

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-543-2520.

A	Participant Information		
	Participant ID _____	Account Extension _____ <small>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</small>	
	Last Name _____	First Name _____	M.I. _____
	Street Address _____		Date of Birth () / () / () _____
	City _____	State _____	Zip Code _____
	Email Address _____	Work Phone Number () () _____	
Division _____	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
B	Payroll Election(s)		
	Paycheck Contribution Election		
Select One: <input type="checkbox"/> Start Payroll Deductions <input type="checkbox"/> Restart Payroll Deductions <input type="checkbox"/> Change Payroll Deductions <input type="checkbox"/> Stop Payroll Deductions <input type="checkbox"/> Decline Payroll Deductions			
Until such time as I revoke or amend my election, I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):			
<input type="checkbox"/> Before-Tax Contributions \$ _____ or _____ % (\$1.00 - \$17,500.00 or 1% - 100%)			
Date of Hire (mm/dd/yyyy) _____ / _____ / _____			
Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____			
I understand the total annual before-tax contributions cannot exceed \$17,500.00 of my eligible compensation in the 2013 tax year.			
Catch-Up Election			
Age 50 Catch-Up:			
Until such time as I revoke or amend my election, I elect to contribute to the Plan additional Age 50 Catch-Up amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):			
<input type="checkbox"/> Before-Tax Contributions \$ _____ or _____ %			
Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____			
I understand the total before-tax Age 50 Catch-Up amount cannot exceed \$5,500.00 of my eligible compensation in the 2013 tax year. I understand that I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. I understand that the Catch-Up contributions will be allocated in the same manner as my regular contributions.			
<input type="checkbox"/> I elect to cancel my Catch-Up contribution election.			

Last Name

First Name

M.I.

Social Security Number

Number

C Signatures and Consent**Participant Consent**

My signature acknowledges that I have read, understand and agree to all pages of the Paycheck Contribution Election and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, this election shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Employer may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Circular 230 Disclaimer - The information contained in this communication (including attachments) concerning Federal tax issues is not intended to (and cannot) be used by anyone to avoid IRS penalties. This communication is intended to support the sale of MetLife insurance, annuity production and financial services. I should seek advice based on my particular circumstances from an independent tax advisor. MetLife and its agents and representatives may not give legal or tax advice. Any discussion of taxes in this communication or related to this communication is for general information purposes only and does not claim to be complete or to cover every situation. Tax law is subject to interpretation and legislative change. Tax results and the appropriateness of any product for any specific taxpayer may vary depending on the facts and circumstances. I should consult with and rely on my own independent legal and tax advisors regarding my particular set of facts and circumstances.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____ **Date (Required)** _____

Authorized Employer Signature

I certify the election indicated by the participant above.

Authorized Employer Signature _____ **Date (Required)** _____

D Mailing Instructions

Participant forward to Employer

Insurance Company (MLIC), 200 Park Avenue, New York, NY 10166. MSI, MICC and MLIC are MetLife companies.