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Social Security #:    -   -

**4. INVESTMENT DIRECTION**

**CO-PLAN<sup>SM</sup> LIFE INSURANCE**

Check only one:  **New** (you must attach the completed applicable forms)      Amount Per Pay: \$    .

**Existing** (apply to existing contract)

Fund Code	Fund Name	Percentage	Fund Code	Fund Name	Percentage
<b>FIXED ANNUITY</b>					
T-Flex	Flexible Annuity				
<b>UNIVERSAL ANNUITY (UA)</b>					
A	Batterymarch Growth and Income Portfolio		AF	Lord Abbett Bond Debenture Portfolio	
1M	Batterymarch Mid-Cap Stock Portfolio		HL	Lord Abbett Growth and Income Portfolio	
DQ	BlackRock Aggressive Growth Portfolio		KC	Met/AIM Capital Appreciation Portfolio	
4W	BlackRock Bond Income Portfolio		FY	Met/AIM Small Cap Growth Portfolio	
FA	BlackRock Diversified Portfolio		H9	MetLife Aggressive Allocation Portfolio	
4E	BlackRock High Yield Portfolio		H5	MetLife Conservative Allocation Portfolio	
DR	BlackRock Large-Cap Core Portfolio		H6	MetLife Conservative to Moderate Allocation Portfolio	
1K	BlackRock Money Market Portfolio		OB	MetLife Investment Diversified Bond Fund	
IE	Cyclical Growth & Income ETF Portfolio		OI	MetLife Investment International Stock Fund	
IC	Cyclical Growth ETF Portfolio		OC	MetLife Investment Large Company Stock Fund	
F0	Dreman Small-Cap Value Portfolio		OE	MetLife Investment Small Company Stock Fund	
DS	Dreyfus VIF Developing Leaders Portfolio		H7	MetLife Moderate Allocation Portfolio	
1G	FI Large Cap Portfolio (Fidelity)		H8	MetLife Moderate to Aggressive Allocation Portfolio	
FT	Fidelity VIP Contrafund® Portfolio		I2	MetLife Stock Index Portfolio	
FE	Fidelity VIP Equity-Income Portfolio		HT	MFS® Total Return Portfolio	
FS	Fidelity VIP Growth Portfolio		BD	MFS® Value Portfolio	
D1	Fidelity VIP Mid Cap Portfolio		I3	Neuberger Berman Real Estate Portfolio	
1C	Harris Oakmark International Portfolio		IJ	Oppenheimer Global Equity Portfolio	
JI	Janus Aspen Series International Growth Portfolio		PR	PIMCO Inflation Protected Bond Portfolio	
US	Janus Forty Portfolio		PM	PIMCO VIT Total Return Portfolio	
FW	Lazard Mid-Cap Portfolio		UP	Pioneer Fund Portfolio	
UA	Legg Mason Partners Managed Assets Portfolio		HP	Pioneer Strategic Income Portfolio	
BI	Legg Mason Partners Variable Adjustable Rate Income Portfolio		VQ	Templeton Developing Markets Securities Fund	
SG	Legg Mason Partners Variable Aggressive Growth Portfolio		VG	Templeton Foreign Securities Fund	
WL	Legg Mason Partners Variable Appreciation Portfolio		IT	Third Avenue Small Cap Value Portfolio	
KR	Legg Mason Partners Variable Fundamental Value Portfolio		NJ	Van Kampen LIT Comstock Portfolio	
C2	Legg Mason Partners Variable Investors Portfolio		GV	Western Asset Management U.S. Government Portfolio	
AB	Legg Mason Partners Variable Large Cap Growth Portfolio			Fixed Interest Options	
SS	Legg Mason Partners Variable Small Cap Growth Portfolio			Fixed Interest Option (Qualified Only)	
SA	Legg Mason Partners Variable Social Awareness Portfolio			Fixed Interest Option (Non-qualified Only)	
IN	Loomis Sayles Global Markets Portfolio				

**OTHER**

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

**5. FUNDING TRANSFER**

Please refer to Fund Codes above.      MetLife Account #:

Transfer FROM	Fund Code	Money Type	% or \$ Amount		Transfer TO	Fund Code	Money Type	% or \$ Amount	
			%	\$				%	\$
			%	\$				%	\$
			%	\$				%	\$
			%	\$				%	\$
			%	\$				%	\$
			%	\$				%	\$
			%	\$				%	\$

Social Security #: -

**6. TELEPHONE TRANSFER AUTHORIZATION**

Telephone transfer capability is automatic for participant.

Do you authorize telephone transfer capability for your spouse?  Yes  No Name of Spouse: \_\_\_\_\_

**7. REPLACEMENT INFORMATION**

• Will the contract(s) applied for replace any existing annuity contract or life insurance policy on the annuitant's life?  Yes  No

If Yes, please provide details: Insurance Co. Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

• Do you have any existing life insurance policies or annuity contracts?  Yes  No

If Yes, please provide details: Insurance Co. Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

• Will the purchase of this annuity result in the replacement, termination or change in value of any existing life insurance policy for an annuity contract in this or any other company?  Yes  No

If Yes, provide the information below. Attach any required state replacement and/or 1035 exchange/transfer forms, which may also be required if there is an existing policy/contract and replacement is not involved.

Insurance Co. Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

**8. PARTICIPANT'S CERTIFICATION**

**I understand that the contract will take effect when the first premium payment is received, and the application is approved in the Home Office of MetLife. All payments and values provided by the contract applied for, when based on investment experience of a separate account, are variable in nature and are not guaranteed as to a fixed dollar.** No agent is authorized to make changes to the contract or application.

By signing this form I confirm and acknowledge all of the following: If I specified a salary-reduction contribution, my Employer may rely on this form as my written instruction to reduce my salary or wages and creates a legally binding Salary Reduction Agreement. If I am purchasing a MetLife fixed or variable annuity contract, MetLife will rely on this form as an application and as part of my written instructions. If I am purchasing a variable annuity contract, I acknowledge having received a current prospectus. I have read and understand the terms and conditions of the Distribution Restriction, Fraud Warning, and Telephone-Transfer Rules contained in this form. I have received MetLife's Privacy Notice.

Participant's Signature: \_\_\_\_\_

Date: -  
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Application signed at (City and State): \_\_\_\_\_

**9. REPRESENTATIVE'S REPORT**

I acknowledge that all data representations and signatures recorded on pages 1 and 3 were recorded by me or in my presence in response to my inquiry and request, and that all such representations and signatures are accurate and valid to the best of my knowledge and belief.

To be signed personally by the representative(s) by whom the application was solicited. Florida license # (if applicable) \_\_\_\_\_

Will the contract(s) applied for replace any existing annuity contract or life insurance policy on the Annuitant's life?  Yes  No

Representative's Name: \_\_\_\_\_  
Print full name

Representative's Number:

Representative's Signature: \_\_\_\_\_

Date: -  
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## Distribution Restriction

I understand that I can not take money out of a **§ 403(b) contract** until I reach age 59½ or permanently leave employment from my public-school or charitable-organization employer. If I have a financial hardship, I may take a limited distribution from my salary-reduction contributions only (not from investment earnings). I understand that I may transfer § 403(b) amounts within a § 403(b) contract or to other § 403(b) contracts.

I understand that I will not be permitted to get money out of a **§ 457(b) plan** until after I permanently leave work for my Employer. I may get a limited distribution if I have a financial emergency that I couldn't have planned for. Read the plan for more information.

## Telephone Transfer Authorization - Rules and Regulations

By signing this form, the contract owner and spouse (if authorized) have the ability to execute the following transactions:

Transfer all or any part of accumulated variable annuity contract values to a funding vehicle (hereafter referred to as an "investment alternative") of the variable annuity contract.

Allocate all or any part of future contributions to the investment alternative(s) of the variable annuity contract or to a fixed annuity product.

I authorize MetLife Insurance Company of Connecticut ["MIC"] to accept and act upon telephone instructions from me, my spouse (if authorized) or any person purporting to be me or my spouse and who provides the identifying contract information. I understand, promise and warrant that MIC and all persons acting on its behalf shall be indemnified, defended and held harmless by me against any and all claims loss, liability, or demand of whatsoever nature to which said insurance company its said employees, subcontractors or owners (collectively its "agents") may be subject or put by reason of real or claimed damaged or injury arising or resulting in whole or in part from negligence, wrongful act or wrongful omission of said MIC, or any of its "agents" so long as it or they shall have acted in good faith in attempting to perform according to the terms of this Telephone Transfer Authorization.

Contract Owners that authorize MIC to accept telephone instructions for transfers of Contract Values agree to such transfers subject to the following provisions:

Telephone transfer instructions may be given by calling the toll-free number listed on the Contract Owner's quarterly statement.

1. All callers must identify themselves by providing specific information about their contract including: name, address, contract number, social security number and date of birth.
2. Once instructions are accepted by the Telephone Transfer Unit, they may not be rescinded. New telephone instructions may be given the following business day.
3. All transfers must be in accordance with the terms of the Variable Annuity Contract. If the transfer instructions are not in good order, MIC will not execute the transfer and will notify the caller before the end of the next business day.
4. This authorization shall continue in force until MIC receives written revocation from the Contract Owner, the ownership of the contract is transferred, the Annuitant or owner dies, or MIC discontinues the privilege.

## Notices of Insurance Fraud

The following states require insurance applicants to be given a fraud warning statement. Please read the appropriate fraud warning statement for the state you reside in as indicated below.

**Arkansas, Louisiana, New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of life insurance, and civil damages. It is also unlawful for any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with respect to a settlement or award payable from insurance proceeds. Such acts shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies to the extent required by applicable law.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Kentucky:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio:** A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who, knowingly and with the intention to defraud, includes false information in an application for insurance or files, assists, or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same damage or loss, commits a felony, and if found guilty shall be punished for each violation with a fine no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**MLR ONLY**  
**Sales Representative Compensation Disclosure Report**

- ✓ You must leave the **MetLife Compensation Disclosure Notice** with your client.
- ✓ You must confirm delivery by signing this document below and returning it with the application.
- ✓ This is required only for business sold by MLR.

**Acknowledgement:**

I have delivered the Compensation Disclosure Notice to the applicant(s).

Name of Licensed & Appointed Sales Representative (please print)		
Signature of Licensed & Appointed Sales Representative		Date

## Compensation Disclosure Notice

MetLife, its affiliated insurance companies and broker-dealers are committed to helping you select an appropriate product based on your financial needs and stated investment objectives.

Your MetLife sales representative (“Representative”) is an employee of a MetLife Company or a sales representative associated with MetLife’s New England Financial® distribution channel.

Your Representative is authorized to offer and sell products to you that are issued or distributed by Metropolitan Life Insurance Company or certain of MetLife’s affiliated insurance companies and broker-dealers (each, a “MetLife Company” and, together, the “MetLife Companies”).\* Products from the MetLife Companies include fixed life insurance and annuities, property, casualty, and health insurance, variable annuities, and variable life insurance (“MetLife Products”). Your Representative also may be authorized to offer you certain products, including insurance, annuities, and mutual funds, issued by companies other than the MetLife Companies (“non-MetLife products”).

Your Representative acts on behalf of the MetLife Companies in connection with the offer and sale of MetLife Products to you. He or she acts on behalf of a company other than MetLife in connection with the sale of non-MetLife products. Your Representative also may service your mutual funds, securities or insurance products on behalf of the company issuing the product.

Your Representative is compensated by a MetLife Company for sale, renewal and servicing of MetLife Products and certain non-MetLife products. This compensation includes base commissions and other forms of compensation that may vary from product to product and by the amount of the purchase payment made by you. You should be aware that the amount of his or her compensation may increase in part based upon the relative amount of MetLife Products that he or she sells during a set period. He or she also is eligible for additional cash compensation (such as medical, retirement and other benefits) and non-cash compensation (such as conferences and sales support services) based on his or her sales of MetLife Products and overall sales and productivity. Your Representative may also receive compensation for the sale, renewal and servicing of non-MetLife products directly from the issuing company.

There are certain unaffiliated brokers who sell products through an association with a MetLife or New England Financial sales office. They are compensated by a MetLife Company for the sale, renewal and servicing of MetLife Products. Those brokers may receive increased compensation based upon the amount of MetLife Products sold during a set period.

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\* The following are the MetLife Companies whose products your Representative may be authorized to sell: Metropolitan Life Insurance Company, Metropolitan Property and Casualty Insurance Company, MetLife Investors Insurance Company of California, MetLife Investors Insurance Company of Missouri, First MetLife Investors Insurance Company, MetLife Investors USA Insurance Company, New England Life Insurance Company, General American Life Insurance Company, Texas Life Insurance Company, Paragon Life Insurance Company, MetLife Insurance Company of Connecticut, MetLife Life & Annuity Company of Connecticut, MetLife Securities, Inc., Walnut Street Securities, Inc., New England Securities, Corp. and Tower Square Securities, Inc. For more information, please refer to [www.metlife.com](http://www.metlife.com).

“New England Financial” is a registered service mark of New England Life Insurance Company.

**LEAVE WITH APPLICANT**