



# RETIREE MetLife Supplemental Life Insurance Beneficiary Form

**Retiree Information** **Retiree Supplemental Life Insurance ends on the date you reach age 70**

*Please Print*

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle / Maiden Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment # or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Primary Beneficiary Designation** **\*Proceeds will not be paid to any beneficiary under 18 years of age**

*Please Print*

P1  
\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment Number or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Percentage of benefit to be paid %

P2  
\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment Number or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Percentage of benefit to be paid %

I reserve the right to change the beneficiary (ies) designated on this form at any time. If no designated beneficiary named on this form survives me, I hereby direct and authorize MetLife to pay to my estate any benefits due.

**Retiree Supplemental Life Insurance ends on the date you reach age 70**

**Retiree Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Employee ID: \_\_\_\_\_

**Retiree Information**

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle / Maiden Name

**Secondary Beneficiary Designation** **\*Proceeds will not be paid to any beneficiary under 18 years of age**  
*Please Print*

S1.  
\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment Number or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Percentage of benefit to be paid %

S2.  
\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment Number or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Percentage of benefit to be paid %

S3.  
\_\_\_\_\_  
Name of beneficiary

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Relationship to me

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment Number or PO Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Percentage of benefit to be paid %

I reserve the right to change the beneficiary (ies) designated on this form at any time. If no designated beneficiary named on this form survives me, I hereby direct and authorize MetLife to pay to my estate any benefits due.

***Retiree Supplemental Life Insurance ends on the date you reach age 70***

**Retiree Signature** \_\_\_\_\_

**Date** \_\_\_\_\_