

I: Registered Representative Information- Please Print Or Type All Information

Name/Firm _____ SSN/TIN _____
 Phone _____ E-mail _____
 Address _____
 Broker Identities (if applicable) _____
 Sales Office/Branch# (if applicable) _____ Agency ID# (Auto & Home Only) AHI _____

II: Bank Account Information

Action: Enroll Change Cancel

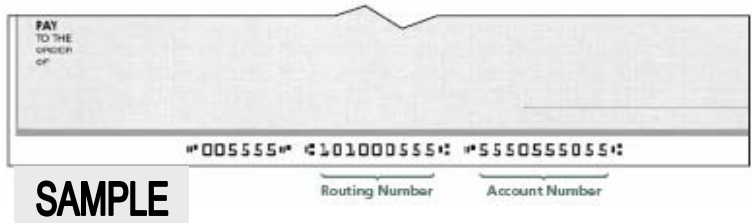
Account Holder Name _____

Bank Name _____ City, State, Zip _____

Routing Number (ABA) _____
 9-Digit Bank ID Number _____

Account Number (DDA) _____

Account Type: Checking Savings



III: Authorization

Authorized Signature _____ Date _____

Print Name _____

By the signature(s) set forth herein, I/we hereby authorize MetLife to deposit my/our 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.

Return Form To (please select the area from the options below):

- | | | |
|--|---|--|
| <input type="checkbox"/> MetLife Auto & Home
IA Sales Support – 1B
700 Quaker Lane
Warwick, RI 02886
Phone: 800-638-3012
Fax: 866-283-0570
E-mail: mahsalessupport@metlife.com | <input type="checkbox"/> Individual Distribution-Met
Phone: 732-893-3336
Fax: 732-893-6334
E-mail: MLBrokerageComp@metlife.com | <input type="checkbox"/> Long Term Care
MetLife LTC
P.O. Box 64911
St. Paul, MN 55164
Phone: 888-565-3761
Fax: 952-918-5086 |
| <input type="checkbox"/> Individual Life & Annuity Compensation
Phone: 877-638-0411 options 5 & 3
Fax: 860-656-3346
lifecompensation@metlife.com | <input type="checkbox"/> Institutional
Fax: 800-556-9430
E-mail: ProducerServices@metlife.com | <input type="checkbox"/> Individual Distribution-NEF
Phone: 617-578-4748
NEF_FLD_Comp@MetLife.com |
| <input type="checkbox"/> Tower Square & Walnut Street Securities
Phone: 732-893-3241
Fax: 732-893-6355 | | |