METROPOLITAN LIFE INSURANCE COMPANY
ASSIGNMENT OF COMMISSIONS

Group Name ____________________________________________
Policy Number ____________________________________________
Coverage(s) Applied ____________________________________________

For value received, the undersigned assignor (the “Assignor”) hereby, assigns and transfers to ____________________________________________

(Name of Assignee)
(Address of Assignee)

all of Assignor’s rights, title and interest in and to any and all commissions and fees that are now due or shall or may become due to the Assignor on the policy specifically identified above issued by METROPOLITAN LIFE INSURANCE COMPANY (“MetLife”), and hereby authorizes and directs MetLife to pay any and all such commissions and fees to the Assignee or to the Assignee’s executors, administrators, successors, or assigns. The Assignee must be duly licensed and, where applicable, appointed to receive the commissions and fees being assigned by this Assignment of Commissions form (the “Assignment”). If the Assignee is not duly licensed and, where applicable, appointed to receive the commissions and fees being assigned by this Assignment, the Assignee may not receive any commissions and fees for selling, soliciting, or negotiating insurance. MetLife is only obligated to pay commissions and fees pursuant to this Assignment so long as the Assignor satisfies the requirements of the commission payment agreement between MetLife and the Assignor. By signing below, the Assignor represents that the Assignee (i) is duly licensed and, where applicable, appointed to receive the commissions and fees being assigned by this Assignment or (ii) is not being compensated for selling, soliciting, or negotiating insurance.

Dated at ____________________________________________
(City, State)
This ____________________________________________ day of ____________________________________________, __________
(Date) (Month) (Year)

Witness ____________________________ Signature of Assignor ____________________________ Name of Assignor ____________________________

This Assignment should be filed with Metropolitan Life Insurance Company, SBC Producer Services Licensing Unit, P.O. Box 30160 Tampa, FL. 33630-3160. MetLife may at any time decline to honor this Assignment if MetLife in its sole discretion determines that the payments may not legally be made to the Assignee or if the Assignor’s commission accounts are not in good standing. MetLife assumes no obligation as to the validity or sufficiency of this Assignment.

Referred to Customer Number ____________________________________________

Recorded and filed by MetLife:

Printed Name ____________________________ Date ____________________________

Location ____________________________________________

Metropolitan Life Insurance Company, New York, NY