

Term Conversion Application

For business sold by MetLife, NEF, MLR and
MetLife Auto & Home sales representatives.

Term Conversion Application

MetLife® and Affiliates

Metropolitan Life Insurance Company
One Madison Avenue
New York, NY 10010-3690

New England Life Insurance Company
501 Boylston Street
Boston, MA 02116-3700

General American Life Insurance Company
700 Market Street
St. Louis, MO 63101

MetLife Investors USA Insurance Company
222 Delaware Ave., Suite 900,
P.O. Box 25130
Wilmington, DE 19899

Texas Life Insurance Company
900 Washington Avenue
Waco, TX 76701

**BELOW ARE INSURANCE FRAUD WARNING STATEMENTS THAT APPLY TO RESIDENTS OF SPECIFIC STATES.
PLEASE READ IF THE STATE IN WHICH YOU RESIDE IS LISTED.**

Arkansas, Kentucky, Louisiana, New Mexico, Ohio, Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida

Any person who knowingly and with the intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Colorado, Washington D.C., Maine, Oklahoma, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Application Completion Instructions:

This application is for use with full or partial term conversions for a principal insured on a single life existing policy and/or rider where evidence of insurability is not required.

If additional insurance over the conversion amount is requested or riders or benefits that require evidence of insurability are requested, please complete the long form application.

This application is not to be used when evidence of insurability is required.

[Empty box for company information]

PERSONAL LIFE INSURANCE POLICY(IES) APPLICATION FOR TERM CONVERSION

Policy to be issued by:

- Metropolitan Life Insurance Company
New England Life Insurance Company
Texas Life Insurance Company
General American Life Insurance Company
MetLife Investors USA Insurance Company

The Company indicated above is referred to as "the Company".

1) EXISTING POLICY INFORMATION

- a) Name of Insured:
c) Existing Policy Number(s) and company:

2) CONVERSION

- a) Policy Conversion: Full/Partial
b) Rider Conversion: Type of Rider Full/Partial
c) New Plan
d) New Face Amount
e) Benefits/Riders
f) New Policy Date

3) COMPLETE THIS SECTION FOR UNIVERSAL/VARIABLE LIFE PRODUCTS. IF A VARIABLE LIFE PRODUCT, ALSO COMPLETE VARIABLE LIFE SUPPLEMENT.

I. For MetLife Products

- a) Planned Premium Modal Amount
b) Excess Premium Amount
c) Definition of Life Insurance Test
d) Death Benefit Option
e) Guarantee to (for Variable Life only)

II. For New England Life Products

- a) Planned Annual Premium: Year 1, Renewal, Lump Sum
b) Definition of Life Insurance Test
c) Death Benefit Option
d) Planned Annual Unscheduled Payment

III. For General American Life Products

- a) Planned Premium Amount
b) Definition of Life Insurance Test
c) Contract Type/Death Benefit Option

4) Existing or applied for insurance, including any term riders, or annuity: (If additional space is needed, provide details in the Supplemental Information Section.) If no existing or applied for insurance or annuity, check here .

(Type: Life (L), Disability (D), Health (H), Annuity (A))

Insured	Company	Type (L,D,H,A)	Amount	Year of Issue	Accidental Death Amount	RPL	1035
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
						<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

5) **REPLACEMENTS**

In connection with this conversion application, has there been or will there be with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction involving an annuity or other life insurance? (If Yes, check "Yes" in the RPL column above for all policies that will be replaced and indicate whether the replacement will involve a 1035 Exchange. Also complete the Replacement Questionnaire and Disclosure and any applicable replacement forms. Check No if this term conversion is an exempt replacement transaction.) Yes No

6) Is any person to be insured a dependent spouse or dependent minor? (If Yes, provide details below.) Yes No

a) Amount of insurance on spouse: Existing: \$ _____ Applied For: \$ _____

b) If dependent minor, are there any other siblings insured for less than this child is? (If Yes, provide details in Supplemental Information Section.) Yes No

c) Amount of existing and applied for insurance on parents of dependent minor:

Father's Name	Amount		Mother's Name	Amount	
	Existing	Applied For		Existing	Applied For

7) **MODE OF PAYMENT:** Complete only if the mode of payment is different from the existing policy.

a) Mode of Payment: Annual Semiannual Quarterly Monthly Bank Draft
 Special Accts _____ Other _____

(Additional details/ existing/new account numbers, etc.): _____

b) Amount collected with application \$ _____ is is not equal to at least one monthly premium.

8) **SOURCE OF FUNDS** (planned premium/excess premium): (Check all that apply.)

- Earned Income Money Market Fund Certificate of Deposit
- Rollover/Transfer of Assets Savings Loan Other
- Mutual Fund/Brokerage Acct. Use of values in another Life Insurance/Annuity Contract

9) What is the purpose of this insurance? Family Protection Business Estate Planning Retirement
 Mortgage Education Funding Final Expenses Special Needs Other

OWNER/BENEFICIARY:

Check here if the Owner and Beneficiary designations shown below will also apply to the original existing policy referenced in Question 1 of this application.

Provide the following information for all Primary/Contingent Owners and Beneficiaries: name; relationship to Insured; date of birth; social security/tax ID number; citizenship; mailing address (and residence address if different). If Trust, Trustee Name and Date of Trust.

<p>10) Identity of Owner: <input type="checkbox"/> Insured</p>	<p>11) Identity of Contingent Owner (if applicable):</p>
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Note: Multiple Beneficiaries will receive equal proceeds unless otherwise requested by Owner. Indicate additional Beneficiaries/ Contingent Beneficiaries in Supplemental Information Section.

<p>12) Identity of Primary Beneficiary: <input type="checkbox"/> Owner</p>	<p>13) Identity of Contingent Beneficiary:</p>
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Check here if all present and future children born of the marriage of the Insured, (name) _____ , and current spouse, (name) _____ , are to be included as Contingent Beneficiaries.

<p>14) ADDRESS OF INSURED: Complete only if the addresses are different from the existing policy.</p>	
<p>Insured's current residence address:</p>	<p>Premium Payer's name and mailing address: (If name or address is different than Insured's.)</p>
_____	_____
(Street)	(Name)
_____	_____
(City/State) (Zip)	(Street)

	(City/State) (Zip)

Supplemental Information Section or Special Requests from Agent/Producer to Company

Home Office Endorsements: (Not applicable to: FL, KY, MD, MA, MN, MO, OR, PA, PR, WV, WI.)

AGREEMENT/DISCLOSURE

I have read this application for life insurance including any amendments and supplements and to the best of my knowledge and belief, all statements are true and complete. I also agree that:

- In this Agreement, "the Company" means the insurer that issues the new or changed policy(ies) and/or rider(s).
- My acceptance of any insurance policy means I agree to any changes shown in the Home Office Endorsements section, where state law permits Home Office endorsements.
- This application and any amendment(s) and supplement(s) will be attached to and become part of the new or changed policy(ies).
- The basis of any policy and/or rider are:
 - My statements in this application and any amendment(s) and supplement(s); and
 - My statements in the application(s), amendment(s), paramedical/medical exam, questionnaire(s) and supplement(s) for the original policy(ies) and/or rider(s).
- Only the Company's President, Secretary or Vice-President may: (a) make or change any contract of insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, policy, or rider.
- I understand that paying my insurance premiums more frequently than annually may result in a higher yearly out-of-pocket cost or different cash values.
- If I intend to replace existing insurance or annuities, I have so indicated in question 5 of this application.
- I have received the Company's Consumer Privacy Notice and, as required, the Life Insurance Buyer's Guide.

I also agree that:

- The answers given in this application may be relied upon in deciding whether to grant a conversion. Any conversion provided in reliance on such answers is contestable to the extent set forth in the resulting policy(ies) and/or rider. However, where coverage provided under the original policy(ies) and/or rider continues, such coverage remains contestable as set forth in the original policy(ies) and/or rider.
- The Company will not be liable under this application until a new policy(ies) and/or rider is delivered and any premium due is paid.
- Any new policy will be subject to any assignment of or restriction on the original policy(ies). Except where the original policy(ies) stay(s) in force, any policy loan will be charged to the new policy(ies) as a policy loan. It will be subject to the terms of the new policy(ies).
- Any dividend held under the original policy(ies), or other credit from the conversion, will: (a) be transferred to the new policy(ies); or (b) paid to the owner(s) of the new policy(ies); or (c) remain with the original policy(ies).

Substitute Form W-9 - Request for Taxpayer Identification Number

Owner's Taxpayer Identification Number: _____

Under penalties of perjury I _____ **certify:**
(Owner's Name)

- 1) That the number shown above is my correct taxpayer identification number; and
- 2) That I am not subject to backup withholding because: (a) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends; or (b) the IRS has notified me that I am no longer subject to backup withholding; and
- 3) I am a U.S. citizen or a U.S. resident for tax purposes.*

Please note: Cross out and initial item 2 if subject to backup withholding as a result of a failure to report all interest and dividend income.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications to avoid backup withholding.

*If you are not a U.S. citizen or a U.S. resident for tax purposes, please complete form W-8BEN.

SIGNATURES:

	Signed at City, State	Mo./Day/Year	Signature
Owner Before Change* (age 15 or over)	_____	_____	_____
Owner After Change* (if different) (age 15 or over)	_____	_____	_____
Collateral Assignee (before change, if any)	_____	_____	_____
Insured (age 15 or over)	_____	_____	_____
Parent or Guardian or person liable for child's support (Signature required if Owner or Insured is under the age of 18 and the parent, guardian or person liable for the child's support has not signed above.)	_____	_____	_____
Witness to Signatures (Licensed Agent/Producer)	_____	_____	_____

*If the Owner is a Firm or Corporation, include Officer's title with signature. (Officer signing must be other than the Insured.)

Agent/Producer Identification & Certification

Note to General American Producers – Please adhere sticker below.

Agent/Producer Name (Please Print FULL Name)	Sales Office/Agency Number/ID	Agent/Producer Number/ID	Commission Split % (if applicable)		Commission Option (if applicable)	Amount of GDC (for MLFS only)
			1st Year	Renewal		

Incomplete information will result in NOGO status.

- 1. Traditional Life Only** - Was the sale made using an Illustration with Premium Offset?
If YES, please provide policy offset based on current factors. YES NO
 ___years
- 2.** Is this insurance a replacement?
If YES, have you completed and attached state replacement forms? YES NO
- 3.** Is this an exchange under Internal Revenue Code Section 1035?
If YES, have you completed and attached 1035 forms? YES NO N/A
- 4.** Have the following documents been delivered:
 Consumer Privacy Notice YES NO
 Life Insurance Buyers Guide YES NO
 HIV Informed Consent Authorization, if required YES NO N/A
 Temporary Insurance Agreement, if applicable YES NO N/A
 Variable products only – Current prospectus YES NO N/A
 Compensation Disclosure Notice YES NO N/A
 (only required for business sold by Agency Distribution Group (MetLife and NEF), MLR and MetLife Auto & Home sales representatives)
- 5.** Did you use only written sales material approved for use by the appropriate Company? YES NO
- 6.** Was a sales illustration provided for the life insurance policy as applied for? YES NO
- 7.** Did you see all persons to be insured on the date the application was taken? YES NO
If NO, indicate who was not seen and why. _____
- 8.** Are you related to the Proposed Insured(s)? YES NO
If YES, indicate relationship _____
- 9.** Are the Proposed Insured(s) and Owner(s) interested in electronic delivery of product reports?
If YES, verify that E-mail addresses are included with this application. YES NO
- 10.** Do any beneficiaries, primary or contingent have special needs or dependents with special needs? YES NO
- 11.** What is the purpose of insurance? (Check all that apply.)
 Estate Planning Charitable Giving Qualified Plan Mortgage Protection
 Buy/Sell* Executive Bonus* Split Dollar* Private Split Dollar
 Key Person* Deferred Compensation* Business Needs-other* Income Protection
 Other _____ *Please complete Business Insurance Supplement form.
- 12.** Method used to arrive at the Face Amount Recommendation?
 Human Life Value GSIB Proposal Profiles Needs Analysis LEAP Other _____

Special Needs Cases:
 Please explain to the customer that if a special needs person receives more than \$2,000 of assets it can adversely affect his/her eligibility for government benefits.

Agent/Producer Identification & Certification

PAGE 2

(continued)

Certification of
Owner Identity

Natural Owner(s)

I certify that I personally met with the Owner(s) and reviewed the identification documents. To the best of my knowledge the documents accurately reflect the identity of the Owner(s).

OR

I did not meet in person with the Owner(s) or I was otherwise unable to personally review the identification documents. I certify that, to the best of my knowledge, the identification information provided by the Owner(s) either by mail or phone is accurate.

Entity Ownership

I certify that I personally met with the legal representatives of the entity and reviewed the identification documents of the entity. To the best of my knowledge the documents accurately reflect the identity of the entity.

OR

I did not meet in person with the legal representatives of the entity or I was otherwise unable to personally review the entity's identification documents. I certify that, to the best of my knowledge, the entity's identification information provided by the legal representative(s) either by mail or phone is accurate.

I have personally observed each Proposed Insured and each appears healthy and normal. I certify that I have truly and accurately recorded on all parts of this application the information supplied by the Applicant(s). In light of the financial need to the Proposed Insured(s) and Owners(s), the purpose of this sale has been discussed with the Owners and I believe this application to be an appropriate recommendation.

SIGNATURES:

Agent/Producer



Name of Agent/Producer _____

Agent/Producer Signature _____ Date _____

Agency Management



I have personally reviewed this application for appropriateness of the sale. The Agent/ Producer was appropriately licensed on the date the application was signed.

Agency Management Signature _____ Date _____

Broker/Dealer or Home Office use only



Suitability Review for Variable Products

Registered Principal Signature _____ Date _____

Annualized Commissions for General American Producers ONLY



Does the General Agent wish to annualize commissions?

YES NO

IF YES, General Management signature is required.

General Management Signature _____ Date _____

Case/Policy No./Proposed Insured: _____

- Metropolitan Life Insurance Company
- Metropolitan Tower Life Insurance Company
- New England Life Insurance Company

- General American Life Insurance Company
- MetLife Investors Insurance Company
- MetLife Investors USA Insurance Company

The Company indicated above is referred to as "the Company".

Acknowledgment and Certification Regarding Sales Illustration

I (we) hereby acknowledge that I (we) have applied for a life insurance policy and that no sales illustration or no illustration conforming to the policy I (we) applied for was provided to me (us) prior to or at the time of application. I (we) understand that an illustration conforming to the policy as issued will be provided to me (us) no later than at the time of policy delivery.

Signature(s) of Applicant(s)
[Policyowner(s)]

Date

Date

Date

I certify that no sales illustration was provided or that any illustration provided was not for the life insurance policy as applied for by the applicant(s) signing this form.

Signature(s) of Agent/Producer

Date

Case/Policy No./Proposed Insured: _____

- Metropolitan Life Insurance Company
- Metropolitan Tower Life Insurance Company

- MetLife Investors USA Insurance Company
- MetLife Investors Insurance Company

The Company indicated above is referred to as "the Company".

Computer Screen Illustration Certification

I certify that I displayed a computer screen illustration for _____ that complies with state requirements and for which no hard copy was furnished. The illustration was based on the following personal and policy information:

- 1. Gender (*as illustrated*) Male Female Unisex
- 2. Age _____
- 3. Rating Class (*e.g., Standard Smoker*) Preferred Standard _____
 Non-Smoker Smoker
- 4. Type of Policy (*e.g., L-98*) _____
- 5. Initial Death Benefit \$ _____
- 6. Guaranteed Minimum Death Benefit 5 years Age 55 Age 65 Age 75 Age 85
- 7. Death Benefit Option A B C
- 8. Dividend Option Paid-Up Additions Premium Payment

- 9. Riders (*check if included*)
 - Disability Waiver
 - Accidental Death Benefit
 - _____ \$ _____
 - _____ \$ _____

(Agent/Producer Signature)

(Date)

I acknowledge that I viewed a computer screen illustration based on the information as stated above. No hard copy of the illustration was furnished. I understand that an illustration conforming to the policy as issued will be provided to me no later than at the time the policy is delivered.

(Applicant Signature)

(Date)

Compensation Disclosure Notice

MetLife and its affiliated insurance companies and broker-dealers are committed to helping you select an appropriate product based on your financial needs and stated investment objectives.

Your MetLife sales representative ("Representative") is an employee of a MetLife Company, or associated with MetLife's New England Financial® distribution channel.

Your Representative is authorized to offer and sell products to you that are either issued or distributed by Metropolitan Life Insurance Company or certain of MetLife's affiliated insurance companies, or offered through one of MetLife's affiliated entities that is registered as a broker-dealer with whom you have an account relationship (each, a "MetLife Company" and, together, the "MetLife Companies").* Products from the MetLife Companies include fixed life insurance and annuities, property, casualty, and health insurance, variable annuities, and variable life insurance ("MetLife Products"). Your Representative also may be authorized to offer you certain products, including insurance, annuities, and mutual funds, issued by companies other than the MetLife Companies ("non-MetLife products").

Your Representative acts on behalf of the MetLife Companies in connection with the offer and sale of MetLife Products to you. He or she acts on behalf of a company other than MetLife in connection with the sale of non-MetLife products. Your Representative also may service your mutual funds, securities or insurance products on behalf of the company issuing the product.

Your Representative is compensated by a MetLife Company for sale, renewal and servicing of MetLife Products and certain authorized non-MetLife products. This compensation includes base commissions and other forms of compensation that may vary from product to product and by the amount of the purchase payment made by you. You should be aware that the amount of his or her compensation may increase in part based upon the relative amount of MetLife Products and certain non-MetLife products that he or she sells during a set period. He or she also is eligible for additional cash compensation (such as medical, retirement and other benefits) and non-cash compensation (such as conferences and sales support services) based on his or her sales of MetLife Products, certain authorized non-MetLife products, and overall sales and productivity. Your Representative may also receive compensation for the sale, renewal and servicing of authorized non-MetLife products directly from the issuing company. In some instances, MetLife Companies may also pay for expenses incurred by Representatives in connection with events for clients and prospects, training and education opportunities, and other miscellaneous expenses.

MetLife receives compensation for non-MetLife Products sold by your Representative. This compensation will vary based upon an agreement

between a MetLife Company and the issuing company and may include a bonus feature or a marketing allowance, which may be used in some instances to offset expenses associated with conducting due diligence on the company and its products, and hosting training and education, or recognition, conferences.

Additionally, sales management is compensated for MetLife Products and approved non-MetLife Products that are sold by your Representative through MetLife. Generally, this compensation is aligned with that of your Representative, as noted above.

The services provided by your Representative may include:

- Discussing your current financial condition, goals and objectives;
- Gathering relevant financial information;
- Analyzing your financial situation (including among other things your needs, goals, risk tolerance, investment experience and time horizon) in order to determine appropriate strategies and recommendations of suitable investment or insurance products;
- Making recommendations regarding asset allocation;
- Making recommendations involving investment repositioning;
- Implementing these recommendations; and
- Reviewing your progress against your financial goals and objectives.

These services are **not** investment advisory or financial planning services subject to the Investment Advisors Act of 1940. If you are interested in such services, ask your Representative. Either your Representative or another MetLife or New England Financial Representative may be able to provide investment advisory or financial planning services. Before receiving those services, however, you will be provided with an additional disclosure and enter into a separate written agreement regarding those services as required by the Investment Advisors Act of 1940.

In addition to your Representative, certain independent brokers and agents sell products through an association with a MetLife or New England Financial sales office. They are compensated by a MetLife Company for the sale, renewal and servicing of MetLife Products. Those brokers and agents may receive increased compensation based upon the amount of MetLife Products sold during a set period. If you purchased your MetLife Product through the MetLife Auto & Home Group Insurance Program we may also pay an agent or broker representing the employer/organization participating in the Group Insurance Program for the sale and renewal of MetLife Products. We may also pay your employer or association or a third party acting on their or our behalf for the administration and service they provide related to the Group Insurance Program. Administration and services may include payroll administration.

* The following are the MetLife Companies whose products your Representative may be authorized to sell: Metropolitan Life Insurance Company, Metropolitan Property and Casualty Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan Group Property and Casualty Insurance Company, Metropolitan Lloyds Insurance Company of Texas, Economy Fire & Casualty Company, Economy Preferred Insurance Company, Economy Premier Assurance Company, First MetLife Investors Insurance Company, MetLife Investors USA Insurance Company, MetLife Investors Insurance Company, MetLife Insurance Company of Connecticut, New England Life Insurance Company, General American Life Insurance Company, MetLife Securities, Inc., Walnut Street Securities, Inc., New England Securities Corporation and Tower Square Securities, Inc. For more information, please refer to www.metlife.com.

"New England Financial" is a registered service mark of New England Life Insurance Company.