
I. Participant Identification

Marital Status Single Married Widowed Divorced

Name (print) First, Middle, Last

Social Security Number (As currently on file)

(_____) _____
Daytime Phone Number

Account Number

II. Change of Name/Address/Telephone (Please Print)

Old Name Old Name (signature)

New Name New Name (signature)

New Address: Number and Street

New Address: City, State, Zip

(_____) _____
New Telephone

III. Correction of Social Security Number

Old Social Security Number New Social Security Number

IV. Correction of Dates

Corrected Date of Birth (Month, Day, Year)

Corrected Date of Hire (Month, Day, Year)

Corrected Date of Participation (Month, Day, Year)

V. Signature

Signature of Participant Date

Signature of Plan Administrator (For ERISA only) Date

VI. Mailing Instructions

Mail this form to:
MetLife
P.O. Box 10356
Des Moines, IA 50306-0356

Overnight mail only:
MetLife
4700 Westown Parkway, Ste. 200
West Des Moines, IA 50266

Fax to:
908-552-3403