

## **Appointment Form Only**

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### **Steps to obtain an Appointment:**

Complete the Personal Information Sheet Entirely

The Personal Information Sheet is used to obtain information necessary to establish an appointment with MetLife. Page 2, the Application Form must be completed in its entirety as applicable. If you are requesting an appointment for only the Agent, then only the Agent fields need to be completed. If the request for appointment includes the Agency, all fields need to be completed.

Page 4 must be executed by appropriate parties.

Page 5 must be executed by the appointment applicant.

The applicant must be licensed in the state you are requesting your appointment for.

### **When do you request an appointment?**

For the states listed below (pre-appointment) a producer must be licensed and appointed with MetLife prior to the customer application being executed.

#### Pre-Appointment States:

Florida	Montana
Georgia	North Carolina
Indiana	Oregon
Kansas	Pennsylvania
Louisiana	Puerto Rico
Missouri	Utah

**For all other states, the appointment request must be *made no later* than MetLife's receipt of the customer application.**

Mail: Service Delivery Center  
Attn: Corporate Licensing & Registration  
500 Schoolhouse Road  
Johnstown, PA 15904

Fax: 908-552-2444

email: CLR\_Institutional@metlife.com

**This form cannot act as an authorization to assign commissions.**

**Appointment Form Only**

You are requesting an appointment with Metropolitan Life Insurance Company  
 Please check the appropriate coverage(s) you are requesting an appointment for:

- MetLife Group Life/Health/Disability       Metlife Individual Disability Income  
 MetLife Group Long Term Care       Safeguard DHMO (only available in CA, FL, TX & NV)

Please check which is applicable:     Agent     Agency     Both

**Please Type or Print Clearly**

**Section I - Agent**

_____	_____	_____
Agent's Name (last name first)	Birth Date	Social Security Number
_____	_____	_____
Agent's E-Mail Address	Business Phone	Business Fax
_____	_____	_____
Business <u>Street</u> Address - Required	City, State	Zip Code
_____	_____	_____
Resident Street Address	Resident City, State	Zip Code

**Section II - Agency**

_____	_____	_____	_____
Principal Officer's Name	Social Security Number	State	License Number
_____	_____	_____	_____
Agency Name	Agency Tax I.D. Number	Business Phone	Business Fax
_____	_____	_____	_____
Business <u>Street</u> Address - Required	City, State	Zip Code	
_____	_____	_____	_____
Business P.O. Box number if applicable	PO Box City, State	Zip Code	

**Section III - Licensing**

_____	_____
Agent Resident State License Number	Agency Resident State License Number
_____	
Agent Non-Resident State License Number(s)	
_____	
Agency Non-Resident State License(s) Number	

**Appointment Form****III. Background Information (Attach a written explanation, including date of event and discharge, for yes answers.)**

	Yes	No
1. Do you have any prior affiliation with MetLife, MetLife Investors, New England Financial, Walnut Street Securities, General American, or any of their affiliates? If yes, please indicate which company _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you covered under your company's Errors and Omissions (E&O) policy? If not, attach the declaration page of your E&O policy.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of any felony? If said felony conviction was related to dishonesty or breach of trust, have you received, subsequent to such conviction, written consent from an authorized insurance regulator that you may be employed in the insurance industry? If yes, attach a copy of such consent.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the FINRA or any Federal or state regulatory agency ever:		
(a) found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(b) found you to have been involved in a violation of investment- OR insurance-related statutes or regulations ?	<input type="checkbox"/>	<input type="checkbox"/>
(c) found you to have been a cause of an investment- OR insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(d) entered an order against you in connection with investment- OR insurance-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(e) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with an investment- OR insurance-related business, or disciplined you by restricting your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(f) revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been or are you currently the subject of an investment related, insurance related, or consumer-initiated complaint?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been discharged or permitted to resign because you were accused of:		
(a) violating investment- OR insurance-related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(b) fraud or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any contracts that you held with any insurance companies been cancelled for cause (not including productivity)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any policy or application for errors and omissions insurance on your behalf ever been declined, canceled, or renewal refused?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had any of the following: sought protection from creditors; declared bankruptcy, had a lien or judgement, had a creditor charge off an account/payables as bad debt or uncollectible, or had any other problems in your credit history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you under any legal order/judgement to make monetary payments to another person or business entity or have you ever had your wages garnished?	<input type="checkbox"/>	<input type="checkbox"/>

**IV. IMSA Statement**

The MetLife affiliated insurance companies (MetLife) are committed to conducting business with the highest ethical and legal standards. We have established a tradition of integrity in dealing with our customers. MetLife has adopted the ethical market of conduct program of the Insurance Marketplace Standards Association (IMSA). As described below, MetLife, all employees and distributors are expected to observe the Principles and Code of IMSA:

1. To conduct business according to high standards of honesty and fairness and to render that service to our customers which, in the same circumstance, we would apply to or demand for itself.
2. To provide competent and customer-focused sales and service.
3. To engage in active and fair competition.
4. To provide advertising and sales materials that are clear as to purpose and honest and fair as to content.
5. To provide for fair and expeditious handling of customer complaints and disputes.
6. To maintain a system of supervision and review that is reasonably designed to achieve compliance with these principles of ethical market conduct.

**V. Acknowledgement and Authorization**

I hereby certify that I have read and understand the items on this appointment form and that my answers are true and complete to the best of my knowledge. I have been advised that MetLife, Inc., Metropolitan, General American, Walnut Street Securities, MetLife Investors, and New England Financial and their affiliates (hereafter referred to as "The Companies") may conduct investigations in connection with my request to represent The Companies in the solicitation of certain insurance products. I authorize an inquiry to be made of all sources deemed appropriate by The Companies for the purpose of obtaining information concerning my business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the FINRA Central Records Depository. Any information that The Companies may obtain about me will be treated as confidential and may be shared with the appointing general agent, if necessary. I release the broker/dealer and/or its agents and any person or entity, which provide information pursuant to this authorization, from any and all liabilities, claims or lawsuits in any matter related to the information obtained from any and all of the above referenced sources used.

I understand that no right to commission or other compensation shall arise or exist until I have been appointed and all due diligence successfully approved. If I am approved, I shall accept as full compensation for all services to be performed by me, the compensation provided in the applicable commission and compensation schedule as issued, substituted or changed. As an appointed agent/broker, I shall observe and be bound by the rules and regulations of The Companies.

FAIR CREDIT REPORTING ACT - As part of its regular procedures, The Companies may obtain an investigative consumer report. It may deal with character, reputation, personal traits and life style. It may involve personal interviews with friends, neighbors and associates. I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to above. I understand that if any of the material information I provided is found to be incorrect or incomplete, it may be grounds for not appointing, contracting and termination and the discretion of The Companies.

I agree to conduct my business in accordance with the IMSA Principles of Ethical Market Conduct.

**Individual:**

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Printed Name	Signature	Date
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**If Corporation, Company Officer Please Sign Here:**

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Printed Name	Signature	Date
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**Disclosure**

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By this document, Metropolitan Life Insurance Company discloses to you that a consumer report or an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes and/or as part of the process of our consideration of your application to become licensed or appointed to sell insurance or to become registered with the Financial Industry Regulatory Authority. A consumer report or an investigative consumer report may be secured as part of a pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested, and a written summary of your rights under the Fair Credit Reporting Act.

**Acknowledgment and Authorization**

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I acknowledge receipt of a separate document setting forth the above disclosure by Metropolitan Life Insurance Company, that a consumer report or an investigative consumer report may be obtained by it for employment purposes and/or as part of the process of its consideration of my application to become licensed or appointed to sell insurance or to become registered with the Financial Industry Regulatory Authority. A consumer report or an investigative consumer report may be secured as part of its pre-employment background investigation, and at any time during my employment. I authorize the procurement of such consumer reports by Metropolitan Life Insurance Company for the purposes disclosed to me. If I am hired, or if I am already employed, this authorization will remain on file and will serve as an on-going authorization for Metropolitan Life Insurance Company to procure such consumer reports at any time during my employment.

I hereby authorize Metropolitan Life Insurance Company and MetLife Securities, Inc. to query my record, if any, on file with the Financial Industry Regulatory Authority.

<b>Signature of Applicant/Employee:</b> _____
<b>Printed Name of Applicant/Employee:</b> _____
<b>SSN of Applicant/Employee:</b> _____ <b>Date:</b> _____
<b>Witness Signature:</b> _____
<b>Printed Name of Witness:</b> _____