

Life Express Order Ticket

Company: First MetLife Investors Insurance Company MetLife Investors USA Insurance Company Metropolitan Life Insurance Company

SECTION I - About the Proposed Insured

First Name _____ Middle Name _____ Last Name _____
State of Residence _____ Zip Code _____ Email _____ Date of Birth _____ Gender M F
SSN/TIN _____ Contact Phone _____ Preferred Time to Call: From _____ AM/PM To _____ AM/PM
Language Preference for Telephone Interview English Other _____

SECTION II - About the Owner

⚠ If Owner is other than Proposed Insured.

Owner Type: Individual Trust Business Other _____
Owner Name _____
State of Residence/Domicile _____ Date of Birth _____ Gender M F SSN/TIN _____
Contact Phone _____ Contact Email _____ Preferred Time to Call: From _____ AM/PM To _____ AM/PM

SECTION III - Financial Information

Owner's Earned Annual Income _____ Owner's Net Worth _____ Source of current and future payments _____

SECTION IV - About the Primary Beneficiary

Primary Beneficiary Name First Middle Last Relationship to Insured _____

SECTION V - About Existing or Applied for Insurance

⚠ If "YES" to either question in this section, complete and submit any state and company required replacement forms.

Does the Proposed Insured or Owner have any existing or applied for life insurance or annuities with this or any other company?

Proposed Insured Yes No Owner Yes No

If YES, please provide total amount of existing and applied for Life insurance on the Proposed Insured only \$ _____

In connection with this form, has there been, or will there be with this or any other company any: surrender transaction; replacement; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance?

Yes No

SECTION VI - About Proposed Coverage

Product Name: _____ Face Amount: _____

Benefits/Riders: _____

Table with 2 columns: Whole Life and Universal Life/Variable Life. Includes options for Dividend Options, Coverage Continuation, Death Benefit Option, and Definition of Life Insurance.

Payment Method: Direct Bill Electronic Payment Electronic Payment per Existing Number _____ Other _____

Payment Mode: Annual Semi-Annual Quarterly Monthly

Modal Premium _____

Special Requests/Additional Information (Include here any requests for alternates/ationals, specific policy date, save age, etc.):

Blank lines for special requests and additional information.



SECTION VII - Illustration Certification for UL/VL/Whole Life Products

Was a sales illustration provided for the life insurance policy as applied for? Yes No Rate Class Quoted _____

If **YES**, please choose one of the following:

- An illustration was signed and matches the policy applied for. It is included with this Life Express Order Ticket.
- An illustration was shown or provided but is different from the policy applied for. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- The sale was made using an illustration with Accelerated Payment. Please indicate number of years _____
- An illustration was displayed on a computer screen. The displayed illustration matches the policy applied for but no printed copy of the illustration was provided. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery. The illustration displayed on a computer screen included the following information:
 Gender (as illustrated) Male Female Unisex Age _____
 Rating Class (e.g. Standard Non-smoker) _____ Non-smoker Smoker
 Product Name _____ Face Amount _____ Dividend Option (Whole Life Only) _____

If **NO**, please choose one of the following:

- Producer certifies that a signed illustration is not required by law.
- No illustration conforming to the policy as applied for was shown or provided prior to or at the time of this Life Express Order Ticket. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

SECTION VIII - Producer Identification & Certification

1. What is the purpose of insurance? (Check **ALL** that apply.)

- Estate Planning Charitable Giving Qualified Plan Mortgage Protection Buy/Sell
- Executive Bonus Split Dollar Private Split Dollar Deferred Compensation Key Person
- Business Needs - Other Income Protection Other _____

2. Method used to arrive at the Face Amount Recommendation?

- Profiles Needs Analysis Human Life Value GSIB Proposal Other _____

3. Have you completed and attached the required replacement forms?

- Yes No N/A

4. Have you attached the Internal Revenue Code Section 1035 form?

- Yes No N/A

5. Have you given the Proposed Insured/Owner the documents below or asked MetLife to send these documents to the Proposed Insured/Owner?

- Privacy Notice Yes No Life Insurance Buyer's Guide Yes No
- HIV Notice and Consent Form Yes No N/A Temporary Insurance Agreement and Receipt Yes No N/A
- Compensation Disclosure Notice* Yes No N/A Military Disclosure Yes No N/A
- Debit Authorization Disclosure Yes No N/A Current prospectus for variable products Yes No N/A
- ADBR Disclosure Statement Yes No N/A

*Required for Individual Distribution (MET/NEF/MLR), MetLife Auto & Home. **IN NY ONLY** for Third Party Distributors when a MetLife Wholesaler met/spoke with your client.

6. Did you use only sales material approved for use by the appropriate Company?

- Yes No

7. Did you see all persons to be insured on the date the Life Express Order Ticket was taken?

- Yes No If **NO**, why not? _____

8. Are you related to the Proposed Insured(s)?

- Yes No If **YES**, indicate relationship _____

9. Is the Proposed Owner a member of the military services or a dependent of a member of military services? "Member of the military" includes persons in any of the 5 branches of the U.S. Armed Forces or in the Reserves or in the National Guard.

- Yes No

10. Does the Owner want electronic delivery of the policy and related documents, if available?

- Yes No

I certify that I have accurately recorded the information supplied by the Proposed Insured(s) and/or Owner(s) on this Life Express Order Ticket. Apart from any comments that I made in the Additional Information section on the prior page, the Proposed Insured appears to me to be healthy. The purpose of this sale has been discussed with the Owner(s) and I believe that the product recommendations in this Life Express Order Ticket are appropriate.

Producer Name (Please Print FULL Name)	Sales Office/ Agency Number/ID	Producer Number/ID	Commission Split % 1st Year	Renewal	Amount of GDC (for MLD only)

Signatures

For Company Use Only

Name of Producer _____ ▶ **Producer Signature** _____ **Date** _____

I have personally reviewed this Life Express Order Ticket for appropriateness of sale. The Producer was appropriately licensed and appointed on the date this document was signed.

Name of Agency Manager or Designee _____ ▶ **Agency Manager or Designee Signature** _____ **Date** _____

Broker/Dealer or Home Office use only (Suitability Review of Variable Products) _____ ▶ **Registered Principal Signature** _____ **Date** _____

Annualized Commissions - Life Independent Producers ONLY Does the Producer wish to annualize commissions? Yes No

If **YES**, signature of Producer's Manager (GA/MGA/BGA) is required. ▶ **GA/MGA/BGA Signature** _____ **Date** _____

