

Appointment Form Only

Steps to obtain an Appointment:

Complete the Personal Information Sheet Entirely

The Personal Information Sheet is used to obtain information necessary to establish an appointment with MetLife. Page 2, the Application Form must be completed in its entirety as applicable. If you are requesting an appointment for only the Agent, then only the Agent fields need to be completed. If the request for appointment includes the Agency, all fields need to be completed.

Page 4 must be executed by appropriate parties.

Page 5 must be executed by the appointment applicant.

The applicant must be licensed in the state you are requesting your appointment for.

When do you request an appointment?

For the states listed below (pre-appointment) a producer must be licensed and appointed with MetLife prior to the customer application being executed.

Pre-Appointment States:

Florida	Montana
Georgia	North Carolina
Indiana	Oregon
Kansas	Pennsylvania
Louisiana	Puerto Rico
Missouri	Utah

For all other states, the appointment request must be made no later than MetLife's receipt of the customer application.

Mail: Service Delivery Center
Attn: Corporate Licensing & Registration
500 Schoolhouse Road
Johnstown, PA 15904

Fax: 908-552-2444

email: CLR_Institutional@metlife.com

This form cannot act as an authorization to assign commissions.

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

IV. IMSA Statement

The MetLife affiliated insurance companies (MetLife) are committed to conducting business with the highest ethical and legal standards. We have established a tradition of integrity in dealing with our customers. MetLife has adopted the ethical market of conduct program of the Insurance Marketplace Standards Association (IMSA). As described below, MetLife, all employees and distributors are expected to observe the Principles and Code of IMSA:

1. To conduct business according to high standards of honesty and fairness and to render that service to our customers which, in the same circumstance, we would apply to or demand for itself.
2. To provide competent and customer-focused sales and service.
3. To engage in active and fair competition.
4. To provide advertising and sales materials that are clear as to purpose and honest and fair as to content.
5. To provide for fair and expeditious handling of customer complaints and disputes.
6. To maintain a system of supervision and review that is reasonably designed to achieve compliance with these principles of ethical market conduct.

V. Acknowledgement and Authorization

I hereby certify that I have read and understand the items on this appointment form and that my answers are true and complete to the best of my knowledge. I have been advised that MetLife, Inc., Metropolitan, General American, Walnut Street Securities, MetLife Investors, and New England Financial and their affiliates (hereafter referred to as "The Companies") may conduct investigations in connection with my request to represent The Companies in the solicitation of certain insurance products. I authorize an inquiry to be made of all sources deemed appropriate by The Companies for the purpose of obtaining information concerning my business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the FINRA Central Records Depository. Any information that The Companies may obtain about me will be treated as confidential and may be shared with the appointing general agent, if necessary. I release the broker/dealer and/or its agents and any person or entity, which provide information pursuant to this authorization, from any and all liabilities, claims or lawsuits in any matter related to the information obtained from any and all of the above referenced sources used.

I understand that no right to commission or other compensation shall arise or exist until I have been appointed and all due diligence successfully approved. If I am approved, I shall accept as full compensation for all services to be performed by me, the compensation provided in the applicable commission and compensation schedule as issued, substituted or changed. As an appointed agent/broker, I shall observe and be bound by the rules and regulations of The Companies.

FAIR CREDIT REPORTING ACT - As part of its regular procedures, The Companies may obtain an investigative consumer report. It may deal with character, reputation, personal traits and life style. It may involve personal interviews with friends, neighbors and associates. I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; and 2) receive a copy of the report, upon request. My signature below constitutes my agreement and authorization to above. I understand that if any of the material information I provided is found to be incorrect or incomplete, it may be grounds for not appointing, contracting and termination and the discretion of The Companies.

I agree to conduct my business in accordance with the IMSA Principles of Ethical Market Conduct.

Individual:

Printed Name	Signature	Date
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If Corporation, Company Officer Please Sign Here:

Printed Name	Signature	Date
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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.

<p>Signature of Applicant/Employee: _____</p> <p>Printed Name of Applicant/Employee: _____</p> <p>SSN of Applicant/Employee: _____ Date: _____</p> <p>Witness Signature: _____</p> <p>Printed Name of Witness: _____</p>
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Metropolitan Life Insurance Company
Individual Writing Producer Agreement
for Individual Disability Income Insurance Products

This WRITING PRODUCER AGREEMENT (the "Agreement") is made by and between Metropolitan Life Insurance Company ("MetLife") and _____ ("You" or "Your") for the sale of MetLife Individual Disability Income Insurance Policies ("MetLife IDI Products") sold by You through _____ ("General Agent"). This Agreement shall be effective as of the date this Agreement is signed and executed by MetLife and You.

In no event shall MetLife be obligated to pay compensation to You 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: (1) supersede and govern all applications for MetLife IDI Products 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 where You are the writing producer entitled to compensation as a result of business You first submitted through the General Agent and 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 (2) replace any other arrangement for sales of MetLife IDI Products already in place between MetLife and You or You and the General Agent. MetLife and You hereby agree as follows:

General Terms and Conditions

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.

In order to market and sell MetLife IDI Products through the General Agent and be paid commission for such sale You must 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 IDI application); and
3. Returning, for cancellation, to MetLife through the General Agent any MetLife IDI Product not accepted by the policyholder.

So 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.

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/or 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/or You by MetLife. Advertising materials include, without limitation: (a) printed and published material, audiovisual material, or descriptive literature used in direct mail, newspapers, magazines, radio and television scripts, billboards, and similar displays; (b) 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 (c) all stationery and other written material containing the MetLife name or logo.

The Agreement shall terminate whenever either You 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 promptly to return all property (such as sales materials, forms, etc.) that may have been given to You. In the event the Agreement is terminated, any commissions payable to You under this Agreement shall be vested only as set forth in this Agreement.

You agree to indemnify MetLife and its affiliates against any and all losses, damages or collection costs resulting from acts, omissions, or breach 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.

Compensation

Compensation shall be payable by MetLife to You in accordance with this Agreement on MetLife IDI Products issued by MetLife whenever you are named by the policyholder at the time of sale as the Writing Producer entitled to compensation. Commissions set forth in Appendix A hereof do not vary by underwriting class and shall be payable on any extra charge of morbidity. Commissions will not be paid to You until all the requirements of the MetLife IDI Products have been met.

First Year Commission shall be payable by MetLife directly to You as provided in Appendix A hereof based on premium received by MetLife for the first year following the MetLife IDI Product's effective date.

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.

Renewal Commission shall be payable to You as set forth in Appendix A 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 Your agreement, annual inforce renewal premiums are \$10,000 or more.

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.

Commissions payable on optional benefit riders. Except for the Good Health Benefit Rider, First Year Commission, Renewal Commission, 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.

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 broker of record 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.

Timing of Payments. Any payment required to be paid to You under this Agreement shall be paid to You within seventy-five (75) days following the later of: (1) the date on which premium qualifying You 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.

Return of Compensation; Offset. MetLife may be entitled to the return of amounts paid to You 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 You are entitled to change. In such a case, MetLife shall restate the compensation payable to You and You shall return to MetLife any overpayments. MetLife shall have the right to offset any amount owed by You to MetLife against any amount payable to You by MetLife.

Merit Compensation. MetLife's payment of compensation to the Writing Producer will not include any merit compensation. Any payment of merit compensation will be solely the obligation of the General Agent.

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 Appendix A hereof.

Commission Rate for MetLife IDI Products. Appendix A of this Agreement sets forth the compensation that shall be payable to You 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 You for the sale of MetLife IDI Products that You make as a result of business submitted through the General Agent shall for each MetLife IDI product sold by You 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, that the maximum commission to You for the sale of MetLife IDI products through the General Agent shall be set forth in Appendix A hereof; and provided further, that You shall have ninety (90) days following the date of each commission statement to object in writing to the amount of commission paid to You. If MetLife pays compensation to You in excess of the compensation amounts reflected in Appendix A hereof for the sale of a MetLife IDI product under this Agreement, then You shall be obligated to reimburse MetLife for such excess payment.

Metropolitan Life Insurance Company Officer

Producer

By: Robert A. McCabe
Vice-President

Producer's Signature

Date

Producer's Print Name

Date

APPENDIX A

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	40% 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. Multi-Life cases for All Other Disability Income Products

(Premium Discount is determined by MetLife during underwriting)

Up to 20% Discount	40% of total first year premium received
25% Discount	26.25% of total first year premium received
30% Discount	22.50% of total first year premium received
35% Discount	18.75% of total first year premium received

V. Renewal Commissions (Years 2-10)

Renewal Commissions (Years 2-10)	5%
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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 ▶

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.