



WHEN A TRUST IS THE BENEFICIARY

TRUST AS DESIGNATED BENEFICIARY

In order to make payment to a Trust when the Trust is the designated beneficiary, the following information is necessary:

- A fully completed, signed, and notarized “Certification of Trustee” form (attached)
- The signature(s) of the trustee(s) on the Claimant’s Statement. If the trustee is a bank or other financial institution, an authorized representative of the bank must sign.

The submission of the entire trust is still acceptable, but it must be accompanied by a notarized statement attesting to the fact that the trust is still in effect (“Statement From Trustee” attached). If the trustee is a bank or other such institution, or the trust is irrevocable, this statement is not necessary.

Memorandum / Certificate of Trust

A Memorandum / Certificate of Trust is also acceptable. This is a document that outlines the main points of the Trust, and is signed and notarized at the time that the Trust is established.

Alternatively, a notarized Attorney’s Certification Form, which verifies that the Trust is still in effect, and has or has not been amended, can be accepted. This Certification Form would have been completed subsequent to the Memorandum, and would bear a current date. If the Trust has been amended, a copy of the Amendments must be provided. If the names of the beneficiaries of the Trust are not listed, they must also be provided.

TRUSTEE UNDER WILL

If the insured named a Trustee under his Will as a beneficiary, the following is required:

- A court order appointing a Trustee
- If no such court order has been or will be issued, a copy of the Will that sets up a Trust, and evidence of probate (Estate papers).
- The signature of the trustee(s) on the Claimant’s Statement



Metropolitan Life Insurance Company
Group Life Claims
P.O. Box 6100
Scranton, PA 18505

CERTIFICATION OF TRUSTEE(S)

To: Metropolitan Life Insurance Company

Insured Name: _____

Employer Name: _____

Group Number: _____

Claim Number: _____

Trustee(s): _____

Tax Identification Number (TIN) of Trust:

State where Trust was established: _____

Part I

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 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.

Part II

The undersigned hereby certify as follows:

1. I am _____

{trustee(s)} {successor trustee(s)}

under _____

{(Name of Trust)}

dated _____

2. If successor trustee(s), name of original trustee(s): _____

3. Dates of any amendments to the trust: _____

4. Dates of any restatements of the trust: _____

5. The name(s), relationship(s) (to the deceased), and age(s) of the beneficiary(s) of the trust is/are:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. I am the trustee(s) designated as beneficiary or a Trustee(s) of a trust designated as beneficiary under the above numbered policies.

7. Said Trust Agreement is in full force and effect and that by its terms, I am empowered to receive payment of the proceeds of the above policy(ies).

It is understood and agreed by the undersigned that payment of such proceeds to the Trustee(s) shall discharge MetLife from any and all liability thereto and that MetLife shall have no responsibility for the carrying out of the Trust Agreement.

Signed this _____ day of _____ 20____.

Corporate Trustee:

(Name of Corporate Trustee)

By: _____
(Officer's Signature)

Individual Trustee(s):

(Name of Trustee)

(Trustees Signature)

Sworn to and subscribed before me this _____ day of _____, 200_.

Signature and Seal of Notary Public

My commission expires: _____

(If more than one individual Trustee, all should sign. If Corporate and individual Co-Trustees, both should sign)



Group Life Claims
P.O. Box 6100
Scranton, PA 18505

Metropolitan Life Insurance Company
STATEMENT FROM TRUSTEE

TO: MetLife
P.O. Box 6100
Scranton, PA 18505

RE: Life Insurance Benefits
Insured:
Group No.:
Claim No.:

State of _____)
County of _____) §§:

The _____
(Name of Trust)

dated _____ is still in effect.

(Trustee's signature)

Date: _____

This section to be completed by notary:

Sworn to and subscribed before me this _____ day of _____, 200__.

Signature and Seal of Notary Public

My commission expires: _____