



**REQUEST FOR CHANGE OF BENEFICIARY**

The Undersigned ..... hereby request to

Change Beneficiary under Group Policy Number ..... Certificate Number .....

This change shall be effective as of .....

**CHANGE OF BENEFICIARY**

Full Name of New Beneficiary	% of Proceeds	Relationship	Date of Birth
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

If nothing specified under Percentage of proceeds above, then equal split between / among Beneficiaries. If any Beneficiary listed above dies before me, the interests of such Beneficiary shall, unless otherwise provided above, accrue to the surviving Beneficiaries or Beneficiary - or if none to my estate. I reserve the right to change any Beneficiary named above.

**COMPLETE THE FOLLOWING SECTION**

Dated at ....., this ..... day of ..... 2 .....

.....  
Witness Signature  
(other than the Beneficiary)

.....  
Insured's Signature

**THIS FORM MUST BE EXECUTED IN DUPLICATE BY THE INSURED**

**NOTE:** Both copies should be submitted to American Life Insurance Company for approval and recording, after which one copy will be returned to be attached to the Life certificate.

**TO BE COMPLETED BY MetLife**

This is to certify that a copy of the above Request is filed on record with **American Life Insurance Company - MetLife.**

Dated at ....., this ..... day of ..... 2 .....

.....  
Authorized MetLife Officer