

Request for change of address

Use this form to change the address for your annuity payments.

Things to know before you begin

- If you have more than one benefit, you can list multiple Annuity numbers and we'll apply the change to the records you request.
- If you're making this request as a legally approved third party (*Power of Attorney, Guardian, etc.*) and we don't already have your information on file, you'll need to include documentation to support your authority to request the change.
- Please call us if you also need to change your bank account information for direct deposit payments or if you've moved to a different state and need to change your tax withholding.



You must complete this entire form and sign where indicated or your request may be delayed.

SECTION 1: My current information *(Please print)*

First name	Middle name	Last name
Email address		Phone number
Social security number <i>(last 4 digits)</i>	Date of birth <i>(mm/dd/yyyy)</i>	Annuity number

SECTION 2: My address change

► **Previous address:**

Street address	City	State	ZIP
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► **New address:** New Address should be used for *(choose all that apply)*: Payments Correspondence

Street address	City	State	ZIP
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Check this box if you would like all outstanding payments reissued to the new address above.

SECTION 3: Signatures

Sign Here	Signature	Date <i>(mm/dd/yyyy)</i>
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SECTION 4: How to submit this form

Please complete and sign this form and return by:

Mail:

MetLife
PO Box 14710
Lexington, KY 40512-4710

Fax:

866-855-2773

We're here to help

You can reach us at 800-638-2704, Monday through Friday, 8 a.m. to 9 p.m. Eastern Time.