by the word "owner."
A Trust	Signatures, followed by the word "Trustee," of all required Trustees. Also submit a Trust Certification, which is available from your representative, sales office, or the appropriate number listed under How to Submit This Form.
A Corporation	The signatures and titles of two officers.
An Individual acting on Behalf of the Owner	The full name of the Owner's fiduciary or agent and the legal documentation of the authority to act (e.g., power of attorney, guardianship papers, etc.).

By signing this document, I accept the term of this EP agreement.

Signature of Owner of the Bank Account _____ Title (If you are acting in a representative capacity) _____

Print Name of Individual Signing - First Middle Last _____

Signed at City _____ State Date _____

Signature of Joint Owner of the Bank Account _____ Title (If you are acting in a representative capacity) _____

Print Name of Individual Signing - First Middle Last _____

Signed at City _____ State Date _____

Before mailing, please include the following items:

- Preprinted voided check, deposit slip, or a letter from the bank
- All required signatures
- Policy/Contract Number
- Relationships indicated are of the Bank Account Owner to the Insured or Contract Owner

For Sales Office Use Only Sales Office/Agency Number/Representative ID _____ Date _____

Sales Representative Name - First Middle Last _____



How to Submit this Form

Return pages 1 through 3 of the completed form to the address or fax number listed below for the Company that issued the policy. If policies are issued by more than one Company, return the completed form to any Company that issued at least one of the policies.

Issuing Company	Contact Phone Number	Fax Number	Address
Metropolitan Life Insurance Company MetLife Investors USA Insurance Company First MetLife Investors Insurance Company Metropolitan Tower Life Insurance Company	1-800-638-5433	1-908-655-9581	P. O. Box 354, Warwick, RI 02887-0354
New England Life Insurance Company	1-800-638-5433	1-908-655-9582	P. O. Box 323, Warwick, RI 02887-0323
General American Life Insurance Company MetLife Investors Insurance Company	1-800-638-5433	1-908-655-9583	P. O. Box 355, Warwick, RI, 02887-0355
MetLife Insurance Company of Connecticut (For Life Insurance Policies Only)	1-800-638-5433	1-908-655-9584	P. O. Box 321, Warwick, RI 02887-0321
Metropolitan Life Insurance Company (For Individual Disability Income Policies Only)	1-800-929-1492	1-908-552-3960	P. O. Box 30591, Tampa, FL 33630-3591

Bank Draft Disclosure

SECTION I: Automatic Withdrawals

- Recurring withdrawals will not start unless the policy/contract is in force.
- All withdrawals authorized will appear on your bank statement as "MetLife" or "MET-PAC."
- If the payment withdrawal date selected falls on a weekend, a holiday, or, in a shorter month, if the date selected is 29-31, the account will be billed on the next business day.
- By authorizing automatic withdrawals, MetLife established a MetLife Electronic Payment Account ("EP Account") for you. The EP Account is a payment method available to pay for policies/contracts issued or sold by MetLife companies. Once you have an EP Account, other MetLife products can be included with this account so that payments can be withdrawn on the same date. (Accounts set up for Individual Disability Income policies can not be combined with other products)

SECTION II: Multiple Payment Withdrawals

Multiple payments may be withdrawn when:

- More than one policy/contract payment is due or needed to bring your policy/contract up to date.
- You requested a life insurance/individual disability income policy be back-dated resulting in more than one payment due at time of issue.
- The withdrawal date selected is after the contract date for life insurance policies with flexible premiums.

Note: Guarantees may be affected if payments are missed or delayed.

SECTION III: Initial Premium Advance Payment for Life Insurance and Individual Disability Income

This option will allow the advance payment to be withdrawn immediately at signing of an application or during the underwriting process. This option is available if the policy/contract applied for will be paid by recurring monthly withdrawal. The initial withdrawal is subject to the terms of the Temporary Insurance Agreement and/or Conditional Receipt.

SECTION IV: Ending the Withdrawal

The EP Account shall remain in full force and effect until one of the following occurs:

- You notify MetLife of the termination of the EP Account. MetLife requires notification of at least 2 business days (5 business days for MetLife of Connecticut policies) before a scheduled payment to either terminate the EP or to prevent a scheduled payment.
- MetLife notifies you of the termination of the EP Account.
- The policy(ies)/contract(s) is/are no longer in effect.
- The bank account used for withdrawals is closed or is otherwise terminated.

SECTION V: General Information

If you change your bank or the bank account that you use for monthly deductions, you must stop your current agreement and complete a new form.

- If you are not able to submit the new EP Agreement form in advance of the previously authorized draft date, please be sure to leave sufficient funds in your original account to cover the deduction for that month.
- To obtain a new form refer to contact information below.

Paying insurance premiums monthly may result in a higher yearly out-of-pocket cost or different cash values.

Please be sure to have adequate funds in your bank account to cover the total monthly deduction on the Debit Authorization Form.

- If there are inadequate funds, your payment(s) into the policy(ies)/contract(s) may not be made, or may be made late. Either situation could result in a life insurance policy losing certain guarantees or a life insurance/individual disability income policy lapsing.
- Please note that many banks charge their customer when there are inadequate funds for an electronic draft.

Based on the policy/contract, premiums can increase.

Should a policy/contract no longer be paid by electronic draft, premiums or payments will be payable at the most frequent mode of payment available for that policy/contract.

MetLife will not consider refund requests until ten business days after the withdrawal.

If your mailing address changes, or if you want to determine the status of your policy and any guarantees, please contact your representative or call us at 1-800-METLIFE (1-800-638-5433).