

Metropolitan Life Insurance Compan

Individual Disability Income

P.O. Box 30429

Tampa, FI 33630-3429

The Company indicated above is referred to as "the Company".

**AUTOMATIC BANK WITHDRAWAL AUTHORIZATION AGREEMENT
FOR USE WITH INDIVIDUAL DISABILITY INCOME POLICIES ONLY**

Name of Policy Owner/Proposed Policy Owner _____

Date of Application for Insurance _____ OR Policy No. _____

PLEASE ATTACH A VOID CHECK OR SAVINGS DEPOSIT SLIP HERE.

<p>_____ Name of Banking Institution</p> <p>_____ Branch Address</p> <p>_____ City State Zip</p>	<p>Banking Institution Route</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>_____ Account or Code Number</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p>
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I, the Depositor, authorize the Company to initiate debit entries ("Debits") to my bank account at the banking institution shown above to pay premiums for a policy ("Policy") for which I have applied or which has been issued to me or to repay a policy loan on a policy issued to me. I also authorize the Bank to (a) Charge my account for these debits and (b) provide to the Company my most recent address upon the Company's request.

I acknowledge that the origination of electronic debits to my account must comply with the provisions of U.S. law. I understand that to terminate this agreement, I must notify the Company in such time and in such manner as to afford the Company and my banking institution a reasonable opportunity to act on it.

Type of Authorization:

New Authorization

Change of Bank or Account
(Prior Authorization)

Change of Amount
(Prior Authorization)

Premium Payment:

I request a Debit Date on the _____ of each month.

Please debit my account on the same date as my other policy or contract:

Policy/Contract number _____

Loan Repayment:

Please debit my account for \$ _____ (\$10 minimum) on the _____ of each month.

The Debit Date is the day of the month on which a Debit will be processed against the bank account listed above. If no date is specified, monthly debits will occur on the same day of the month as the policy date. If a debit cannot be made on the Debit Date (such as a weekend or holiday), the account will be debited on the next working day. If a policy provides for flexible premiums and the Debit Date requested is later than the policy date, a debit may be immediately debited to ensure there are sufficient funds to cover premiums as they become due.

SIGNATURES

By signing below, I hereby: (a) authorize these debits to my account as indicated; and (b) verify that I understand and agree with the conditions described on the reverse side. I understand that paying my insurance premiums monthly may result in a higher yearly out-of-pocket cost or different cash values.

Signature of Proposed Policy Owner _____ Date _____
(if different from Depositor, Depositor's signature required below)

Signature of Depositor _____ Date _____
(if Joint Account, other Depositor must sign below)

Signature of Joint Depositor _____ Date _____

Depositor's Daytime Phone _____ Address _____



AUTOMATIC BANK WITHDRAWAL AUTHORIZATION AGREEMENT TERMS

Withdrawals – Timing and Terms

The automatic bank withdrawals will not start unless an amount of at least the initial monthly premium has been paid at the delivery of the Policy. If more than one month's premium/payment is due and the Policy is still in full force and effect, multiple premiums/payments may be debited during the first month that this Agreement is in effect. Debits will begin for subsequent premiums as they become due, or, if the policy terms provide for flexible premiums, according to the schedule for planned premiums.

If more than one month's premium/payment is due and the Policy is still in full force and effect, multiple premiums/payments may be debited during the first month that this Agreement is in effect. Debits will begin for subsequent premiums as they become due, or, if the policy terms provide for flexible premiums, according to the schedule for planned premiums.

If the policy terms provide for flexible premiums, the amount debited will be the scheduled planned premium. The undersigned understands and agrees that if the scheduled planned premiums and the policy cash value are not sufficient to pay for the monthly deductions as described in the policy, insurance coverage will end, except as may be described in the policy.

For those policies that provide dividends, any dividend option election under a life insurance policy will apply. However, if the election made was to apply dividends to reduce premiums or payments, then any future dividends payable will (a) on Term insurance policies (including Family Security contracts) be left to accumulate at interest and (b) on all other policies be used to purchase paid up additional insurance as described in the Policy. The Company may terminate this Agreement if the dividend option is later changed to reduce premiums.

The Company and the Bank will share with each other limited account and policy information as necessary to effect the automatic bank withdrawals described herein.

Nonreceipt of Debit

In implementing this Agreement, the Company will present a demand to the Depositor's bank for the Debits of any amount against the Depositor's bank account. If the Company's demand is not honored, or the sum due is not paid, the Company may terminate this Agreement.

If any Debit is not received by the Company, and if a premium is unpaid beyond its grace period, subject to any reinstatement provision in the policy, further premiums (including any then due) will become payable directly to the Company. These premiums will be based on the rates in effect on the date of the Policy. They will be payable at the most frequent mode of payment which will meet the Company's rules, in effect when the debit fails or when this Agreement ends, regarding frequency of payments and minimum amounts. The Company will determine the amount payable for any period up to the time when the first premium or payment is due under the new mode of payment.

Ending the Automatic Bank Withdrawals

This Agreement shall remain in full force and effect until one of the following occurs:

1. The Depositor notifies the Company of the termination of this Agreement. The Company requires notification of at least 4 business days before a scheduled Debit to either terminate this agreement or to prevent a scheduled Debit.
2. The Company notifies the Depositor of the termination of this Agreement.
3. The Policy is no longer in effect.

If this Agreement is terminated, premiums will become payable directly to the Company and the same terms listed in the section above entitled "Nonreceipt of Debit" apply.

Rights and Responsibilities of the Bank

The Bank's treatment of each Debit, and the Bank's rights with respect to it, shall be the same as if it was signed or initiated by the Depositor. If any Debit is dishonored for any reason, the Bank will not be under any liability even though dishonor results in the loss or forfeiture of insurance. The amount of future Debits can be changed and the Bank need not require a new Agreement if the amount of such Debit varies from prior transactions.

