

# Direct Deposit Makes Getting Paid Easier



## MetLife®

### Direct Deposit is available for Producer Compensation Payments.

For your convenience, MetLife's direct deposit capability will automatically deposit your payments into the bank account of your choice at no cost to you. You will continue to receive a complete Explanation of Payment (EOP) similar to the one you currently receive, with an additional message stating the amount and date that your account is scheduled to be credited.

To participate in the direct deposit service, simply complete the Authorization Form and return it to us.

*Please note, the name on the bank account must match the name of the current commissions payee.*

#### We'll take care of the rest!

**Fax to:**

MetLife Institutional Business  
Direct Deposit Requests  
1-800-556-9430

**Mail to:**

MetLife Institutional Business  
Direct Deposit Requests  
P.O. Box 30160  
Tampa, FL 33630-3160

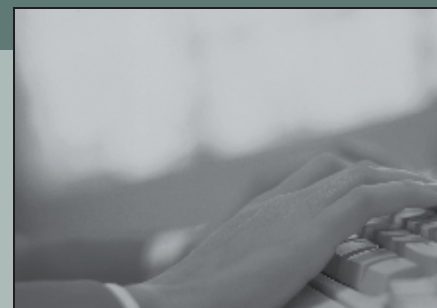
**For questions, contact us at:**

**1-888-653-8325**

**E-mail: [ask4met@metlifeservice.com](mailto:ask4met@metlifeservice.com)**



Compensation Paid Directly  
Into Your Bank Account



# MetLife Institutional Business Direct Deposit Authorization Form

I/we have read and understand the terms of authorization as outlined herein and in the section that follows. By signing this form, I/we hereby agree to the conditions herein and in the section that follows, and authorize Metropolitan Life Insurance Company ("MetLife") to commence direct deposit credits into my/our designated account at the designated depository institution ("Depository").

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Individual OR Firm Name (please print clearly) \_\_\_\_\_

Payee Broker Code \_\_\_\_\_

Payee Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR Taxpayer Identification Number (TIN) \_\_\_\_\_ - \_\_\_\_\_

Payee Payment Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Payee Telephone Number ( \_\_\_\_\_ ) - \_\_\_\_\_ E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

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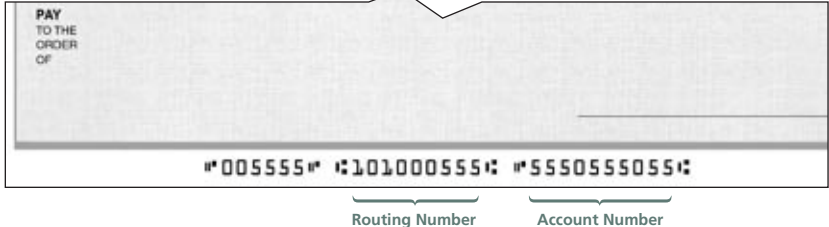
Bank Name \_\_\_\_\_ Account Type:  Checking  Savings

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Please confirm with your bank that the routing number is the ACH (automated clearing house) routing number for electronic funds deposits.



**For questions, contact us at:**  
 1-888-653-8325  
 E-mail: ask4met@metlifeservice.com

**Fax your completed form to us at:**  
 1-800-556-9430

## Terms of this authorization

By the signature(s) set forth herein, I/we hereby authorize MetLife to deposit my/our Institutional Business compensation payments directly to the Individual/Corporate Account at the Depository set forth herein. I/we hereby authorize the Depository to accept such deposits and post them to my/our Individual/Corporate Account.

This authorization will remain in full force and effect until MetLife has received written notification of its termination in such time and manner as to afford MetLife and my/our Depository a reasonable opportunity to act on it. THIS AUTHORIZATION MAY BE REVOKED ONLY BY NOTIFYING METLIFE IN THE MANNER SPECIFIED IN THIS AUTHORIZATION FORM. Furthermore, MetLife has the authority to discontinue the direct deposit service with a 30-day advance notice of such termination.

MetLife shall be entitled to rely upon all Depository information provided on this form (e.g., Depository Name, Depository Account Number, etc.) for as long as this arrangement remains in effect, and MetLife shall incur no liability or loss whatsoever as a result of relying on any such information. MetLife shall not be required to verify the accuracy of any Depository information (including but not limited to the name on the Depository account) and may rely solely on the Depository account number even if the number identifies a person other than me/us. I/we understand that MetLife's liability under the commission schedule/producer agreement is fully satisfied by virtue of the direct deposit made, and MetLife is not responsible if someone withdraws such funds.

If for any reason the Depository information changes, it is agreed that it is the sole responsibility of the Account holder(s) to give written notice to inform MetLife as soon as possible of any change, but not less than ten (10) business days prior to the effective date of such change. When changing Depository accounts, it is understood that the current account will be left open until the initial deposit is made into the new account.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME \_\_\_\_\_



**Metropolitan Life Insurance Company**  
 200 Park Avenue  
 New York, NY 10166  
 www.metlife.com