

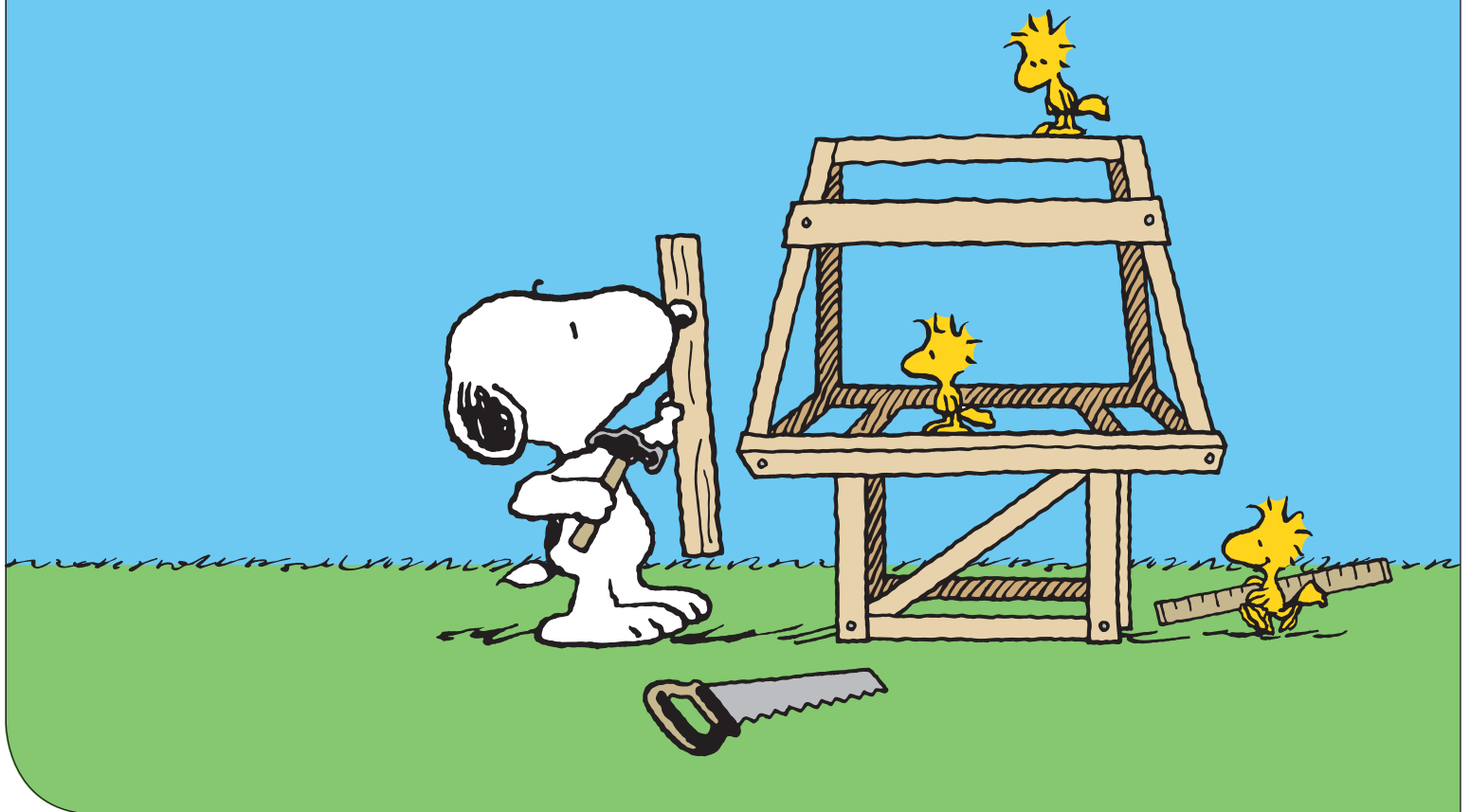
LIFE INSURANCE

The Life Underwriting Guide



MetLife

MARCH 2014



Life Underwriting at MetLife.

Competitive. Responsible.

For Producer or Broker/Dealer Use Only. Not for Public Distribution.

Our Vision

To contribute to growing MetLife's business by making appropriate decisions that:

- Are competitive in the marketplace
- Enable producers to outpace the competition
- Ensure MetLife will be here when our clients need us

THE LIFE UNDERWRITING GUIDE PROVIDES AN OVERVIEW OF THE CLIENT ACQUISITION PROCESS, FIELD UNDERWRITING GUIDELINES, ROUTINE LIFE INSURANCE UNDERWRITING REQUIREMENTS AND GENERAL INFORMATION.

CIRCUMSTANCES OF A PARTICULAR CASE MAY CAUSE CHANGES OR ADDITIONAL REQUIREMENTS TO BE ORDERED. ALL UNDERWRITING GUIDELINES ARE SUBJECT TO CHANGE.

What's New

- Updated EKG requirements on page 3.
- Updated routine APS requirements on page 5.
- Expanded Financial Underwriting Guidelines on pages 7-10.
- New rating classes effective September 3, 2013 in approved states on pages 12-14.
- New replacement form requirements effective November 8, 2013 on pages 31-32.

The Life Underwriting Guide is published by the Life New Business Underwriting Strategies Unit. If you have comments, suggestions or questions about the Life Underwriting Guide, please contact Robin Martucci-Livote at rmartucciliv@metlife.com.

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MEDICAL UNDERWRITING REQUIREMENTS

The following requirements are for traditional underwriting of life insurance applications.

	AGES ¹				
	15-17	18-40 ²	41-50 ²	51-60 ²	61 and over ²
Up through \$99,999	Non-Medical	Non-Medical ³	Non-Medical ³	Simple Paramed ³ Urine Specimen	Simple Paramed ³ Urine Specimen
\$100,000 through \$249,999	Non-Medical	Non-Medical Blood with Urine Specimen	Simple Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$250,000 through \$999,999	Non-Medical	Simple Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$1,000,000	Non-Medical	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$1,000,001 through \$2,500,000	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$2,500,001 to \$4,999,999	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$5,000,000 through \$9,999,999	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$10,000,000 and over	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen

1. Requirements are based on age at nearest birthday. Ages 0 through 14 are non-medical.

2. If a Tele-Application is completed for proposed insureds ages 69 and below, a simple paramed is to be done in lieu of a full paramed. A full paramed exam is still required at ages 70 and up.

3. All urine specimens obtained without a full blood specimen will be tested for HIV. Urine HIV testing is routinely required at ages 18 and older when the total amount in force and applied for within 12 months is \$50,001-\$99,999 in the following jurisdictions: DC, DE, FL, GA, MD, NJ, NY, PR and SC.

Based on the proposed insured's medical history, additional requirements may need to be ordered beyond those listed in the table above.

Survivorship Policies — Blood and urine specimens are required for both insureds. The remaining medical requirements will be ordered on each proposed insured based on one-half the total policy amount. All urine specimens obtained without a full blood specimen will be tested for HIV.

TYPES OF MEDICAL EXAMS

(All examinations include a urine specimen.)

1. Simple Paramedical (SPM) — A limited exam to collect physical measurements (height, weight, blood pressure, pulse) and blood/urine specimens.
2. Full Paramedical (PM) — A full exam collecting full health histories, blood/urine specimens, physical measurements (height, weight, blood pressure, pulse) and EKG, if needed.

MEDICAL UNDERWRITING REQUIREMENTS

GENERAL MEDICAL EXAM PROCEDURES

1. Prepare your clients for the exam by advising them of the following:
 - A valid government issued photo ID as proof of identity (driver's license, passport, etc.) will need to be shown to the examiner.
 - The examiner will collect specimens, e.g., full blood, urine. Remind your clients that for optimum results they should fast for 8-12 hours before their appointment if blood is being collected.
2. Remind clients that they should also have available:
 - Names and addresses of any physicians who have attended them, including their primary care physician.
 - Names of any prescriptions, over-the-counter drugs and herbal remedies they are taking.
3. Be sure appointments are made with one of the paramedical companies shown below and not with an individual examiner.
4. Provide the paramedical vendor with:
 - Accurate and complete identification information about the client and a case number, if available.
 - Information on your client's language needs and ask if they have an examiner fluent in the proposed insured's preferred language.
5. Remind the paramedical vendor to use the appropriate carrier for specimens:
 - United States Mail for urine specimens.
 - Federal Express for full blood and urine specimens.
6. Ensure that the paramedical vendor knows to send blood and urine samples to:

United States Mail Address
ExamOne, Inc.
P.O. Box 2035
Shawnee Mission, KS 66201

FedEx Address
ExamOne, Inc.
10101 Renner Blvd.
Lenexa, KS 66219

PARAMEDICAL VENDORS

Three paramedical vendors are approved for all types of medical services, including scheduling an EKG if applicable, full paramed and simple paramed exams, as well as the collection of blood and urine. Examinations and specimens submitted by any other examiner or paramedical vendor will not be accepted or used in the underwriting process.

Contact information shown below:

VENDOR	TELEPHONE NUMBER	WEBSITE
American Para-Professionals Systems (APPS)	1-800-635-1677	www.appslive.com
ExamOne	1-800-768-2071	www.examone.com
Hooper Holmes/Portamedic	1-866-384-6614	www.portamedic.com or www.hooperhomes.com

MetLife producers only: All paramedical vendors indicated above are also authorized to complete examinations and specimen collections for clients in the Downstate New York/New Jersey area. The APPS, ExamOne and Hooper Holmes/Portamedic telephone numbers are as stated above. Clerical associates will need to use a personal password when placing orders.

MEDICAL UNDERWRITING REQUIREMENTS

JOINT LIFE POLICIES

Generally, we will medically underwrite each proposed insured for the greater of one-half the total policy amount requested or \$250,000. For example, if the total policy amount is \$1,000,000, each proposed insured will be underwritten for \$500,000; if the total policy amount is \$300,000, each proposed insured will be underwritten for \$250,000. This underwriting amount will determine the type of examination, special tests and APS requirements for each insured.

Consumer Report requirements, financial justification and reinsurance, when applicable, for each proposed insured will be based on the total policy amount. The amounts of certain riders or benefits may increase the amount used for underwriting purposes.

If an insured applying for any joint life policy is willing to accept an uninsurable rating based on admitted medical history, the following will not routinely be required: Attending Physician Statement (APS), paramedical or medical exam, blood and urine. However, a fully completed application, including the medical supplement, a PHI or Consumer Report and a personal financial statement are still required. All routine age and amount requirements will still be required on the other life.

HIV INFORMED CONSENT FORMS

The APP-PACK is based on the owner's residence state; the state-specific or generic HIV consent form is required based on the proposed insured's residence state. Therefore, the proper HIV consent form is required on every case with a urine specimen.

ROUTINE ATTENDING PHYSICIAN STATEMENT GUIDELINES

If the proposed insured has had a routine checkup/physical exam within 12-24 months, an APS may be ordered based on these age and amount thresholds. Underwriting may also order an APS for medical history.

AGES	CHECK-UP WITHIN 12 MONTHS	CHECK-UP WITHIN 13-24 MONTHS
0-14	\$500,000 and over	Not Applicable
15-50	\$2,500,000 and over	Not Applicable
51-60	\$1,000,001 and over	Not Applicable
61 and over	\$100,000 and over	\$100,000 and over

ORDERING AN APS ON-LINE

Parameds.com provides APS collection services in all states.

The eNewBusiness system will identify the correct vendor for APS collection when the APS requirement is generated.

Third Party Distribution: Sales offices may request physician statements directly or request the TPD team in Bloomfield, CT, to order.

VENDOR	TELEPHONE NUMBER	WEBSITE
Parameds.com	1-888-766-3999	www.parameds.com

NOTE: A check-up done in anticipation of completion of an application for insurance will not satisfy this APS requirement.

Tips for Ordering an APS

Here are four things you should know when ordering an APS:

1. When your client's medical provider appears non-responsive, consider asking your client to request his/her physician's help in expediting the APS.
2. Protect your client's confidentiality. Make sure that the APS goes directly to the New Business Center, not to the sales office.
3. If your client's medical provider uses an outside record keeping service, delays in collection should be expected.
4. Proposed insureds ages 61 and older must demonstrate a pattern of continuing medical care, including age-appropriate tests, to qualify for the Preferred classes.

MEDICAL UNDERWRITING REQUIREMENTS

PRESCRIPTION HISTORY DATABASE

The Prescription History Database inquiry is used to help assess the use of prescription medications by a proposed insured and to facilitate specialized underwriting programs. The Prescription History Database inquiry results quickly provide the underwriter with a detailed history of prescription medication use. The information also may include some over-the-counter drugs and medical equipment.

A prescription history is required for the following ages and amounts:

Age	Amount	When Required
0-14	\$10 million and over	Always ¹
15-49	\$1,000,001 – \$2,499,999	Always
	\$2,500,000-\$9,999,999	If no APS source
	\$10 million and over	Always
50	\$250,000-\$1 million	Always
	\$1,000,001 – \$2,499,999	Always
	\$2,500,000 – \$9,999,999	If no APS
	\$10 million and over	Always
51-60	\$250,000-\$1 million	Always
	\$1,000,001 - \$9,999,999	If no APS
	\$10 million and over	Always
61-69	\$250,000 - \$1 million	Always
	\$1,000,001 - \$2,500,000	If no APS
	\$2,500,001 and over	Always
70 and over	\$50,000 - \$249,999	If no APS
	\$250,000 and over	Always

If the database shows a prescription history, the report will list the medications, dosages and prescribing physicians.

NOTE: The underwriter may order a Prescription Database History for cause at any age and amount.

By signing the required authorization form EAUTH-07, the proposed insured authorizes pharmacies and medical vendors to release this information to MetLife. The proposed insured may request a free copy of the report. If the proposed insured believes the report is inaccurate, he or she may take the dispute directly to the vendor. Contact information is provided in the letter sent to the proposed insured.

¹When the prescription inquiry is "Always" required but is returned with "Client Not Found", order APS.

SHELF LIFE OF UNDERWRITING REQUIREMENTS

Medical and non-medical underwriting requirements are generally acceptable only for a finite period of time. Each case is considered individually and sound underwriting judgment is applied as needed to update information from a pending or previously closed file.

- For ages 69 and below: The full blood profile, urinalysis, examination, telephone interview/personal history interview and resting EKG are generally acceptable for 12 months. Prescription History Database will be required/updated whenever the shelf life of full blood profile, urinalysis, examination and Prescription History Database requirements exceeds six months.
- Age 70 and above: The full blood profile, urinalysis, examination and telephone interview/personal history interview are generally acceptable for six months. A resting EKG is generally acceptable for 12 months.
- Any Age: Prescription History Database and Motor Vehicle Reports (MVRs) are generally acceptable for six months.

NOTE: IRS Form 4506-T (Request for Transcript of Tax Return) is only valid if received by the IRS within 120 days of the form's signature date.

NON-MEDICAL UNDERWRITING REQUIREMENTS

TELEPHONE SURVEYS AND CONSUMER REPORTS

1. Personal History Telephone Interview (PHI) — At age 70 and above for amounts \$1,000,001 through \$5,000,000 inclusive, a routine PHI will be scheduled to collect certain underwriting information. Where the insured is the owner, the PHI will include required compliance questions. Where the owner is not the insured, a post-issue written survey will be mailed to the owner. Based on the proposed insured's non-medical or medical risk factors, the underwriter may request a tele-interview for cause. Based on individual circumstances, the interview will be limited to the specific risk factors that require additional clarification to be appropriately considered.

NOTE: We make every effort to contact your client only once during the underwriting process.

2. Consumer Reports — We have discontinued use of Investigative Consumer Reports effective April 29, 2013. Instead, an Electronic Inspection Report (EIR) and Credit Report (for personal insurance cases) or Comprehensive Business Report and Business Credit Report (for business cases) are required for financial underwriting amounts greater than \$5 million where the issue age is between 18-69, or for amounts greater than \$500,000 where the issue age is 70 and higher.

NON-MEDICAL UNDERWRITING REQUIREMENTS

MOTOR VEHICLE RECORDS (MVR)

For the following ages and amounts, routine driving records will be ordered for all persons proposed for insurance. The driver's license number(s) should be included on each application to facilitate the collection of these records.

Proposed Insured	Amounts	Proposed Insured	Amounts
Age 18-35	\$100,000 and over	Age 36 and older	\$250,000 and over

UNDERWRITING GUIDELINES

FINANCIAL UNDERWRITING REQUIREMENTS

Personal Financial Information Supplement Requirements:

The Personal Financial Information Supplement (PFIS) is required for all insureds, owners, and third party premium payors as shown below. For third party payors, the age of the insured, or owner if different, will determine whether a PFIS is required for a payor.

PRODUCT	AGE	AMOUNT
EAVUL	18-85	All face amounts
All others	18-69	\$2,000,001 and up
	70 and older	\$500,001 and up

IRS FORM 4506-T Request For Transcript of Tax Return IRS form 4506-T is required for financial underwriting amounts greater than \$5 million when the issue age is between 18-69, or for amounts greater than \$500,000 when the issue age is 70 or higher. The 4506-T is generally only required on the proposed insured(s). We may request tax transcripts for cause on other parties or at other ages and amounts, subject to the underwriter's discretion. We recommend completing a 4506-T at the amounts shown above for the PFI, to help avoid a return trip to the customer should the underwriter determine it is necessary. Please note: This form is only valid if received by the IRS within 120 days of the form's signature date.

FINANCIAL UNDERWRITING GUIDELINES

These guidelines are intended to provide a general formula to calculate suggested maximum amounts of life insurance that should meet the financial needs of your clients.

Income Replacement Sales	
Current income multiplication factors for determining the maximum amounts of insurance inforce and applied for in all companies for the proposed insured.	
AGE	TIMES INCOME
40 and under	30
41-45	25
46-55	20
56-60	15
61-70	10
71-79	5
80 and over	Individual Consideration

Estate Conservation Sales		
The future value of the proposed insured's estate should generally be projected as follows: The amount of inforce and applied for coverage available for estate conservation will be reduced by \$5 million to take into consideration current federal estate tax laws.		
AGE	GROWTH RATE	TIMES INCOME
18-59	7%	75% of life expectancy, up to a maximum of 25 years LESS \$5 million Federal estate tax exclusion
60-79	5%	75% of life expectancy, to a maximum of 25 years LESS \$5 million Federal estate tax exclusion
80 and over	Individual Consideration	

Generally, in the absence of significant unearned income, or savings or other net worth, there should be a minimum household earned income of \$15,000.

Other final expenses will be considered provided justification is documented and does not provide heirs with a windfall. These expenses can include:

- Income taxes due
- Outstanding medical and final expenses
- Expenses associated with a business in probate
- Loss of human life value to the beneficiaries (when residing in same household)
- Offsetting the degradation of an individual's net worth that can occur when liquidating assets held in the estate

UNDERWRITING GUIDELINES

FINANCIAL UNDERWRITING GUIDELINES (Continued)

For these financial needs, our guidelines provide for a minimum amount of coverage. We will provide for a “safe harbor” amount calculated as follows provided the client can demonstrate an insurable loss to support the face amount applied for.

SAFE HARBOR AMOUNT -% OF PROJECTED NET WORTH		
Net Worth	For ages 65 and above:	For ages 64 and below:
0-\$2,000,000	15%	20%
\$2,000,001-\$5,000,000	20%	25%
\$5,000,001 +	25%	30%

PREMIUM AFFORDABILITY

The affordability of ongoing premiums for individuals over 65 should be questioned if exceeding the following income and net worth guidelines.

Income Guidelines

If the Insured/Owner, or if the premium payor other than the insured, is age 65 or older the following affordability check applies:

The premium to annual income ratio is based on the following income or net worth thresholds, whichever is greater	Annual Premium/Annual Income % should not exceed
Income Less than \$50,000	5%
Income Between \$50,001-\$100,000	10%
Any income over \$100,000	15%
Net Worth is less than \$200,000	5%
Net Worth is between \$200,001-\$500,000	10%
Regardless of the client’s Net Worth	15%

If the Insured/Owner, or if the premium payor other than the insured, is age 64 or younger the following affordability check applies:

The premium to annual income ratio is based on the following income or net worth thresholds, whichever is greater	Annual Premium/Annual Income % should not exceed
Income Less than \$50,000	10%
Income Between \$50,001-\$100,000	15%
Any income over \$100,000	20%
Net Worth is less than \$200,000	10%
Net Worth is between \$200,001-\$500,000	15%
Regardless of the client’s Net Worth	20%

REMEMBER Premium Payor should have an interest in the continued life of insured. On cases where the payor/owner is other than the insured, or a trust, we do need to verify appropriateness and/or insurable interest of the arrangement. Premium suitability must be demonstrated for the total premiums payable by any payor for the total life insurance premium on all policies. For example, if an adult child is paying the premiums for the insured parent, the adult child must demonstrate s/he can afford to pay the premiums for their personal coverage in addition to the coverage they are applying for on their parent.

Net Worth Guidelines

First year premiums cannot exceed 20% of client’s liquid net worth (for variable universal life) or 20% of total net worth (for other life products).

Any single or front-end loaded premium must fit within the context of the insured’s larger and comprehensive financial plan, and cannot be accepted in isolation.

UNDERWRITING GUIDELINES

PREMIUM AFFORDABILITY (Continued)

If the client's net worth is under \$5,000,000 detailed documentation of the client's comprehensive financial plan must be provided and must address the following:

- Liquidity needs — The client must have sufficient income and assets to meet ongoing premiums for all life insurance policies (inforce and applied for) in addition to living expenses (inclusive of health insurance premiums) and future unanticipated needs. Long term health care needs should be specifically accounted for.
- Each source of income must be listed both pre and post life insurance purchase with any difference or impact to that source noted. No significantly adverse change in financial status or financial flexibility can be attributed to the life insurance purchase.
- The reason the product and payment amount is appropriate for this client given the client's liquid, and overall, net worth.

Additional Premium Affordability Concerns

Source of funds: Loans, reverse mortgages, qualified annuity replacements, and any other significant red flag transaction will generally not be acceptable under most circumstances. Specifically, any surrender of a qualified annuity to fund life insurance in the older ages is of particular concern and generally is not acceptable.

When the applicant has a substantial net worth and a significant estate tax protection need, surrender of the qualified annuity may be justified, provided appropriate premium suitability has been established.

Living Expenses: Annual expenses cannot exceed 85% of income after accounting for all ongoing life insurance premiums. There must be sufficient income and net worth to maintain the insured's current economic position and financial flexibility.

For Single or Front-end loaded Premium Payments where client net worth is below \$5 million dollars or to document special consideration requests:

An Agent memo outlining the comprehensive financial plan must be provided with the following included:

- Source of premium funds.
- Financial flexibility analysis (funds available for unanticipated & emergency expenses or long term care needs) prior to and post insurance purchase transaction.
- Long term income analysis, both pre and post insurance purchase transaction.
- Reason for coverage and any special circumstances and or factors.

DEPENDENCY GUIDELINES

Household family members who do not have an income may be considered for the following amounts. In all cases, amounts must meet the tests of suitability and affordability.

Dependent Spouse	
Spouse generally means a legal marital, domestic, civil union or common-law partner.	
Amount of Insurance Inforce and Applied for	Coverage Needed on Non-dependent Spouse
0 - \$125,000	No Requirement
\$125,001 and over	Equal Amount

Dependent Parent	
Only one child in a family may claim the parent as a dependent.	
Amount of Insurance Inforce and Applied for	Coverage Needed on Financially Responsible Adult Son/Daughter
0 - \$125,000	Equal Amount

DEPENDENT CHILD: ALL STATES OTHER THAN NEW YORK	
Amount of Insurance Inforce and Applied for	Coverage Needed on Parent/Family Head
0 - \$1,000,000	Equal Amount
\$1,000,001 and over	Individual Consideration

Limited amounts of coverage will be available to high school seniors (\$50,000), college students (\$100,000), and graduate students (\$250,000) even if there is no coverage inforce or applied for on the head of household. Primary wage-earner would need to meet the amounts shown in the Dependent Child table on previous page for amounts in excess of these limits.

NOTE: In the state of Washington, the insurance amount on a dependent child cannot exceed the current household income. Consideration of students whose head of household has no coverage is also limited to annual household income.

UNDERWRITING GUIDELINES

DEPENDENCY GUIDELINES (Continued)

DEPENDENT CHILD: STATE OF NEW YORK		
Age of Child	Amount of Insurance Inforce and Applied for	Multiple of Coverage Needed on Parent/Family Head
0-4½	Over \$50,000	4 Times
4½ - 14½	Over \$50,000	2 Times
Over 14½	\$50,001 to \$1,000,000	Equal Amount
All ages	\$50,000 or less	Equal Amount
All ages	\$1,000,001 and over	Individual Consideration

Neither accidental death and dismemberment insurance nor credit card insurance should be counted in determining whether the family head has sufficient coverage under NY law to qualify the minor for the amount of insurance requested.

INVESTOR OWNED LIFE INSURANCE

It is the policy of MetLife not to support any form of Investor Owned Life Insurance (IOLI), including “non-recourse premium financing,” Stranger Owned Life Insurance (STOLI) or Charity Owned Life Insurance (CHOLI), where the intention of the proposed owner at the time of sale is to sell the policy to an investor, group of investors, life settlement company or charity. In keeping with this policy, applications for life insurance that involve such arrangements should NOT be submitted for underwriting. If information obtained during the underwriting process indicates that the policy applied for is being purchased with the intention of selling or transferring that policy in connection with one of these arrangements, MetLife will not issue the policy. The application form and Statement of Owner Intent Supplement is required for policy face amounts at \$500,000 or greater, and the issue age of 67 and above. (In the state of Ohio, the Statement of Owner Intent Supplement is required for policy face amounts of \$50,000 or greater, for ALL AGES).

RETENTION AND REINSURANCE

MetLife Retention*	\$20 million
Automatic Binding Limit* : The amount the company can automatically bind the reinsurer without the reinsurer's prior approval.	\$60 million \$25 million (Aviation Risks) \$15 million (Foreign Residents: "A" List countries only – not all qualify) \$10 million (Professional Athletes)
Jumbo Limit* : The sum of all inforce coverage and pending applications with all companies.	\$65 million

*Graded down by age and underwriting class. Other restrictions may apply.

Additional Capacity over the Jumbo Limit may be available. Contact your Life Underwriter for details.

Disability Waiver Retention Limits	
(Aggregate amount inforce and applied for with all MetLife companies) Cases rated table D-F are limited to \$500K. DW not available for ratings table H and higher. Includes all disability waiver riders and benefits on individual life policies offered by the Company.	
Age	Amount
0	\$300,000
1-14	\$750,000
15-59	\$5,000,000

Accidental Death Benefit Limits (Aggregate amount inforce and applied-for with all companies, not just MetLife companies.)

ADB Rating	AGE Under 20	AGE 20-24	AGE 25 +
1	Individually considered for amounts over \$50,000 but not to exceed the limits set for ages 20-24	\$300,000	\$500,000
1.5		\$200,000	\$300,000
2.5		\$100,000	\$200,000
4	Not Available	\$50,000	\$100,000

UNDERWRITING GUIDELINES

APPLICATION INFORMATION

Applications Completed By Mail

Generally, we would expect all persons proposed for insurance and all proposed policy owners to be present and seen by the producer, and present a valid government-issued photo identification (driver's license, state ID, passport) before the application is written. **NOTE:** *The Tele-Application process is designed to confirm the proposed insured's identity without being seen by the producer and is not subject to the additional underwriting required of applications completed by mail.*

Where it may not be possible to complete the Enterprise Application in person, or use the Tele-Application process, exception procedures exist for the application to be completed by mail. Reasons for completing an application by mail include the following (other circumstances should be discussed with and approved in advance by your underwriter):

- The grandparent who resides outside the producer's immediate area who wishes to purchase insurance for a grandchild.
- The long-term client who moves out of the producer's immediate area but still wants the producer's service.
- The business insurance case where one partner resides in the producer's immediate area and the application can be completed in person, while one or more partners do not and are not available for in-person completion.
- The adult student away at school when the parent is interested in purchasing insurance for that student.
- The individual is in the military in the United States.

NOTE: *Where the application was taken by mail, the Agency/Sales Management's signature must appear on the Producer Identification & Certification that is submitted with the application as indication of his/her approval. Additionally, the producer certification should clearly indicate that the proposed insured was not seen and that the application was completed by mail and the reason given for this necessity.*

When the proposed insured was not seen, a disinterested adult must sign (and include his or her address below his or her signature) after witnessing the proposed insured's signature. The producer must be licensed in the signature state and must follow all state licensing guidelines, including Risk Residence Licensing. The application and the Certification of Owner Identity must clearly indicate completion by mail and that the proposed insured/owner's personal identification was not seen. If these conditions are not met, delays in processing or inability to issue may result.

The application and all routine age and amount underwriting requirements must be completed in the United States. At least a full paramedical exam will be required for proposed insureds ages 18 and over; an APS will be required in lieu of the paramedical exam for proposed insureds under age 18. In addition, a telephone interview is required. The underwriter may order other requirements if deemed necessary. Generally, it would not be appropriate to collect an advance premium at the time of application.

Applications Completed on the Life of a Relative of the Producer

A Partner or Sales Manager must be present at the time an application is completed and sign as witness on the Certification/Agreement/Disclosure section of the application. A "relative" is any of the following: parent, spouse, domestic partner, grandparent, son or daughter, grandchild, brother, sister, uncle, aunt, nephew, niece, first cousin, brother- or sister-in-law, mother- or father-in-law.

Applications received without the management signature will require a full medical examination regardless of the amount of insurance requested in addition to all other routine age and amount underwriting requirements. Tele-underwriting applications are not subject to these requirements since the interview process, which includes all application medical questions, is completed by an independent party.

UNDERWRITING GUIDELINES

CRITERIA GUIDELINES

ELITE PLUS (Nonsmoker): Ages 18-75, \$250,000 and over (where available).

ELITE (Nonsmoker): Ages 18-80, \$250,000 and over (where available).

PREFERRED (Smoker or Nonsmoker): Ages 18-80, \$100,000 and over.

Rating classes available in approved states as of January 30, 2014.

CRITERIA	ELITE PLUS	ELITE	PREFERRED NONSMOKER	PREFERRED SMOKER
Height + Weight	Use Height and Weight Limit table on page 14			
Blood Pressure Ages 40 and under Ages 41-54 Ages 55-69 Ages 70 and over	130/80 ¹ 135/85 ¹ 140/85 140/90	140/85 ¹ 140/85 140/90 145/90	145/90 145/90 150/90 155/90	
	1. No medication within the last 12 months		Current medication acceptable for all ages	
Blood and Urine Profile	Some variances qualify	Some variances qualify	Some variances qualify	
Cholesterol/Ratio Ages 54 and under Ages 55-69 Ages 70 and over	220 / 4.5 230 / 4.5 150-240 / 5.0	240 / 5.0 260 / 5.5 or 280 / 5.0 150-280 / 5.5 or 150-300 / 5.0	260 / 6.0 or 280 / 5.5 280 / 6.5 or 300 / 6.0 150-300 / 7.0 or 150-310 / 6.5	
	Current medication OK if acceptable level maintained for at least 12 months (all ages)		Current medication acceptable (all ages)	
Personal History (Subject to documentation of good health)	No FEPs No history of diabetes May be available with some history of cardiovascular disease and certain cancers		No FEPs No history of diabetes May be available with some history of cardiovascular disease and certain cancers	
Aviation Avocation Occupation Foreign Travel Residence or FEPs	No Aviation except for non-ratable commercial pilots No ratable Avocations, Occupations or Foreign Travel Exclusion Riders acceptable where available No Foreign Residence, except Canada No medical FEPs		Aviation, Avocation, Occupation FEPs or Exclusion Rider acceptable No ratable Foreign Travel or Foreign Residence FEPs No medical FEPs	
Driving History	<u>No DWI convictions within past 5 years.</u> <i>Elite Plus</i> — Maximum of 1 moving violation within past 3 years <i>Elite</i> — Maximum of 2 moving violations within past 3 years		<u>No DWI convictions within past 5 years.</u> Maximum 2 moving violations within past 3 years	
Substance Abuse (Alcohol/Drugs)	No history or treatment		No history or treatment in past 10 years	
Family History (Not applicable to proposed insureds age 66 and over)	No death from Cardiovascular Disease or Cancer (some cancers may qualify) in parent prior to age 60 or in sibling prior to age 65		No death from Cardiovascular Disease or Cancer (some cancers may qualify) in immediate family member (parent or sibling) prior to age 60	
	Elite Plus ages 50-65	Elite ages 40-65	Preferred Nonsmoker ages 40-65	Wellness credit not available.
	A "wellness" consideration may be allowed for proposed insured to offset one early family history death due to cardiovascular disease or cancer.			
Tobacco (Tobacco use guidelines available on page 19)	No nicotine use (any form) for past 60 months and negative nicotine test	No nicotine use (any form) for past 60 months and negative nicotine test <i>A celebratory cigar (limited to 4 per year) with negative nicotine test qualifies.</i>	No cigarettes/tobacco substitutes in the past 24 months and negative nicotine test	Current use or within 12 months or positive nicotine test Use 13-24 months ago with negative urine test may be Standard Nonsmoker

Table Acronyms: DWI = Driving While Intoxicated, FEP = Flat Extra Premium

Other medical/non-medical risks not listed above may preclude the Preferred classes. Values listed represent the maximum allowable.

UNDERWRITING GUIDELINES

STANDARD (Nonsmoker, Smoker and Juvenile Standard) Criteria Guidelines

CRITERIA	STANDARD
Height + Weight	Use Height and Weight Limit Table on Page 14
Blood Pressure Ages 15-39 Ages 40-49 Ages 50 and over	160/90 or less 165/90 or less 170/90 or less Current medication acceptable for all ages
Blood/Urine	Some variances qualify
Cholesterol Ages 0-44 Ages 45-65 Ages 66 and over	300 or less and Ratio 9.6 or less or Over 300 and Ratio 8.0 or less 350 or less and Ratio 9.6 or less or 351-400 and Ratio 8.0 or less 150-350 or less and Ratio 10.5 or less or 351-375 and Ratio 9.6 or less
Personal Health History	Average risk with or without an FEP, not substandard
Flat Extra Premiums (FEPs)	FEPs acceptable. Exclusion Riders acceptable where available
Driving History	Average risk with or without an FEP, not substandard
Substance Abuse: Alcohol/Drugs \$125,001 and over	No history or treatment in past 10 years.
Tobacco Use	See Tobacco Use Guidelines on page 21

Other medical or non-medical risks not listed above may preclude consideration for the Standard class. Values listed in chart generally represent the maximum allowable.

FAMILY HISTORY — CARDIOVASCULAR DISEASE AND CANCER

The family history criteria for preferred consideration (No death from Cardiovascular Disease or Cancer, some cancers may qualify, in immediate family member, parent or sibling, prior to age 60.) is intended to only include certain cardiovascular diseases and cancers that may pose an increased risk for the proposed insured to develop the condition in the future. The following chart provides examples of impairments for cardiovascular disease and cancer that may be included in our consideration of preferred classes.

CARDIOVASCULAR DISEASE (CVD), INCLUDING:	NOT INCLUDED	CANCER (THESE CANCERS ONLY)
Coronary Artery Disease	Valvular Heart Disease	Melanoma, colon or lung cancer in any parent or sibling
Cerebrovascular disease (other than AVM)	AVM	Breast, ovarian or prostate cancer in the same-sex parent or sibling
Peripheral Arterial Disease	Heart Murmur	
Aneurysm	Endocarditis	
Dilated or Hypertrophic Cardiomyopathy	Myocarditis	
Other CVD with a familial pattern	Pericarditis	
	Other CVD with no familial pattern	

ROUTINE MEDICAL CARE

Consideration for insurability and best class is based upon the assumption that clients demonstrate a pattern of routine medical care by a primary physician or health facility.

UNDERWRITING GUIDELINES

HEIGHT AND WEIGHT LIMIT TABLE

Use the following table to provide clients with an indication of the potential premium class they may qualify for. The weights shown represent the maximum allowable weight for each class. Qualification for any classification is subject to review of all underwriting requirements.

Rating classes available in approved states as of January 30, 2014. (Table Acronyms: NS=NonSmoker, S=Smoker)

	ELITE PLUS		ELITE		PREFERRED NS/S		STANDARD		TABLE B	TABLE C
	M	F	M	F	M	F	Age 15 & under	Age 16 & over	Age 16 & over	Age 16 & over
4' 8"	125	121	132	125	143	137	144	188	199	210
4' 9"	130	125	136	130	148	141	150	192	203	214
4' 10"	135	130	141	135	153	146	155	196	207	218
4' 11"	139	134	146	139	158	152	161	200	211	221
5' 0"	144	139	150	144	164	157	166	204	215	226
5' 1"	149	144	154	149	169	162	172	209	220	230
5' 2"	151	148	158	153	175	166	177	213	224	234
5' 3"	156	151	162	157	180	169	183	218	229	240
5' 4"	161	156	166	161	185	175	188	224	235	246
5' 5"	166	161	171	166	191	180	194	230	243	252
5' 6"	170	164	175	170	197	185	199	236	247	258
5' 7"	174	169	179	174	203	189	205	242	253	265
5' 8"	179	174	184	179	209	194	210	249	261	273
5' 9"	182	178	188	183	215	199	216	256	269	281
5' 10"	188	183	193	188	220	204	221	263	276	288
5' 11"	193	189	198	193	226	210	227	270	283	296
6' 0"	199	194	204	199	232	216	232	278	291	304
6' 1"	204	200	209	204	237	221	238	286	299	312
6' 2"	210	205	214	210	243	228	244	294	307	320
6' 3"	215	211	220	215	249	234	250	302	315	328
6' 4"	221	216	226	221	255	240	255	310	323	336
6' 5"	227	222	232	227	261	246	260	318	331	344
6' 6"	233	228	238	233	267	253	265	325	339	352
6' 7"	239	235	244	239	273	259	*	333	347	360
6' 8"	245	241	251	245	279	266	*	341	355	368
6' 9"	251	247	257	251	285	273	*	349	363	376
6' 10"	258	253	263	258	291	279	*	357	371	384
6' 11"	264	259	270	264	298	286	*	369	384	389

*Individual consideration will also be given for heights above or below those listed in chart, for weights indicated by an asterisk, and for Table B or C at age 15.

UNDERWRITING GUIDELINES

FOREIGN RISKS

Clients that exhibit a foreign risk profile present unique challenges and the need for increased due diligence. The foreign risk profile generally falls into one or more of the following categories:

- Citizens of a foreign country who reside in the United States
- Individuals residing in a country other than the United States
- Individuals who travel outside the United States

The underwriting guidelines for evaluating each of these categories are presented on the following pages. However, it is important to keep in mind that some clients may present with histories or characteristics associated with more than one of these categories which may present additional challenges or restrictions on our ability to provide coverage. In some instances consideration may be contingent on the availability of reinsurance.

CITIZENS OF A FOREIGN COUNTRY WHO RESIDE IN THE UNITED STATES: IMMIGRANTS AND NON-IMMIGRANTS

We may consider a recent immigrant, a non-United States citizen who has been granted lawful permanent residence as evidenced by the issuance of a Permanent Resident Alien Identification Card or who has had his or her permanent visa petition approved but is awaiting a visa number. This includes those who have been granted asylum.

We may also consider some non-immigrants residing in the United States with a valid temporary visa that has the opportunity for renewal to remain in the United States for an extended period of time (3-5 years) or visas that provide the opportunity to apply for a change in status to a permanent resident. The visa types we generally consider are E-1, E-2, F-1, F-2, K-1, M-1, M-2, N-8, N-9, V-1, V-2, H-1B. Others may be considered on an individual case basis.

Proposed insureds residing in the United States one year or more with the intent and ability to lawfully remain in the United States for at least five years may be considered for all plans and riders subject to our normal underwriting guidelines and retention. Restrictions and/or additional underwriting requirements may be required to consider proposed insureds who have been residing in the United States for a shorter duration.

Documentation

In most situations, if the Visa/ID type, number and expiration date are provided and are consistent with other information in the application, additional documentation may not be necessary. When additional documentation is necessary, depending on the immigration status indicated, any or all of following might be requested as evidence of the visa and status.

- A copy of the passport with the visa stamp and the Arrival and Departure Record (I-94).
- The permanent resident ID card (I-155, I-551, i.e., “green card” or “white card”).
- Correspondence from the United States Citizenship and Immigration Services (USCIS) approving the petition for a permanent visa. If letter is not available, provide the 13-digit application number from the USCIS.
- A valid Employee Authorization Document (EAD) card. EAD cards are not proof of the individual’s ability to remain in the USA and generally not required for most immigration classifications. However, the USCIS recommends that one be obtained for use as a government issued photo ID.

Product Availability

UNDERWRITING FOREIGN RESIDENTS	
Individuals residing in the United States <i>less than 6 months</i> or who do not intend to remain in the United States for at least 5 years	Individually considered on a case-by-case basis; should be submitted on a preliminary basis. Generally, coverage will be limited to permanent plans of life insurance. No riders/benefits will be available. Maximum face amount of coverage limited to \$500,000. The Chief Underwriter may consider face amounts up to \$1,000,000 based on the individual merits of the case.
Individuals residing in the United States for at least <i>6 months to 1 year</i> , with the intent of remaining for at least 5 years	All permanent and term plans are available. Riders are limited to Waivers of Premium, Accidental Death benefits and The Enricher®. The amount of life insurance is based on regular financial underwriting consideration and retention limits.
Individuals residing in the United States for <i>at least 1 year</i> , with the intent of remaining for at least 5 years	All plans and riders in each product portfolio are available. The amount of life insurance is based on regular financial underwriting consideration and retention limits.

UNDERWRITING GUIDELINES

CITIZENS OF A FOREIGN COUNTRY WHO RESIDE IN THE UNITED STATES: IMMIGRANTS AND NON-IMMIGRANTS (Continued)

The application and all underwriting requirements must be written and completed in the United States. We may ask for evidence that the application was taken in the United States.

Visas that are not previously listed require additional information and possibly additional documentation to determine the individual's intent and ability to remain in the United States. Answers to the following questions will help us to evaluate the individual case.

- How long has the proposed insured resided in the United States?
- Does the individual have family in the United States?
- What financial investments, other than the coverage applied for, has the proposed insured made in the United States?
- Does he/she own real estate? Does he/she have United States bank accounts?
- What are the prospects for the proposed insured to remain here indefinitely?
- Does the client have a written commitment or contract with his/her employer?

Examinations:

Residing in the United States one year or less: simple paramed, full blood with urine at \$50,000 or more. If age and amount or medical history warrants a more extensive medical evaluation, it should be ordered.

Residing in the United States one year or more: regular underwriting guidelines for medical requirements will apply.

PHI's and Consumer Reports are required on all clients residing in the United States less than two years. The type of report necessary will be based on our regular underwriting guidelines. For all others, i.e., in the United States two years or more, normal guidelines apply.

FOREIGN RESIDENTS (RESIDING OUTSIDE THE UNITED STATES FOR MORE THAN SIX MONTHS)

In order to write a life insurance policy on a United States and non-United States citizen residing outside of the United States, we must comply with United States and the resident country's laws and insurance regulations to protect you, our customers and the company's reputation as a responsible insurer in the global market.

For residents of Mexico, a more stringent set of parameters exists to be fully compliant with Mexican and United States laws and rules of suitability.

Eligibility Guidelines — Eligibility for consideration applies to all persons to be insured and all owners.

CONSIDERED	NOT CONSIDERED
Residents of the following countries: Antigua, Aruba, Australia, Austria, Bahamas, Barbados, Barbuda, Belgium, Belize, Bermuda, Bolivia, Chile, China, Colombia, Costa Rica, Curacao, Czech Republic ¹ , Denmark, Dominican Republic, Ecuador, Germany, Greece, Grenada, Guatemala, Holland, Honduras, Hong Kong, Indonesia, Israel, Italy, Jamaica, Latvia, Luxembourg, Malaysia, Marshall Islands, Mexico, Monaco, Montserrat, Morocco, Netherlands, Netherlands Antilles, Nicaragua, Norway, Pakistan, Peru, Poland, Portugal, Romania, Russia, St. Kitts and Nevis, St. Lucia, St. Maarten, Singapore, South Africa, South Korea, Spain ¹ (non-citizen residents only), Suriname, Sweden, Switzerland ² , Taiwan, Trinidad, Tobago, Turkey, Turks & Caicos, Ukraine, United Arab Emirates, United Kingdom and Venezuela	Policy owner or proposed insured or beneficiary cannot reside in or be a citizen of a country subject to OFAC sanctions. Current list includes: Myanmar (Burma), Cuba, Iran and Sudan. Due to rapidly shifting world situations, the list of countries subject to OFAC sanctions is continuously in a state of flux. For current information, refer to the OFAC website: http://www.treas.gov/offices/enforcement/ofac/programs/
Must have a United States bank account to pay insurance premiums. Residents of Mexico: the United States bank account should be established for a purpose other than paying premiums on the life insurance policy.	Permanent residents, regardless of citizenship, of one of the following countries that have insurance laws that prohibit the sale of policies to their residents, cannot be considered: Argentina, Brazil, Canadian Provinces of Alberta, British Columbia and Manitoba, Croatia, France, Hungary, India, Japan, Panama and Spain (citizens only)
	Hazardous occupations and avocations
	Money orders and cashiers checks will not be accepted

1. Foreign trade legislation in the Czech Republic and Spain applies to its citizens living there. It does not apply to citizens of other countries living in the Czech Republic and Spain.

2. The beneficiary must not reside in Switzerland.

- In order for a resident of another country to be considered, there must be sufficient documentation provided with the application to justify the need for a United States policy, as opposed to a policy issued from a company domiciled in the resident country.
- Applications on the lives of foreign residents are not eligible for consideration under the External Term Conversion Program (formerly Solutions for Life), quikMet, Tele-Applications or any Simplified Underwriting Program.
- The amount of coverage available is based on the risk class of the country where the proposed insured resides. (See page 20 for individual country risk classes.)
- MetLife has not obtained a legal opinion on any country not listed above. Therefore, we are not able to write residents of countries not listed above.

UNDERWRITING GUIDELINES

FOREIGN RESIDENTS (RESIDING OUTSIDE THE UNITED STATES FOR MORE THAN SIX MONTHS) (Continued)

PRODUCT AVAILABILITY	
Minimum Face Amount	Permanent Plans: \$250,000. No more than half the coverage applied for may be represented by a term rider, if a term rider is available. Survivorship products are not available. Term Plans: Applications for term coverage will be considered individually for "A" and "B" countries.
Maximum Amounts	Autobind and retention limits are based on the country's travel risk classification.

COUNTRY RISK CLASS	AMOUNT OF COVERAGE AVAILABLE IF RISK IS ACCEPTABLE BASED ON FOREIGN RESIDENT GUIDELINES
A	Autobind reinsurance up to \$15 million. MetLife retention up to \$5 million. Individual consideration for Elite Plus where available.
B	MetLife retention up to \$5 million. Best class available is Preferred.
C	Individual consideration using facultative reinsurance for permanent plans only.

FOREIGN RESIDENTS (RESIDING OUTSIDE THE UNITED STATES FOR MORE THAN SIX MONTHS IN A 12-MONTH PERIOD)

NOTE: Residents of Canada (other than the Provinces of Alberta, British Columbia and Manitoba) and Guam are eligible for our regular retention and auto-bind limits offered to United States residents.

Riders and Benefits: Only term riders on the primary insured and The Enricher are available.

Application Requirements

- All stages of the client acquisition process (initial contact and solicitation, application, completion of requirements and policy delivery) must be completed in the United States.
- The policy state will be based on the United States mailing address (post office boxes are not permitted) of the owner, if available. Otherwise the policy state will be the state where the application was completed and signed.
- In a cover letter, describe a profile of your client so we can understand the reason for obtaining a United States policy. Provide responses to as many of the following questions as possible:
 - How long have you known the client and in what capacity? (As a friend, relative, business relationship?)
 - How did you make the sale?
 - Does the client own a business or property in the United States?
 - Is the client employed by a United States company?
 - How often is the client in the United States and for what purpose?
 - What is the client's occupation?
 - Include the name, address and telephone number of at least one reference in the country of residence who can be contacted to verify the financial statements made in the application.
 - Name of U.S. banking institution and account number.

UNDERWRITING GUIDELINES

FOREIGN RESIDENTS (RESIDING OUTSIDE THE UNITED STATES FOR MORE THAN SIX MONTHS IN A 12-MONTH PERIOD) (Continued)

4. Additional underwriting guidelines for residents of Mexico:

- Each proposed insured must demonstrate strong ties to the United States:
 - Ownership in a successful business in the United States
 - Property ownership in the United States, or
 - Employed in the United States by a United States company
- A dependent spouse or child will not be considered for insurance coverage unless they have their own strong ties to the United States.
- Working in a foreign country for a United States-owned company or owning United States brokerage investment accounts do not constitute strong ties or property ownership in the United States.
- The following must be included in your cover letter:
 - Explanation of how and where the insurance was solicited and the circumstances under which the application was taken
 - Purpose of the insurance
 - Explanation of how the amount of insurance was determined
 - Details of the basis of the United States ties involved. The details must include:
 - Name, address, telephone number of the business/company owned in the United States (post office boxes are not permitted)
 - Addresses of all properties owned in the United States
 - Where the applicant or proposed insured works for a United States company, a copy of a pay statement, or letter on employer stationery verifying such employment
 - A detailed description of the tie to the United States and contact information of at least one business reference in the United States who can confirm and verify the tie
 - The name, address and telephone number of at least one reference in Mexico who can be contacted to verify the financial statements made in the application

Underwriting Requirements

Minimally, a paramed examination, full blood profile and urine specimen are required. If the age and amount or medical history warrants a more extensive medical evaluation, it should be ordered. Personal History Interviews or Consumer Reports are required on all foreign residents. Your underwriter may order an overseas consumer report if deemed necessary to properly evaluate the application. Rating classification must be Table D or better. Clients over the age of 70 will be allowed only with individual consideration, must reside in “A” country and be purchasing insurance for estate planning. Over age 50, Standard of Care medical records must be available.

FOREIGN TRAVEL

United States Permanent Residents Only (United States Citizens and Non-United States Citizens with Permanent Visas Residing in the United States)

The travel guidelines below allow for liberal consideration of travel within a 12-month period without any restriction or charge for the travel risk on the policy issued.

General Considerations Regarding Travel

When reviewing a travel risk, we are primarily concerned with future travel. Information provided on an application for past travel is viewed for significant ties to the country visited or history of frequent travel to determine the likelihood of future travel to the same countries. The proposed insured’s activities while traveling may preclude coverage availability regardless of the countries to be visited. Missionaries, politicians, public figures, government officials, journalists, private security/police forces are generally not considered. All travel must be documented under the foreign travel question, with length of travel stated in weeks.

UNDERWRITING GUIDELINES

FOREIGN TRAVEL (Continued)

State Specific Foreign Travel Underwriting Guidelines

Several states have adopted requirements that impact an insurer's ability to underwrite for foreign travel. MetLife actively monitors all pending and established regulations and insurance department directives, modifying underwriting guidelines as necessary to remain in compliance.

Most state requirements provide that an adverse underwriting decision based on legal foreign travel may be made only if the decision is based on sound actuarial principles or reasonably anticipated experience.

Certain states have adopted more stringent requirements. For residents of Florida and Georgia, no adverse underwriting action is taken based on the proposed insured's past or future legal foreign travel. In Florida, there is an exception for travel to Afghanistan or Iraq. For residents of Illinois, Maryland and New York, no adverse underwriting action is taken based on the proposed insured's past lawful foreign travel.

Our underwriting guidelines and applications forms which include questions concerning foreign travel are compliant with state regulations. Be sure to ask questions about a proposed insured's foreign travel plans and accurately record the responses. This also applies to foreign travel questions posed during a PHI or Consumer Report interview.

Travel Exclusion Rider

The proposed insured may request the Travel Exclusion Rider in lieu of an Adverse Underwriting Decision. The Travel Exclusion Rider will not pay a death benefit if the insured dies in one of the countries listed on the application and the rider page. If the individual frequently travels to the country to be excluded, it may not be in his or her best interest to limit the death benefit with this exclusion. While we do not anticipate any other state approvals, future state legislation may preclude us from continuing to use the exclusion.

The Travel Exclusion Rider is available with products offered through Individual and Third Party life insurance representatives.

THE TRAVEL EXCLUSION RIDER IS AVAILABLE IN THE FOLLOWING JURISDICTIONS:					
Arizona	Delaware	Maine	New Mexico	South Carolina	Washington
Arkansas	District of Columbia	Michigan	North Dakota	South Dakota	West Virginia
California	Idaho	Mississippi	Pennsylvania	Tennessee	Wisconsin
Colorado	Kansas	Nevada	Rhode Island	Virginia	Wyoming

UNDERWRITING GUIDELINES

FOREIGN TRAVEL (Continued)

Considerations Based On Country To Be Visited

In order to determine the appropriate underwriting consideration, each country has been classified into one of four risk categories. For each category there is a limited amount of travel within a 12-month period that we accept without any adverse action. Travel for longer periods of time may preclude our Preferred classes and/or require a flat extra premium to be added to the final decision. The following table provides underwriting and reinsurance considerations for each country code.

For the purposes of travel, Canada, Guam and Puerto Rico will be considered the same as travel within the United States.

COUNTRY CODE	US AND CANADIAN RESIDENTS	COUNTRIES
A	<p>Up to 6 months of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> All classes and plans available, disability waiver and accidental death considered on individual basis No extra charge for travel risk <p>Travel more than 6 months, considered as foreign resident</p> <ul style="list-style-type: none"> Total coverage available up to \$60 million Jumbo limit to \$65 million <p>For travel beyond 12 weeks to 6 months:</p> <ul style="list-style-type: none"> Jumbo limit \$40 million Total coverage available up to \$15 million <p>Permanent Residents (<i>if acceptable based on foreign resident guidelines</i>):</p> <ul style="list-style-type: none"> Total coverage available up to \$15 million 	<p>Albania, American Samoa, Andorra, Anguilla, Antigua and Barbuda, Argentina, Aruba, Australia, Austria, Bahrain, Barbados, Barbuda, Belgium, Bermuda, Bosnia & Herzegovina, Brunei, Bulgaria, Canary Islands, Cayman Islands, Chile, Cook Islands, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Estonia, Falkland Islands, Finland, France, French Guiana, French Polynesia, Germany, Greece, Greenland, Grenada, Guadeloupe, Hong Kong, Hungary, Iceland, Ireland, Italy, Israel (excluding Gaza and West Bank), Japan, Jordan, Kosovo, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Macedonia, Malta, Marshall Islands, Martinique, Monaco, Montenegro, Montserrat, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Oman, Palau, Poland, Portugal, Qatar, Romania, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, San Marino, Serbia, Singapore, Slovakia, Slovenia, South Korea, Spain, Sweden, Switzerland, Taiwan, Turks/Caicos, United Arab Emirates, United Kingdom, Uruguay, Vatican City, Virgin Islands (U.S. and British)</p>
B	<p>Up to 12 weeks of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> All classes and plans available, disability waiver and accidental death considered on individual basis No extra charge for travel risk Jumbo limit \$40 million Total coverage available up to \$30 million <p>Over 12 weeks of travel:</p> <ul style="list-style-type: none"> Individually considered subject to obtaining facultative reinsurance <p>Permanent Residents:</p> <ul style="list-style-type: none"> Best class available: Preferred/Standard Plus 	<p>Algeria, Armenia, Azerbaijan, Bahamas, Belarus, Brazil, Cape Verde, China, Costa Rica, Dominican Republic, Ecuador, Egypt, Federated States of Micronesia, Fiji, French Guiana, Georgia, Jamaica, Kazakhstan, Lebanon, Libya, Malaysia, Maldives, Mauritius, Mexico, Moldova, Mongolia, Morocco, Niue, Panama, Paraguay, Peru, Russia, Samoa, Saudi Arabia, Seychelles, Sri Lanka, Suriname, Tonga, Trinidad and Tobago, Tunisia, Turkey, Ukraine, Uzbekistan</p>
C	<p>Up to 12 weeks of travel in a 12-month period may be considered</p> <ul style="list-style-type: none"> All classes and plans available, disability waiver and accidental death considered on individual basis No extra charge for travel risk Jumbo Limit \$40 million Total coverage available up to \$15 million <p>Over 12 weeks of travel:</p> <ul style="list-style-type: none"> Individually considered subject to obtaining facultative reinsurance <p>Permanent Residents:</p> <ul style="list-style-type: none"> Best class available: Standard 	<p>Bangladesh, Belize, Bolivia, Botswana, Colombia, Comoros, El Salvador, Colombia, Guatemala, Guyana, Honduras, India, Indonesia, Kiribati, Kyrgyzstan, Laos, Namibia, Nauru, Nepal, Nicaragua, Pakistan, Philippines, Solomon Islands, South Africa, Tajikistan, Thailand, Turkmenistan, Tuvalu, Vanuatu, Venezuela, Vietnam, West Bank</p>
D	<p>Travel to these countries are considered on an individual case basis and generally declined. Individual consideration for limited leisure travel up to 2 weeks, where travel is to affluent resort accommodations similar to those in the United States, such as:</p> <ul style="list-style-type: none"> 5 star resorts Guided Tours Cruises 	<p>Any country not included in categories above</p>

NOTE: Changing global events and situations may adversely affect our ability and willingness to accept a travel risk. Individual consideration to use MetLife retention to a limited amount is available for all risk classes.

UNDERWRITING GUIDELINES

MILITARY PERSONNEL

Our long-standing policy is to support our men and women in the military. We will continue to accept proposed insureds for life insurance who are members of the United States Armed Forces. This policy extends to proposed insureds who are in the active military or military reserve services, including those in National Guard Units and those who have received orders to report to trouble spots or areas of combat. The amount of coverage may be limited according to pay grade. The application and all underwriting requirements must be completed in the United States.

Our life insurance policies generally do not include any war restrictions or exclusion clauses.

NOTE: Proposed insureds involved in the following military special forces may not be considered for insurance:

- Army Rangers
- Delta Force
- U. S. Army Special Forces
- Navy SEAL or Navy Special Warfare Development Group
- Marine Corps Force Reconnaissance
- Air Force Special Forces

Life insurance coverage is not available to civilians employed by private military contractors who are working in or with an assignment to a war zone.

TOBACCO USE GUIDELINES

For Elite Plus Nonsmoker, Elite Nonsmoker, Preferred Nonsmoker and Preferred Smoker, proposed insureds must meet all other criteria guidelines. Cigars, pipes and smokeless tobacco with negative urine specimen qualify for nonsmoker rates. However, Preferred Nonsmoker is generally the best available class. Regardless of admission of cigarette smoking, tobacco use or the use of nicotine substitutes such as a patch, gum, atomizer or drink, testing positive for nicotine qualifies for the appropriate smoker class.

When considering inforce business for a change from smoker rates to nonsmoker rates in current classification or better, the insured must qualify for the better premium rate in effect at the time of the better class change request in all respects not just tobacco use.

Elite Plus Nonsmoker or Elite Nonsmoker

- No tobacco (in any form) or nicotine substitute use (e.g. nicotine patch, gum, nasal spray, electronic cigarette, etc) within five years (60 months) of application and urinalysis negative for nicotine. Celebratory cigars (limited to 4 per year) with negative nicotine test qualify for Elite, not Elite Plus.

Preferred Nonsmoker

- No cigarette smoking or use of nicotine substitutes within 24 months of application and urinalysis negative for nicotine.
- Alternate forms of tobacco use (cigar, pipe or smokeless tobacco) currently or in the past and urinalysis negative for nicotine.

Preferred Smoker

- Cigarette smoking or use of tobacco substitutes currently or within 12 months of application, or a urinalysis positive for nicotine. (Cigarette smoking between 13 and 24 months ago may qualify for Standard Nonsmoker.)

Standard or Substandard Nonsmoker

- Average or impaired risk, no cigarette smoking or use of nicotine substitutes within 12 months of application. Tests negative for nicotine or no testing required.

Standard or Substandard Smoker

- Average or impaired risk, cigarette smoking or use of nicotine substitutes within 12 months of application or a urinalysis positive for nicotine.
 - For Juvenile Standard and Juvenile substandard classifications (ages 0-17), tobacco use guidelines are not applicable and premium rates make no distinction for cigarette smoking or tobacco use.

UNDERWRITING GUIDELINES

ADVERSE UNDERWRITING DECISION LETTERS

Adverse Underwriting Decision (AUD) letters are required by law according to the information provided below.

SITUATION	AUD LETTER REQUIRED
Less than best class available, e.g., Preferred not Elite OR Standard not Preferred	Hawaii, Kansas, Maine, Massachusetts, Montana, New York, North Carolina, Oregon, Virginia
Substandard table rating, FEPs/SRCs through decline	All states
Information from Consumer Report or MIB added to adverse decision	All states (required by the Federal Fair Credit Reporting Act)

TEMPORARY INSURANCE

When it's Available

Temporary Insurance (TI) provides for a death benefit for the proposed insured should he or she die while the application is being underwritten. Also, if the health or insurability of the proposed insured changes once TI has started, the company will consider the health of the Proposed Insured as of the date TI began. The TI death benefit/freezing of insurability will be for the amount applied for, but never more than \$1,000,000 (\$2,000,000 for survivorship policies) under all TI receipts issued by MetLife companies.

To be eligible for TI, the proposed insured must be at least 14 days old and never have received treatment or been diagnosed with any of the following: cancer, HIV, AIDS, coronary artery disease, stroke, or alcohol or drug use. In addition, the application (including any exams, amendments, and supplements) must not include any material misrepresentations.

We offer three different versions of the Temporary Insurance Agreement (TIA). The traditional TIA (form number ETIA-8-07) is part of the Client Package, is signed and dated only by the producer; and is left with the client. A separate TIA (form number ETIAET-57-08) is available for Tele-Application cases. It is part of the Tele-Application Forms Package and is signed by producer, insured and owner. One copy is left with the owner and one is submitted to Life Underwriting. These two TIAs are designed for use when the initial payment is collected at the time of application.

A third TIA (form number ETIAPOST-52-07) is available when the initial payment is collected after the application or Tele-Application interview is completed. This form is not part of any package and is signed by the producer, insured and owner. One copy is left with the owner and one submitted to Life Underwriting.

NOTE: This version of the TIA should not be used, and is invalid, if there has been any change in the proposed insured's health since the date of the application.

For TI coverage to be in effect, we must receive payment of at least one-twelfth of the annual premium amount or one of the following, if applicable: an Initial Premium Draft per Electronic Funds Transfer form, a Salary Deduction form, a Government Allotment form, or for ERISA qualified plans, an Employer Group Number on the application (a completed Commission Disclosure form must have been provided to the plan trustee).

Assuming that one of the above has been satisfied, TI coverage will begin on the date of the application or the exam (if required), whichever is later. The exam need not have been completed for TI coverage to be in effect if death is the result of an accident and occurs within 30 days of the application. Generally, TI coverage will be in effect (1) until the policy applied for is in effect or is not accepted, (2) until we decline the application or refund the premium, or (3) 120 days from the date of the application.

POLICY STATE AND APPLICATION FORMS

The application and policy state are generally based on the state of residence of the policy owner. There are circumstances when an alternate policy issue state may be appropriate (e.g. owner lives or is domiciled in a state other than the insured). HIV Informed Consent Forms, if needed, are based on the proposed insured's residence state.

POLICY STATE AND APPLICATION GUIDELINES	
For new business and all conversions:	The application is based on owner's current residence state.
For changes to existing inforce policy:	The application is based on the original issue state of the policy regardless of the current residence of the policy owner.

You must be licensed and appointed in the state in which the application is signed and the risk-resident state, if different.

The following **22 risk-resident** jurisdictions require that the representative be licensed and appointed in the jurisdiction where the proposed insured resides at the time the application is written.

Alabama, Alaska, Arizona, Colorado, Florida, Georgia, Idaho, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Mississippi, New Hampshire, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, South Dakota and West Virginia.

SUBMITTING AN APPLICATION

MetLife now has multiple application processes to meet your client’s needs and schedule. Keep in mind that you should be proposing a product and amount of coverage based on your client’s financial needs.

TRADITIONAL UNDERWRITING

You complete the paper version of the Enterprise Application with your client, who is then considered using traditional underwriting requirements to offer the most competitive premium class available based on his or her insurability. The majority of this guide discusses the requirements and underwriting considerations used as part of the traditional underwriting process.

TRADITIONAL UNDERWRITING WITH THE TELE-APPLICATION

Focus your efforts on meeting your client’s insurance needs and let our Call Center focus on the field medical underwriting for you. Complete an Express Order Ticket/quikMet/ERF and our Call Center will contact your client to complete the traditional Enterprise application using the eConsent signature.

Since the Call Center will collect complete and specific details of your client’s health history, the traditional age and amount guidelines are modified to require a simple paramed in lieu of any full paramed exam noted on page 3 for ages 69 and below. All other requirements and considerations in this guide would apply to Tele-Applications.

UNDERWRITING PROGRAMS

Contact your life underwriting team for additional information.

METEDGE FACULTATIVE REINSURANCE PROGRAM

MetEdge is a special facultative reinsurance program that allows certain cases that would be rated Table B or Table C for one or two minor medical impairments or non-medical risks to be upgraded to Table B or Standard. All life products, including survivorship, rated Table B or C due to one or two minor medical impairments or non-medical risks are automatically sent to the participating reinsurer for a maximum of \$10 million at ages 18-70. (Maximum amounts are aggregate inforce and applied for.) On the survivorship product, we improve the rating on the Table B or C life even if the other life is uninsurable.

The reinsurer will evaluate the application to see if the offer can be improved. If the reinsurer agrees to the better rating, your client wins! If the reinsurer cannot improve the rating, your client still wins because the original MetLife offer remains “on the table.”

METEDGE FAQ	
Does MetEdge program use reinsurers?	Yes
Which products are eligible?	All individual retail life products that are traditionally underwritten including survivorship life.
What medical impairments are eligible?	<ul style="list-style-type: none"> • Abnormal blood sugar • Abnormal triglyceride • Albumin globulin (AG) ratio • Asthma • Bariatric surgery • Blood pressure • Body Mass Index (BMI) • Build • BUN (renal function) • Cholesterol/HDL • Creatinine • EKG • Epilepsy • GFR (kidney function) • Intentional weigh loss • Liver enzymes (LFTs) • Prostatic antigens (PSA) • Proteinuria • Rheumatoid arthritis • Sleep apnea • Type II diabetes • Underweight
What non-medical risks are eligible?	Foreign travel, foreign nationals, motor vehicle violations, scuba diving and some high risk occupations
What is the maximum total coverage MetLife will issue to one insured with multiple policies using MetEdge?	\$10 million

UNDERWRITING PROGRAMS

TERM CONVERSIONS

MetLife companies term policies are generally eligible for conversion to any approved enterprise permanent plan (excluding Private Placement, Premium Financing and COLI products) without evidence of insurability. For additional information, you may review the term insurance section on your field portal. (Products > Life Insurance > Term.)

EXTERNAL TERM CONVERSION PROGRAM

Your clients with a term policy from an approved company may convert the outside term policy to a permanent plan of insurance on a guaranteed issue basis, without evidence of insurability. The term policy must be issued and in force with one of the approved companies listed below and meet the eligibility requirements and program guidelines listed below. (Not available to residents of New York. Product restrictions apply.)

APPROVED COMPANIES	
Allstate • Lincoln Benefit Life Insurance	Midland National Life Insurance Company
American General Life Insurance • Old Line Life Insurance	Minnesota Life Insurance
AVIVA	New York Life Insurance
AXA Equitable Life Insurance • MONY Life Insurance	North American Co for Life and Health
Banner Life Insurance	Northwestern Mutual Life Insurance
Genworth (Financial) Life Insurance • First Colony Life Insurance • GE Capital Life Insurance	Ohio National Life Insurance
Guardian Life Insurance • Berkshire Life Insurance	Pacific Life Insurance
Hartford Life and Annuity Insurance Company	Penn Mutual Life Insurance
Liberty Life Insurance	Phoenix Life Insurance
Lincoln National Life Insurance • First Penn Pacific Life Insurance • Jefferson Pilot Life Insurance	Principal Life Insurance
Manulife Insurance • John Hancock Life Insurance	Protective Life Insurance • Chase Insurance Life & Annuity • Empire General Life Insurance • Federal Kemper Life Assurance • Zurich Kemper Life Insurance
Massachusetts Mutual Life Insurance¹	Provident Mutual Life Insurance
	State Farm Life Insurance
	Thrivent Financial
	Transamerica Occidental Life Insurance
	Union Central Life Insurance
	West Coast Life
	Western Reserve Life Assurance

1. Only policies issued Preferred rating classification or better are eligible.

UNDERWRITING PROGRAMS

EXTERNAL TERM CONVERSION PROGRAM (Continued)

ELIGIBILITY REQUIREMENTS AND PROGRAM GUIDELINES		
Term Policy Guidelines		
Partial conversion of primary insured term coverage permitted with specific submission requirements — see Producer Guide. Spouse term rider conversion (partial or full) only permitted with primary insured conversion.	Primary insured term riders and spouse term riders are eligible if the entire base term policy is converted, provided the classification of the term rider is standard or better.	Term policy issued a minimum of 6 months and within the maximum of the last 60 months (No extensions will be granted.)
Original term policy or full policy duplicate required		Regularly underwritten; not issued under a special program
100,000 to \$1,000,000 aggregate maximum	In conversion period	Term policy issued Standard or better; no flat extra premiums (FEP/SRCs) or exclusion riders
Permanent Policy Guidelines		
PAIR and ABDR are not available with the permanent policy	Client's permanent policy age-nearest <u>issue</u> age must be 18-65	Program is not available to residents of New York

Benefits/Riders are generally not available. Modified Whole Life Plans and Hybrid UL Plans with term plan “features” are not available for conversion in this program.

Submission requirements: Partially completed new business application, original term policy (no lost policy declaration form), signed illustration or certification, COD only. In addition, copy of letter from term carrier to client indicating term policy cancellation completed, or intent to cancel letter from client to term carrier, replacement questionnaire, state-specific forms and suitability review required.

GROUP CONVERSION CHECKLIST

PRODUCT AVAILABILITY

Whole Life 08 (Life Paid-up at Age 100)—All states

If the Group contract employer is domiciled in **New York or West Virginia**, the MetLife One Year Term product (policy form #5E-24-12 and 1E-12-NYU in New York) is available.

APPLICATION AND SUPPLEMENTAL FORMS

The current new business life application (no tele-underwriting) and Form MGC-33-07 serve as the vehicle for converting group life insurance to an individual policy.

Application Completion for Group Conversion only: Sections 1 through 6, Certification/Agreement/Disclosure and include appropriate signatures.

When New Business Policy is requested as Additional or Alternative to the Group Conversion: Complete the entire application, Certification/Agreement/Disclosure and include appropriate signatures.

FORM MGC-33-07

For Group Conversion only: Check box #1 and complete the Group Policy information under the Question #2 bullets. For New Business Policy in addition to the Group Conversion (Dual Process): Check Box #2 and complete the Group Policy information.

For both scenarios, please remember to complete proposed insured/insured name at the top of the form. After data-collecting, write the case number in the upper right corner of this form and the application cover.

Additional documentation required:

- The Agent/Producer ID & Cert form
- The Electronic Payment form (when applicable)
- Conversion letter from employer
- Signed sales illustration
- eLead from MetLife Advice (Provide the date of the client's initial call to convert the policy.)

APPLICATION PERIOD

A 31-day application period, beginning the day **after** termination of group coverage defined as:

Employee:

- Coverage lost due to termination of employment
- Termination of the policy
- Termination of eligibility for Group benefits
- Ceases to be a member of a covered class
- Reduction in benefits (NY, NJ, SC only)

Dependent: (in addition to above definitions that may affect dependent)

- No longer eligible as a dependent

POLICY DATING

The new policy will be dated the 32nd day (the day after the end of the application period). Please advise the client at time of application that **requests for backdating or special dating will not be accepted**. Due to the dating of the conversion policy, back premiums may be required after issue to bring the policy current.

POLICY CLASSIFICATION

Standard Unisex (ONLY) [*Choose Group Conversion when running the sales illustration.*]

EXCEPTIONS

NONE

Authority for Final Decision: All questions and correspondence should be directed to the group conversion underwriter. However, please note that the approval or declination of a conversion lies with the off-site group approver, not your underwriter.

MANAGING YOUR CASES

TO AVOID PENDING YOUR CASE AND IMPROVE YOUR OF GOOD ORDER (OGO) RATE:

Be sure to use the correct application (policy issue state) based on the owner's state of residence. (See page 19)

If owner is an entity, such as a corporation or trust, the Policy Issue State is where the corporation is domiciled or the trustee's residence address. If the trustee is a corporation, or if there are multiple trustees living in different states, the **policy issue state** is where the corporation or trust is domiciled.

An alternative policy issue state may be considered when discussed with Life Underwriting prior to writing an application, if a case can be made that an alternative state/jurisdiction has a more significant interest in the transaction.

NOTE: *Although the application, examination form and most supplemental forms must coincide with the Policy Issue State, the following forms must always coincide with the resident-state of the proposed insured:*

- HIV Consent Forms
- New Mexico Short Form Notice of Confidential Abuse Information Practices/New Mexico Notice of Confidential Abuse Information Practice Form
- California Notice Regarding Standards for Medi-Cal Eligibility, Disclosure to Seniors (Prior to Prospecting Visit) Form CASN (01/13), and Disclosure to Applicants Age 65 or Older (Form 1900023397)
- All forms (including the voided check or deposit slip for the Electronic Payment Account Agreement) are current, complete, accurate and legible in black or blue ink. Include all appropriate signatures including city, state and date where applicable.
- Be sure your producer number is valid and included on the application.
- Your client (policyowner and proposed insured if different) initials any changes or cross-outs. Never use correction fluids or tape.
- All life applications for permanent illustrated products are submitted with a signed sales illustration or signed illustration certification as part of NAIC compliance. The signed sales illustration or certification form should match exactly with what is applied for as indicated on the application.
- Applications written on relatives of the sales representative are witnessed by a Partner or Sales Manager. (See page 11 for more details.)
- Ask all questions exactly as they appear on the application. Make sure the owner and any proposed insured understand each question. Complete all health information. Record the answers exactly as given and make sure they are complete and accurate in as much detail as possible.
- If a medical examination is required due to age and amount rules and you leave the application's medical section incomplete, be aware that if there are any medical conditions admitted on the examination that require an Attending Physician's Statement, the case will be delayed and considered a NOGO.
- When completing information for any and all impairments, include:
 - Specific diagnosis and date of onset
 - Frequency of episodes and date of most recent episode/attack
 - Treatment, including dates and medication prescribed
 - Complete name and address of all physicians and specialists consulted
- All persons proposed for insurance and all proposed policy owners are present and seen and valid government-issued photo identification (driver's license, state ID, or passport) is directly reviewed when the application is written. (See pages 33-36 for required information/documentation for owners.)
- Your client has answered the citizenship and legal residence questions.
- Your client's social security number is accurate.
- You have completed and submitted the proper state replacement forms. Additional replacement NOGO's include: unadmitted replacements, missing replacement or inforce illustrations, insufficient justification for replacement and policy numbers missing.
- Your client's investment objectives match the fund allocations on equity sales. Double-check all Variable Life Supplement forms for the correct Prospectus and Supplement to Prospectus dates. (We also suggest you complete a Variable Life Insurance Suitability Worksheet to make sure the selected funds agree with your client's investment objective and risk tolerance.)
- Your client's name appears on the application exactly as he or she wants it to appear on the policy.
- The completed application is keyed in and transmitted to underwriting within one week of the application date.
- The application and all required paperwork/forms are properly completed and imaged to underwriting within 2 days of the transmission of the application.
- The Case/Policy Number is noted on all requirements forwarded to underwriting, labs and outside vendors.

MANAGING YOUR CASES

TO AVOID PENDING YOUR CASE AND IMPROVE YOUR OF GOOD ORDER (OGO) RATE: (Continued)

- Your client is prepared for the necessary requirements, to include contact for the examination, Personal History/Telephone Interview, Compliance Interview and/or Consumer Report by an outside agency (when necessary). Provide new business services with the home or business telephone number and the most convenient time to call during Eastern Time business hours up to 6 p.m.
- Please keep communications open with your underwriter to include the:
 - Progress of the case.
 - Prompt and accurate answers to all underwriter questions.
 - Explanation by a cover letter for medical and/or financial factors, or any unusual designation or request (special policy dating) that may not be apparent to the underwriter; or if a previous underwriting discussion is involved, if there is competition from another source or there is an unusual beneficiary or ownership designation.
 - Request for the underwriter to contact you with the classification decision, prior to issue, when the case is considered as competition with another insurance carrier.
- You complete the ownership and beneficiary designations (all requested information) and include the Trust Certification form when owner is a trust. **NOTE:** *Trust must have been established prior to application.*
 - **Acceptable Beneficiary Designations:** A primary objective in the underwriting process is the determination that the coverage being applied for is in the best interest of the proposed insured.
 - On initial review of the application, the beneficiary designation should clearly reflect the purpose of the coverage and that there is an insurable interest. The beneficiary's insurable interest is defined as having a real interest in the continued life of the proposed insured. This can mean "love and affection" or a "lawful and substantial economic interest."

The following beneficiaries may generally be assumed to have an insurable interest in the life of the proposed insured:

- **Immediate family members** — Spouse, children, parents, domestic partner, same-sex partners, grandparents and grandchildren (If domestic partnership is not legally recognized in the policy state, we may need to ask questions to document the relationship.)
- **Business partners, employers** — If the insured person is a director, officer or high level employee.
- **Charitable organizations** — If the proposed insured has a history of giving to the named charity and already has sufficient personal needs insurance in force.

To ensure that all death claim proceeds are distributed, as intended, to the appropriate persons, please include the name, address, social security number, date of birth and telephone number of every owner, insured and beneficiary. This information must be requested for all New York cases.

If the insured is the owner, generally he or she is considered to have an unlimited insurable interest in his or her own life. Beneficiary designations are questioned only if in direct conflict with stated purpose of coverage. If a beneficiary other than those listed above is named, we may ask: *Why was the beneficiary named? What was the purpose for the coverage? Will the beneficiary suffer a financial loss in the event of death of the proposed insured?*

It is generally appropriate to collect an advance premium (at least one-twelfth of an annual premium) **at the time of application** if the proposed insured has never been declined for insurance. The Temporary Insurance Agreement will need to be completed.

Qualified Pension Plan (QPP) — Checklist

✓ NB APPLICATION

- EGN, which must be obtained prior to any applications being written, must then be written on application (currently page 5, #5a) and data-collected in e-new business.
- Owner identified as a Pension Plan/Defined Benefit Trust
- Owner address is the current mailing address (not proposed insured's)
- Pension Trust Tax ID number should be included with owner information
 - This is not the EGN
 - This is not the proposed insured's social security number or TIN

✓ QUALIFIED PENSION PLAN FORMS REQUIRED

EGN Request Form, Funding Authorization Form, Commission Disclosure Form and TPA Acknowledgement Form should be faxed to 813-983-6090 to receive the EGN for the pension plan life insurance.

The Participant Disclosure Form and Sales Illustration (if mandatory purchase plan, only one illustration required for the highest face amount; optional purchase plan requires illustration for each application.)

Questions regarding Qualified Pension Plan process or forms can be directed to Brian Kieran, Life New Business Underwriting Strategies at 813-983-4012 or bkieran@metlife.com.

1035 EXCHANGES

HELPFUL TIPS

Section 1035 of the Internal Revenue Code (IRC) permits an exchange of an existing eligible life or annuity contract for a new eligible contract with a different or the same company. Any taxable gain on the original policy can be deferred, provided there is no prior or current distribution, until the new policy is terminated by the owner.

NOTE: Even if there is no gain in the policy to be exchanged, a 1035 Exchange may be desirable since it permits the adjusted cost basis of the old contract to be carried over to the new contract.

A **1035 Exchange** is a tax free exchange of one contract for another. This allows a policyholder to avoid tax on gains in the first policy. An exchange must meet certain conditions before it is considered tax free under section 1035. For example, a life insurance policy can be exchanged for an annuity under section 1035 but an annuity may not be exchanged tax free for a life insurance policy.

It is also important to follow correct form to avoid adverse tax consequences. Therefore, the old contract is assigned to the insurance company in exchange for the new policy and no cash is sent to the policyholder. A policy surrender followed by a reinvestment of the proceeds by the policyholder does not qualify as a tax free exchange under section 1035. Additionally, if there is an outstanding loan on the old policy, that loan is generally subject to tax.

All 1035 Exchanges are subject to replacement rules and require approval by the Replacement Unit. Once approved, the 1035 Exchange process can begin.

What You Should Know

ELIGIBLE	NOT ELIGIBLE
Life to life	Family plans
Life to annuity	Endowments
Same insured on both policies	Term contracts
Joint life to joint life	Lapsed policies with no value
Joint life to single life (NOTE: Only eligible if one insured is deceased. Death certificate must be provided.)	Whole life with value less than \$25,000
	Partial exchanges

Get the Right Form

Form E1035EXCH (07/07) can be obtained on the producer portal through eForms. The same form is used for all 1035 Exchanges and is approved for ALL STATES, as well as Puerto Rico and District of Columbia.

The 1035 Exchange form should be used whenever you process a section 1035 Exchange. Here are some instructions to help your client complete the form.

Collect Required Information

The new policy number must be provided in the upper right hand corner of the 1035 Exchange form.

Check the appropriate “Company” name to ensure expedited processing. If there is more than one company, a separate form must be completed for each company.

Section I – The surrendering policy number should include the prefix if applicable. Up to four policies can be listed on the form. Always indicate Yes or No in the existing carry-over loan section.

Section II – The name of the surrendering company must be written on the “Issued By” line. For external exchanges, the company listed must match section IV on page 2 of the 1035 Exchange form. The name of the insured on the old to the new policy must be entered on the space indicating “on the life of.”

Section III – The owner of the surrendering policy must sign and include the date, Social Security number and the city and state where the form was signed. The agent’s signature is required as the witness.

Section IV – External exchanges: Include the name and address of the surrendering company. The company must match the name listed in Section II, Page 1.

Section V – This section will be completed by a MetLife home office associate.

NOTE: If the client wishes to split the proceeds from the surrendering carrier to MetLife and to a second carrier, indicate this on the bottom of page 2.

1035 EXCHANGES

MET/NEF 1035 PROCESSING

Send any required documents or paperwork to:

MetLife

Retail Life and DI Operations
ATTN: LNB 1035 Exchange Unit
18210 Crane Nest Drive
5th Floor
Tampa, FL 33647

Email: nblife@metlife.com

Fax: 908-552-3794

If you have questions, call 800-866-4760 options 3, 1

THIRD PARTY DISTRIBUTION 1035 PROCESSING

Send any required documents or paperwork to:

MetLife

Retail Life and DI Operations
ATTN: LNB 1035 Exchange Unit
18210 Crane Nest Drive
5th Floor
Tampa, FL 33647

If you have questions, call 1-877-638-0411, options 2, 4

The MetLife 1035 analyst reviews the forms to confirm they were received “in good order” and advises the agency of the status.

The MetLife 1035 analyst contacts the surrendering carrier every five business days to confirm status and request expected date for release of the proceeds. A follow-up email will be sent to the agency providing status until proceeds are received.

REPLACEMENT FORMS BY STATE *(Alabama to Montana)*

The replacement form has been updated to make the application process more client-friendly. The new replacement form requirements are effective on November 8, 2013 and are summarized below.

The Important Notice and Replacement Questionnaire have been combined into one form in most states. In addition, a number of applicant signatures and the manager signature have been removed. The new forms will be available on eForms and through fulfillment as of October 30, 2013, and may be used prior to the required date.

Thirteen (13) states will not adopt the new form due to state specific regulations.

STATE / JURISDICTION	EREPL	EREPLDIS-NAIC	EREPLSMDIS	EREPLDIS-XX
Alabama		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Alaska		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Arizona		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Arkansas	EREPL	EREPLDIS-NAIC (07/07)	EREPLSMDIS	EREPLDIS-NAIC-AR
California	EREPL			EREPLDIS-CA-A EREPLDIS-CA-B
Colorado		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Connecticut		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Delaware				EREPLDIS-DE (01/13)
District of Columbia				EREPLDIS (01/13)
Florida	EREPL			EREPLDIS-FL-A EREPLDIS-FL-B EREPLDIS-FL-C EREPLDIS-FL-D Forms B and C not required if the "NPO" box on the A form is customer-initialed for a requested comparison. Form D required for internal replacements only.
Georgia				EREPLDIS-GA (01/13)
Hawaii		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Idaho				EREPLDIS-ID (01/13)
Illinois	EREPL			EREPLDIS-IL, EREPLDIS-B
Indiana	EREPL			EREPLDIS-IN
Iowa		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Kansas				EREPLDIS-KS (01/13)
Kentucky		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Louisiana		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Maine		EREPLDIS-NAIC-ME (1/13)	EREPLSMDIS	
Maryland		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Massachusetts				EREPLDIS-MA (01/13)
Michigan	EREPL			EREPLDIS-MI
Minnesota	EREPL			EREPLDIS-MN
Mississippi		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Missouri				EREPLDIS-MO (01/13)
Montana		EREPLDIS-NAIC (1/13)	EREPLSMDIS	

REPLACEMENT FORMS BY STATE *(Nebraska to Wyoming)*

The replacement form has been updated to make the application process more client-friendly. The new replacement form requirements are effective on November 8, 2013 and are summarized below.

The Important Notice and Replacement Questionnaire have been combined into one form in most states. In addition, a number of applicant signatures and the manager signature have been removed. The new forms will be available on eForms and through fulfillment as of October 30, 2013, and may be used prior to the required date.

Thirteen (13) states will not adopt the new form due to state specific regulations.

STATE / JURISDICTION	EREPL	EREPLDIS-NAIC	EREPLSMDIS	EREPLDIS-XX
Nebraska		EREPLDIS-NAIC-NE (01/13)	EREPLSMDIS	
Nevada				EREPLDIS-NV (01/13)
New Hampshire		EREPLDIS-NAIC-NH (01/13)	EREPLSMDIS	
New Jersey		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
New Mexico		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
New York				EREPLDIS-NY-DEF EREPLDIS-NY-A EREPLDIS-NY-B EREPLDIS-NY-C EREPLDIS-NY-D EREPLDIS-NY-E Use form C instead of form B for term-to-term replacements only. Form E is required if the sales material box is checked on page 9 of form B or page 2 of form C.
North Carolina		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
North Dakota				EREPLDIS (01/13)
Ohio		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Oklahoma	EREPL			EREPLDIS-OK
Oregon		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Pennsylvania	EREPL			EREPLDIS-PA
Puerto Rico	EREPL			EREPLDIS-PR
Rhode Island		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
South Carolina		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
South Dakota		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Tennessee				EREPLDIS-TN (01/13)
Texas		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Utah		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Vermont		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Virginia		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Washington	EREPL			EREPLDIS-WA
West Virginia		EREPLDIS-NAIC (1/13)	EREPLSMDIS	
Wisconsin		EREPLDIS-NAIC (1/13)	EREPLSMDIS	EREPLDIS-WY
Wyoming	EREPL			EREPLDIS-WY (06/13)

POLICY OWNER VERIFICATION DOCUMENTATION

KNOW YOUR CUSTOMER DOCUMENTATION REQUIREMENTS

Required Identifying Information relates to the information furnished in the application.

Documentary Verification refers to the policy owner identification documents.

TYPE OF POLICY OWNER	POLICY OWNER IDENTITY VERIFICATION PROCEDURES No life insurance policy may be issued until the policy owner's identity has been verified according to the procedures outlined below.
INDIVIDUALS	
<p>U.S. Citizen or U.S. Permanent Resident (green card holder)</p>	<p>Required Identifying Information:</p> <p>(1) Name; (2) Date of birth; (3) Street address (residential or business): If a policy owner does not have a residential or business street address, then an Army Post Office or Fleet Post Office box number, or a residential or business street address of a next of kin or another contact person is acceptable. An ordinary P.O. Box address is not acceptable. If a policy owner provides an ordinary P.O. Box number, the representative must also obtain and record one of the forms of address mentioned above. Exception: If a policy owner participates in a state-created address confidentiality program (ACP), the policy owner should provide the street address of the state ACP sponsoring agency; and (4) U.S. Social Security number: If a U.S. citizen or U.S. permanent resident does not have a U.S. Social Security number or has applied for but not yet received one, the policy should not be issued without prior approval from the AML Compliance Unit.</p> <p>Documentary Verification: The representative/producer may verify the policy owner's identity by meeting with the policy owner in person and examining an original and unexpired copy of one of the following documents: (i) U.S. driver's license; (ii) passport; (iii) U.S. permanent resident card (green card); or (iv) any other unexpired government-issued identification document showing U.S. citizenship or U.S. residence and bearing a photograph. The type of document, as well as the state/country of issue, the document's identification number, and the issue and expiration dates, must be recorded in the appropriate section of the application or on the Statement of Client Information form.</p> <p>Non-Documentary Verification: If documentary verification is not possible, the policy owner's identity may be verified by comparing the policy owner's information with information obtained from a consumer reporting agency, a public or vendor database or other reliable source. The results of this effort must be maintained in the policy owner's file.</p>
<p>Non-U.S. Citizen (except U.S. Permanent Resident)</p>	<p>Required Identifying Information:</p> <p>(1) Name; (2) Date of birth; (3) Street address (residential or business): If a policy owner does not have a residential or business address, then an Army Post Office or Fleet Post Office box number, or a residential or business address of a next of kin or another contact person is acceptable. Note: an ordinary P.O. Box is not an acceptable form of address. If an ordinary P.O. Box is given, the representative must also record one of the forms of address mentioned above; and (4) Identification number: at least one of the following numbers must be obtained: (i) U.S. Social Security number; (ii) individual taxpayer identification number (ITIN); or (iii) passport number and country of issuance. If a non-U.S. citizen does not have a U.S. Social Security number, a copy of one of the following documents must be submitted with the application and maintained in the policy owner's file: (i) passport; (ii) Employment Authorization Document; or (iii) any other unexpired government-issued identification document (except a foreign driver's license) showing nationality or residence and bearing a photograph.</p> <p>Documentary Verification: The representative/producer may verify the policy owner's identity by meeting with the policy owner in person and examining an original and unexpired copy of one of the following documents: (i) U.S. driver's license; (ii) foreign passport; (iii) Employment Authorization Document; or (iv) any other unexpired government-issued identification document (except a foreign driver's license) showing nationality or residence and bearing a photograph. The type of document, as well as the state/country of issue, the document's identification number, and the issue and expiration dates, must be recorded in the appropriate section of the application or on the Statement of Client Information form.</p> <p>Non-Documentary Verification: If documentary verification is not possible, the policy owner's identity may be verified by comparing the policy owner's information with information obtained from a consumer reporting agency, a public or vendor database or other reliable source. The results of this effort must be maintained in the policy owner's file.</p>

POLICY OWNER VERIFICATION DOCUMENTATION OF OWNERS

KNOW YOUR CUSTOMER DOCUMENTATION REQUIREMENTS

Required Identifying Information relates to the information furnished in the application.

Documentary Verification refers to the policy owner identification documents.

TYPE OF POLICY OWNER	POLICY OWNER IDENTITY VERIFICATION PROCEDURES No life insurance policy may be issued until the policy owner's identity has been verified according to the procedures outlined below.
INDIVIDUALS	
Foreign Resident (U.S. citizen or non-U.S. citizen)	The required identifying information must be obtained and verified for every foreign resident. Follow the documentary verification procedure for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate. Note: Documentary verification is required for all foreign residents. In addition, the AML Compliance Unit must provide approval before a policy may be issued for any policy owner who maintains an address in a foreign country and resides there for at least a portion of the year.
Minor/Custodian/Guardian	If a custodian/guardian seeks to have an application for life insurance written on behalf of a minor (as defined by state law) or any other individual who lacks legal capacity, the custodian/guardian is the individual whose identity must be verified for policy owner identification purposes. The required identifying information of the custodian/guardian must be obtained and verified. Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate. Where a custodian/guardian is opening an account on behalf of a minor, verification of the identity of the minor is not required. Note: After a minor reaches the age of majority, his/her identity must be verified should he/she wish to apply for a new policy upon reaching the age of majority. Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate.
Joint Owners	The required identifying information must be obtained and verified for each individual seeking to jointly own the policy. Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate.
NON-INDIVIDUALS	
Domestic Trust	Required Identifying Information: (1) Name; (2) Street address: a physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the policy should not be issued without prior approval from the AML Compliance Unit. Documentary Verification: A domestic trust's identity is verified by obtaining, at a minimum, one of the following documents: (i) a completed Trustee Certification form containing the tax identification number for the trust and the name(s) of the trustee(s); or (ii) the trust document. Any business unit may choose to obtain more documentation than the minimum requirements indicated above. In addition, even if a Trustee Certification form is initially completed, the Enterprise reserves the right to request a copy of the trust document whenever it deems necessary and/or verify the identity of the trustee(s).
Offshore Trust	Required Identifying Information: (1) Name; (2) Street address: a physical location; and (3) Tax identification number (if available). Documentary Verification: must be submitted to the AML Compliance Unit for approval. A Trustee Certification form will not be accepted in place of the trust document.

POLICY OWNER VERIFICATION DOCUMENTATION OF OWNERS

KNOW YOUR CUSTOMER DOCUMENTATION REQUIREMENTS

Required Identifying Information relates to the information furnished in the application.

Documentary Verification refers to the policy owner identification documents.

TYPE OF POLICY OWNER	POLICY OWNER IDENTITY VERIFICATION PROCEDURES No life insurance policy may be issued until the policy owner’s identity has been verified according to the procedures outlined below.
NON-INDIVIDUALS	
Privately-Held Corporation	<p>Required Identifying Information: (1) Name; (2) Street address: principal place of business, local office or other physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the policy should not be issued without prior approval from the AML Compliance Unit.</p> <p>Documentary Verification: Identity may be verified by reviewing a copy of any one of the following documents: (i) certified articles of incorporation; (ii) certificate of incorporation; (iii) a government-issued business license; or (iv) a receipt of state filing, which must bear the state stamp; a raised state seal is not required.</p> <p>Non-documentary Verification: If documentary verification is not possible, the corporation’s identity may be verified by comparing required identifying information to the corporation’s profile in a consumer or public database (e.g., Comprehensive Business Report). The results of this effort must be maintained in the underwriting file.</p> <p>Additional Verification: In addition to documentary or non-documentary verification of the corporation, the Enterprise reserves the right to request, obtain and verify information about the individuals within the corporation who will have authority or control over the account. This verification will be accomplished by performing the verification procedures for individuals.</p>
General Partnership, Limited Partnership and Limited Liability Partnership	<p>Required Identifying Information: (1) Name; (2) Street address: principal place of business, local office or other physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the policy should not be issued without prior approval from the AML Compliance Unit.</p> <p>Documentary Verification: A copy of the fully executed partnership agreement must be obtained and reviewed.</p> <p>Additional Verification: In addition to documentary verification, the Enterprise reserves the right to request, obtain and verify information about the individuals within the partnership who will have authority or control over the account. This verification will be accomplished by performing the verification procedures for individuals.</p> <p>Note: if the customer is an offshore/foreign partnership, the partnership document must be submitted to the AML Compliance Unit for further review and approval.</p>
Informal Group (e.g., investment club or civic club)	<p>The required identifying information must be obtained and verified for the individual seeking to apply for the policy on the group’s behalf. Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate. The Enterprise reserves the right to request the group’s formation documents or other evidence of its existence and/or information about any individual member of the group with or without authority or control over the policy.</p>
S-Corporation	<p>Follow procedures for “Privately-Held Corporation” to verify the identity of an S-Corporation.</p>

POLICY OWNER VERIFICATION DOCUMENTATION OF OWNERS

KNOW YOUR CUSTOMER DOCUMENTATION REQUIREMENTS

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TYPE OF POLICY OWNER	POLICY OWNER IDENTITY VERIFICATION PROCEDURES No life insurance policy may be issued until the policy owner's identity has been verified according to the procedures outlined below.
NON-INDIVIDUALS	
LLC	<p>Required Identifying Information:</p> <p>(1) Name; (2) Street address: principal place of business, local office or other physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the policy should not be issued without prior approval from the AML Compliance Unit.</p> <p>Documentary Verification: A copy of the LLC Operating Agreement or the certificate evidencing filing with the state government must be obtained and reviewed.</p> <p>Non-documentary Verification: If documentary verification is not possible, the LLC's identity may also be verified by comparing required identifying information to the LLC's profile in a consumer or public database (e.g., Comprehensive Business Report). The results of this effort must be maintained in the underwriting file.</p> <p>Additional Verification: In addition to documentary or non-documentary verification of the LLC, the Enterprise reserves the right to request, obtain and verify information about the individuals within the LLC who will have authority or control over the policy. This verification will be accomplished by performing the verification procedures for individuals.</p>
Sole Proprietorship	Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate.
Estate	<p>Required Identifying Information:</p> <p>(1) Name; (2) Street address: a physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the policy should not be issued without prior approval from the AML Compliance Unit.</p> <p>Documentary Verification: An estate's identity is verified by reviewing one or more of the following estate documents: (i) letters of administration; (ii) letters testamentary; (iii) death certificate; (iv) the will; or (v) the trust document. The Enterprise reserves the right to verify the identity of the executor or administrator whenever it deems necessary.</p>
Charitable or Non-Profit Organization (e.g., school or religious group)	<p>Required Identifying Information:</p> <p>(1) Name; (2) Street address: principal place of business, local office, or other physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the policy should not be issued without prior approval from the AML Compliance Unit.</p> <p>Documentary Verification: (i) A letter from the IRS evidencing the tax exempt status of the entity; (ii) a copy of the 501(c)(3) letter the entity filed with the IRS; or (iii) a copy of the entity's organizational documents.</p> <p>Additional Verification: In addition to documentary or non-documentary verification of the entity, the Enterprise reserves the right to request, obtain and verify information about the individuals within the entity who will have authority or control over the policy. This verification will be accomplished by performing the verification procedures for individuals.</p>
Foreign Business	<p>Required Identifying Information:</p> <p>(1) Name; (2) Street address: principal place of business, local office or other physical location; and (3) Tax identification number (if available).</p> <p>Documentary Verification: Copy of a government-issued document that certifies the existence of the business.</p> <p>Additional Verification: In addition to documentary verification of the foreign business, the Enterprise reserves the right to request, obtain and verify information about the individuals within the foreign business who will have authority or control over the policy. This verification will be accomplished by performing the verification procedures for individuals.</p> <p>Note: No accounts for foreign businesses should be opened without prior approval from the AML Compliance Unit.</p>

Contact Information

1. For questions about the Personal History Interview (PHI), Tele-Application (TeleApp) interviews or foreign language capability, contact Tracy Kress, 814-269-8814.
2. To schedule a PHI or TeleApp interview for your client, call 877-295-2114. The toll-free number for clients to call to complete the PHI is 800-828-3815.
3. For questions about Paramedical Vendors, contact Mark Gobble, 813-983-4782.
4. For Income and Protection Solutions Group (IPSG) cases underwritten in Charlotte, NC: If you have general life underwriting questions or need a medical quote:
 - Andy Vigar, Assistant Vice President
980-949-3208
 - Mark Crowe, Underwriting Director
980-949-3248
 - Jeanne Hollinger, Underwriting Director
980-949-4655
 - Julianne Warr, Chief Underwriter
813-983-6104
 - Mark Barnum, Chief Underwriter
980-949-3861

For questions about 1035 Exchanges, contact your Case Manager.

5. For MetLife Premier Client Group (MPCG) cases underwritten in Charlotte, NC

If you have general life underwriting questions or need a medical quote:

Luanne Stiles, Assistant Vice President
980-949-3224

Susan Alcala, Underwriting Director
Northeast Region
813-983-6249

Joe McIntyre, Underwriting Manager
Central Region
813-983-6533

Lisa Palmer, Underwriting Director
Southeast Region
980-949-4551

Maggie Griffin, Underwriting Director
Western Region
860-768-0644

Julienne Warr, Chief Underwriter
813-983-6104

Mark Barnum, Chief Underwriter
980-949-3861

- MetLife: toll-free number is 800-866-4760 (Prompts shown below)
 - 1 = Information/general underwriting questions
 - 2 = Case status
 - 3 = 1035
 - 4 = Policy Change*
 - 5 = Medical vendor questions
 - 6 = Replacements
 - 7 = Group/Term Conversions
 - 8 = Imaging
 - 9 = Post issue

* You may also send Policy Change inquiries to Askchange@metlife.com

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