

## Electronic Payment (EP) account agreement

Use this form to establish or change an electronic payment.

### Company (Check the appropriate ONE.)

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

☐ Metropolitan Life Insurance Company      ☐ Metropolitan Tower Life Insurance Company

### Things to know before you begin

- **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 above. Once you have established an EP account, other products can be included with this account so that payments can be withdrawn on the same date from the same bank account.
- If you need assistance completing this form, please call your representative, sales office, or the appropriate number listed under How to submit this form.



Please complete this form in its entirety to avoid any delays in processing.

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### SECTION 1: Type of request

- ☐ New authorization (*To make regular withdrawals*)
- ☐ Change of bank account (*Prior authorization*)
- ☐ Add policy/contract to existing Electronic Payment account # \_\_\_\_\_

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### SECTION 2: Bank account Owner information

**Primary Owner of the bank account:**    ☐ Individual    or    ☐ Business entity

First name

Middle name

Last name

Business entity

Street address

City

State

ZIP

### Joint Owner of the bank account:

First name

Middle name

Last name



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### SECTION 3: Policy/Contract payment information

Please complete the following chart using a separate column for each policy/contract.	Policy/Contract number	Policy/Contract number	Policy/Contract number	Policy/Contract number
<b>Recurring payment type:</b> Please choose one or more of the following: Premium, Loan repayment, Annuity, PUAR, etc.				
<b>Recurring payment amount:</b> Amount to draft every month				
<b>Relationship of bank account Owner to Contract Owner:</b> Please choose one of the following: Self, Spouse/ Domestic Partner, Parent, Trustee, Business Owner, Step Parent, Child, Grandparent, Employer, or Guardian. <i>* Please review Bank Draft Disclosure for additional information.</i>				
<b>Initial premium advance payment amount:</b> <i>*Please review Bank Draft Disclosure for additional information.</i>				

**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 4: Bank information

**Account Type:** ☐ Checking ☐ Savings

We **CANNOT** establish electronic payments from some brokerage, mutual funds or from foreign bank accounts (unless it is being paid in U.S. Dollars through a U. S. correspondent bank.)

Banking institution routing number

Account number

John Doe  
123 Main Street  
Anytown, NJ 10000-1234

1234

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PAY TO THE ORDER OF \$

ANY BANK  
456 Main Street  
Anytown, NJ 10000-1234

FOR

123456789 0123456780 1234

BANK ROUTING NUMBER BANK ACCOUNT NUMBER



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Name of bank

Bank address & branch where account is located

If this is a brokerage account, please provide Firm name

## SECTION 5: ACH withdrawal authorization

I, the Bank 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 in the amount set forth in Section 3 above and such additional amounts that may be required under the terms and conditions of the relevant policy/contract; 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 a least two business days before a scheduled payment to either terminate the EP account 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.
4. Premiums may increase in accordance with the terms and conditions of the policy or contract. If I am not the owner of any policy or contract identified above, I will not receive advance notice of any change in the amount of any authorized withdrawal with respect to such policy or contract.
5. The owner of the policy or contract is responsible for ensuring that adequate premiums are paid to keep the policy/contract in force.

## SECTION 6: 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 ( <i>not limited partners</i> ).
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 authorized officers.
An Individual acting on Behalf of the Bank Account Owner	The full name of the Owner's fiduciary or agent and the legal documentation of the authority to act ( <i>e.g., power of attorney, guardianship papers, etc.</i> ).



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**By signing this document, I accept the terms of this EPA Agreement.**

Print name of Individual signing -			
First name	Middle name	Last name	
Title ( <i>If you are acting in a representative capacity</i> )		Signed at city	State
<b>Sign Here</b>	Signature of Owner of the bank account		Date (mm/dd/yyyy)
Print name of Individual signing -			
First name	Middle name	Last name	
Title ( <i>If you are acting in a representative capacity</i> )		Signed at city	State
<b>Sign Here</b>	Signature of Joint Owner of the bank account		Date (mm/dd/yyyy)

**Before mailing, please include the following items:**

• Banking Routing number, Account number and Bank information • All required signatures • Policy/Contract Number • Relationships of the Bank Account Owner to the Contract Owner

<b>For sales office use only</b>	Sales office/Agency number/Representative ID	Date (mm/dd/yyyy)
Sales representative - First name	Middle name	Last name

## SECTION 7: How to submit this form

Return pages 1 through 4 of the completed form to the address or fax number listed below for the Company that issued the policy or contract. If policies or contracts are issued by more than one Company, return the completed form to any Company that issued at least one of the policies or contracts.

Issuing Company	Contact Phone Number	Fax Number	Address
Metropolitan Life Insurance Company Metropolitan Tower Life Insurance Company	1-800-638-5433	1-908-655-9581	P. O. Box 354, Warwick, RI 02887-0354
Metropolitan Life Insurance Company <b>(For Individual Disability Income Policies Only)</b>	1-800-638-5433	1-908-552-3960	P. O. Box 354, Warwick, RI 02887-0354
Annuity contracts issued by any of the Companies listed above	1-877-638-3279	1-877-547-9669	P. O. Box 10342 Des Moines, IA 50306-0342



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