GAC# _____

MetLife®

BANKING AGREEMENT FOR DIRECT DEPOSIT OF ANNUITY PAYMENTS

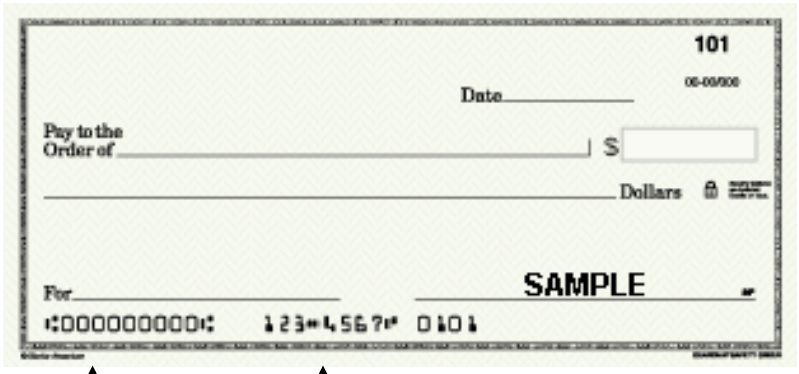
Name: _____

Social Security #: _____ _____ _____ - _____ _____ - _____ _____ _____ _____

I am entitled to receive annuity payments under the Group Annuity Contract (GAC) above. I authorize MetLife to direct deposit my payments to my account at the Bank/Depository designated below. If any overpayment of such benefits is credited to my Account in error, I hereby authorize and direct the Bank/Depository to debit my account and to refund such overpayment to MetLife.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Type of Account: ___ Checking ___ Savings ___Other _____ (specify type)



Routing Number *is always 9 digits and may also appear at the bottom center of check*

Your Specific Account Number

Name of Bank/Depository: _____

9 Digit Bank Routing Number: ____ ____ ____ ____ ____ ____ ____ ____ ____

Your Account Number: _____
(Include any dashes or spaces which may appear in your Account Number)

_____ _____ (__ __ __) __ __ __ - __ __ __ __
Your Signature Date Daytime Phone Number

Return form to: sbenefield@metlife.com
Sandra H. Benefield
MetLife, 2300 Lakeview Parkway, Suite 200, Alpharetta, GA 30009
sbenefield@metlife.com

MRG/NQ