

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
c/o Agent Support Svcs, 99 Park Ave, ste 1100	New York NY	10016
<small>Business <u>Street</u> Address - Required</small>	<small>City, State</small>	<small>Zip Code</small>
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"/>


Disclosure

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

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.

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

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor	<input type="checkbox"/> Corporation
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other ▶
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number
+
OR
Employer identification number
+

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person ▶

[Handwritten signature]

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

METROPOLITAN LIFE INSURANCE COMPANY
WRITING PRODUCER AGREEMENT
FOR
INDIVIDUAL DISABILITY INCOME INSURANCE PRODUCTS

This WRITING PRODUCER AGREEMENT (the "Agreement") is made by and between Metropolitan Life Insurance Company with its offices located at 200 Park Avenue, New York, New York 10166-0188 ("MetLife") and _____ located at _____ ("Writing Producer") with respect to the sale of MetLife Individual Disability Income Insurance Policies ("MetLife IDI Products") sold by the Writing Producer and the Writing Producer's employees and designated representatives (hereinafter the Writing Producer and the Writing Producer's employees and designated representatives shall collectively be referred to herein as "You" or "Your") through any of the general agents listed on Attachment A hereto (the "General Agent"). This Agreement shall be effective as of the date this Agreement is signed and executed by MetLife and the Writing Producer.

In no event shall MetLife be obligated to pay compensation to the Writing Producer unless and until MetLife receives the premium payment for the relevant MetLife IDI Product. To the extent You already have an existing arrangement with MetLife or the General Agent to sell MetLife IDI Products, this Agreement shall:

- (A) Supersede and govern all applications for MetLife IDI Products:
- (1) that are received by the General Agent's designated MetLife Employee Benefits Sales and Service office (formerly known as MetLife Small Business Center) (the "MetLife Office") that resulted in the issuance of MetLife IDI Products; and
 - (2) for which the Writing Producer is the writing producer entitled to compensation as a result of business the Writing Producer first submitted through the General Agent, and which the General Agent sent to the MetLife Office under a cover letter of the General Agent, or any other administrative or submission process that maybe from time to time required by MetLife; and
- (B) Replace any other arrangement for sales of MetLife IDI Products already in place between MetLife and You or between You and the General Agent.

MetLife and the Writing Producer hereby agree as follows:

I. GENERAL TERMS AND CONDITIONS

- (A) **Work Status.** You are an independent contractor and not an employee of MetLife or its affiliates. None of the terms of this Agreement shall be construed as creating an employer-employee relationship.
- (B) **Appointment; Licensing.** In order to market and sell MetLife IDI Products through the General Agent and be paid commission for such sale, You must first be appointed with MetLife and must be validly licensed and in good standing with the insurance department of each state in which You conduct business. Subject to applicable laws, You are authorized to represent MetLife for the purposes of:
- (1) obtaining and promptly transmitting to MetLife through the General Agent all applications and premiums for MetLife IDI Products;
 - (2) arranging for the timely delivery of new MetLife IDI Products to policyholders and for the timely remittance of modal premiums to MetLife. MetLife IDI Products may be delivered only if the insured, to the best of Your knowledge, continues to be in good health (as stated on the application for the MetLife IDI Product); and
 - (3) returning, for cancellation, to MetLife through the General Agent any MetLife IDI Product not accepted by the policyholder.
- (C) **E&O Insurance.** For as long as this Agreement remains in effect, You are required to maintain Errors and Omission coverage in the amount of \$1 million. From time to time, MetLife may require proof that this coverage remains in force.
- (D) **Marketing Materials.** You may not alter, add or omit any part of any MetLife IDI Product issued by MetLife. MetLife will, at its expense, provide its standard advertising and promotional material to the General Agent and You. You may not use any other advertising copy, supplies or materials which refer to MetLife or its products and services or contain any of MetLife's trademarks, including personalized or customized versions of standard MetLife advertising and promotional material. You do not have any rights whatsoever with respect to any Snoopy and Peanuts character or any advertising material provided to General Agent and You by MetLife. Advertising materials include, without limitation:
- (1) printed and published material, audiovisual material, or descriptive literature used in direct mail, newspapers, magazines, radio and television scripts, billboards, and similar displays;
 - (2) descriptive literature and sales aids of all kinds including, but not limited to, circulars, leaflets, booklets, illustrations, computer proposals, computer disks, rating software and form letters; and
 - (3) all stationery and other written material containing the MetLife name or logo.

- (E) **Termination.** The Agreement shall terminate whenever either the Writing Producer or MetLife gives five (5) days written notice to the other specifying the date of termination. If the Agreement terminates, You may no longer sell any of the MetLife IDI Products covered under this Agreement. You shall be asked to return promptly all property (such as sales materials, forms, etc.) that may have been given to You. In the event this Agreement is terminated, any commissions payable to the Writing Producer under this Agreement shall be vested only as set forth in this Agreement.
- (F) **Indemnification.** You agree to indemnify MetLife and its affiliates against any and all losses, damages or collection costs resulting from acts, omissions, or breaches by You of any duties or obligations under this Agreement, or any unauthorized or fraudulent acts or omissions by You, unless such are caused by and the result of any acts or omissions by MetLife. This indemnification provision shall survive termination of this Agreement.
- (G) **Assignment.** You may not assign this Agreement without first obtaining MetLife's written consent.
- (H) **Notice.** All notices permitted or required by this Agreement must be in writing. MetLife's notices to You will be to the address shown on page one of this Agreement. Your notice to MetLife will be to:

Metropolitan Life Insurance Company
10 South LaSalle Street
Suite 3350
Chicago, Illinois 60603
Attention: Dennis Lyons - Vice-President

with a copy to:

Metropolitan Life Insurance Company
18210 Crane Nest Drive
Tampa, Florida 33647
Attention: Director – Individual Disability Income Administration

and

Justin Hixson
Assistant General Counsel
Metropolitan Life Insurance Company
1095 Avenue of the Americas
New York, NY 10036

Any party may change its respective address by written notice to the other.

- (I) **Waiver.** Failure to enforce any provision of this Agreement is not a waiver of that provision, or of any other provision.

- (J) **Third-Party Beneficiaries.** Nothing in this Agreement is intended or shall be construed to give any person, other than the parties hereto, their successors and permitted assigns, any legal or equitable right, remedy or claim under or in respect of this Agreement or any provision contained herein.
- (K) **Applicable Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of New York without regard to the New York choice of law rules. Actions under this Agreement may only be brought in a state of federal court located in New York County.
- (L) **Signature of MetLife Officer.** This Agreement is valid only when it is countersigned by a vice-president of MetLife and it can be changed or amended (or its provisions waived) on MetLife's behalf only by one of these officers pursuant to a signed writing.

II. COMPENSATION

- (A) **Generally.** Compensation shall be payable by MetLife to the Writing Producer in accordance with this Agreement on MetLife IDI Products issued by MetLife whenever the Writing Producer is named by the policyholder at the time of sale as the writing producer entitled to compensation. Commissions set forth in Attachment B hereof do not vary by underwriting class and shall be payable on any extra charge of morbidity. Commissions will not be paid to the Writing Producer until all the requirements of the MetLife IDI Products have been met.
- (B) **First Year Commission.** First Year Commission shall be payable by MetLife directly to the Writing Producer as provided in Attachment B hereof, based on premium received by MetLife for the first year following the MetLife IDI Product's effective date.
- (C) **First Year Commission on Policy Changes** in coverage to an existing MetLife IDI Product will be paid only with respect to the increased amount of premium paid resulting from the following changes: (a) an increase to the monthly benefit; (b) an addition of an optional rider; (c) a change in the benefit period; or (d) a change in the elimination period.
- First Year Commission will be paid on a replacement of an existing MetLife IDI policy with a new MetLife IDI policy, only on the amount of the premium increase.
- (D) **Renewal Commission.** Renewal commission shall be payable to the Writing Producer as set forth in Attachment B hereof on renewal premiums as received by MetLife for a maximum of nine (9) years. Renewal Commissions are vested only through the tenth MetLife IDI Product year, so long as on January 1 of any year following the termination of this Agreement, annual in-force renewal premiums are \$10,000 or more.
- (E) **Renewal Commission on Policy Changes** in coverage to an existing MetLife IDI Product will be paid based upon the effective date of the policy change to the MetLife IDI Product with respect to the increased amount of premium paid resulting from the following changes: (a) an increase to the monthly benefit; (b) an addition of an optional rider; (c) a change in the benefit period; or (d) a change to the elimination period. For any other

increase or policy change to an existing MetLife IDI Product not set forth in (a)-(d) above, Renewal Commissions shall be payable, as appropriate, based upon the original issue date of the MetLife IDI Product and the amount of premium payable after the increase or change.

- (F) **Commissions Payable on Optional Benefit Riders.** Except for the Good Health Benefit Rider, first year commissions, renewal commissions, and service fees for all other optional benefit riders shall be payable at the same rate as those for the base plan premium provided the optional benefit rider(s) is issued on the effective date of the MetLife IDI Product. For the Good Health Benefit Rider, first year and renewal commissions shall be based solely on the portion of the premium that applies to the Good Health Benefit Rider.
- (G) **Service Fees.** Service Fees shall be paid on premiums received by MetLife on a MetLife IDI Product that has been in force for more than ten (10) years, so long as You:
- (1) are still under contract with MetLife to write new MetLife IDI Product business;
 - (2) continue to be the writing producer entitled to compensation for the MetLife IDI Product; and
 - (3) MetLife, in its sole discretion, determines that You are continuing to service the MetLife IDI Product. Service Fees do not apply to the Good Health Benefit rider premium.
- (H) **Timing of Payments.** Any payment required to be paid to the Writing Producer under this Agreement shall be paid to the Writing Producer within seventy-five (75) days following the later of:
- (1) the date on which the premium qualifying the Writing Producer for such commission is credited to MetLife's premium account; or
 - (2) the date on which You have met all requirements to be paid commissions.
- (I) **Employees, Brokers and Representatives.** MetLife shall, in its sole discretion, appoint, and terminate the appointment of You as an authorized agent of MetLife to sell or renew MetLife IDI Products when such appointment is necessary in connection with the sale of MetLife IDI Products under this Agreement. The Writing Producer shall be solely responsible for any and all compensation to be paid to any of the Writing Producer's employees or designated representatives.
- (J) **Return of Compensation; Offset.** MetLife may be entitled to the return of amounts paid to the Writing Producer under this Agreement. This may happen if a change in premium or cancellation of a MetLife IDI Product sold by You under this Agreement causes the amount of compensation to which the Writing Producer is entitled to change. In such a case, MetLife shall restate the compensation payable to the Writing Producer and the Writing Producer shall return to MetLife any overpayments. MetLife shall have

the right to offset any amount owed by the Writing Producer to MetLife against any amount payable to the Writing Producer by MetLife.

(K) **Merit Compensation/In-Force Bonus.** MetLife's payment of compensation to the Writing Producer will not include any merit compensation or any In-Force Bonus. Any payment of merit compensation or In-Force Bonus shall be solely the obligation of the General Agent.

(L) **Right to Change Compensation.** MetLife reserves the right to alter, amend or modify the commission schedules and compensation arrangements. Any such changes shall become effective for MetLife IDI Products applied for or issued on or after the effective date of the change unless otherwise set forth in Attachment B hereof.

(M) **Commission Rate for MetLife IDI Products.** Attachment B of this Agreement sets forth the compensation that shall be payable to the Writing Producer for the sale of MetLife IDI Products that You make as a result of business submitted through the General Agent. Notwithstanding any written agreement between MetLife and You to the contrary, the commission rate payable to the Writing Producer for the sale of MetLife IDI Products that You make as a result of business submitted through the General Agent shall be the commission rate set forth on the first commission statement on which the commission rate applicable to the MetLife IDI product shall appear, provided however:

- (1) the maximum commission to the Writing Producer for the sale of MetLife IDI Products through the General Agent shall be set forth in Attachment B hereof;
- (2) the Writing Producer shall have ninety (90) days following the date of each commission statement to object in writing to the amount of commission paid to the Writing Producer; and
- (3) if MetLife pays compensation to the Writing Producer in excess of the compensation amounts reflected in Appendix B hereof for the sale of a MetLife IDI product under this Agreement, then the Writing Producer shall be obligated to reimburse MetLife for such excess payment.

Metropolitan Life Insurance Company

By: Vice President, Individual Disability

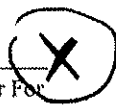
Printed Name and Title:

Date:

By: Individual Writing Producer or Officer For
Corporate Writing Producer:

Printed Name and Title:

Date:



ATTACHMENT A

NAME AND ADDRESS:

TELEPHONE:

Agent Support Services, Inc. /

(212) 697-2025

Sam Kaufman

99 Park Avenue

11th Floor

New York, NY 10016

ATTACHMENT B

GENERAL AGENT DISTRIBUTION CHANNEL WRITING PRODUCER

I. Base First Year Commission by Product

Omni Advantage, Omni Select (Non GSI), Omni Essential (Non GSI), Salary Saver (Non GSI), or Omni Plus 90 day EP; Expense Plus and Buy-Out	55% of total first year premium received.
All Other Disability Income Products	35% of total first year premium

**II. Multi-Life cases
(Premium Discount is determined by MetLife during underwriting)**

Up to 20% Discount	55% of total first year premium received
25% Discount	35% of total first year premium received
30% Discount	30% of total first year premium received
35% Discount	25% of total first year premium received

III. Good Health Benefit (Policy Year 1-10)

Good Health Benefit	4% of the first year premium received for the Good Health Benefit
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IV. Renewal Commissions (Years 2-10)

Renewal Commissions are based on the sum of the Annualized Premium for all Policies that were placed in the same year and which are still in force at the beginning of the year in which renewal commissions will be paid.	Years 2 – 5	Years 6 - 10	
	\$ 0 – 9,999	5%	3%
	\$ 10,000 – 19,999	10%	5%
	\$ 20,000 +	15%	7%

V. Service Fees (Years 11+)

Inforce IDI Premium at the end of the calendar year	Service Fee (on a first dollar basis)
\$ 0 – 24,999	0%
\$ 25,000+	1%