

## Important Information for MetLife Customers:

MetLife requires that this form be completed when a customer obtains MetLife group insurance products through a licensed and appointed insurance intermediary, such as a broker or consultant ("Broker"), where the customer wishes to permit MetLife to include each of the customer's MetLife coverages for determining the broker's eligibility for payment of Supplemental Compensation with respect to MetLife's 2010 Supplemental Compensation Plan and future MetLife supplemental compensation plans, and where MetLife is not paying the Broker base compensation in connection with the customer's coverages. A customer's signature on this form will permit MetLife to include each of the customer's MetLife coverages for determining the broker's eligibility for payment of Supplemental Compensation with respect to the 2010 Supplemental Compensation Plan offered by MetLife, as well as in any future supplemental compensation plan offered by MetLife unless a customer advises MetLife in writing that such authorization is terminated. MetLife may provide to each customer who submits this form an annual notice describing any changes to its supplemental compensation plan from a prior year. MetLife will only accept this form in relation to a coverage that has an effective date on or after January 1, 2009, and if MetLife recognizes the broker as Broker of Record as of the effective date of such coverage.

Sections I and II of this form **MUST** be completed in their entirety and received by MetLife by **November 30, 2009**, at one of the contact points listed below. Any Customer Authorization Forms received by MetLife at one of the contact points listed below after **November 30, 2009**, will apply to payment only and will not affect the Broker's 2010 Supplemental Compensation Percentage.

**SECTION I** must be completed and signed by the **Broker**. **SECTION II** must be completed and signed by the **Customer**.

PERF RULE DOES NOT PRINT

Broker Information (To be completed by Broker)	<b>SECTION I</b>
	Printed Name and Tax I.D. of Broker: _____
	Address: _____
	Broker Code: _____
	Name and Tax I.D. of Individual writing agent: _____
	Effective date of coverage: _____ Contact Phone Number: _____
	E-mail address: _____
Signature of Broker or of authorized representative of Broker, if Broker is a firm: _____ Date: _____	

Customer Information (To be completed by Customer)	<b>SECTION II (Initial where applicable)</b>			
	On behalf of the MetLife customer identified below, I authorize MetLife to include each MetLife coverage identified below for the purposes of determining the Broker's eligibility for, and payment of, Supplemental Compensation with respect to MetLife's 2010 Supplemental Compensation Plan and future MetLife supplemental compensation plans. I have had the opportunity to review MetLife's Supplemental Compensation Plan brochure. I understand that my Broker may receive a payment under MetLife's 2010 Supplemental Compensation plan and future supplemental compensation plans for the insurance coverages listed below that are being placed with MetLife. I understand that this form also confirms my intention for MetLife to consider the above Broker to be my Broker of Record.			
	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;"> <b>MetLife Coverages</b> _____ _____                 </td> <td style="width: 33%;"> <b>MetLife Customer Name and Number</b> _____ _____                 </td> <td style="width: 33%;"> <b>MetLife Division Number or Experience Number</b>  <input type="checkbox"/> Check if all is applicable _____ _____                 </td> </tr> </table>	<b>MetLife Coverages</b> _____ _____	<b>MetLife Customer Name and Number</b> _____ _____	<b>MetLife Division Number or Experience Number</b> <input type="checkbox"/> Check if all is applicable _____ _____
	<b>MetLife Coverages</b> _____ _____	<b>MetLife Customer Name and Number</b> _____ _____	<b>MetLife Division Number or Experience Number</b> <input type="checkbox"/> Check if all is applicable _____ _____	
_____ _____				

## Authorization of MetLife Customer:

By signing below, I certify that I am duly authorized by the company identified below to execute this document and to authorize MetLife to include the MetLife insurance coverages identified above in the calculation of MetLife's 2010 Supplemental Compensation Plan as well as subsequent MetLife supplemental compensation plans. In addition, I represent that the broker identified above has not solicited my signature on this form by suggesting that Supplemental Compensation will reduce the pricing and/or premium payments for any MetLife coverage listed above.

Customer's Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return by FAX:** (800) 556-9430 or **Mail to:** MetLife, P.O. Box 30160, Tampa, FL 33630 or **E-mail to:** ask4met@metlifeservice.com.  
 You can download a PDF version of the 2010 Supplemental Compensation brochure and the Customer Authorization Form at [www.metlife.com/brokercompensation](http://www.metlife.com/brokercompensation).