

MetLife Independent Distribution Profile Form

A. TWO EASY STEPS TO A CONTRACT AND APPOINTMENT

1. Complete the Personal Information Sheet – all questions must be answered to avoid delays.
The Personal Information Sheet is used to obtain information necessary to establish a file on the Agent requesting a Contract and Appointment.

2. Return the following paperwork to your Recruiting Agency.
Contracting requirements can be found at our website:

www.metlifeinvestors.com

Select:

Resources
Contracting and Licensing
Contracting Forms/Packages

- ✓ Completed Profile Form
- ✓ Completed Disclosure Form – Acknowledgement and Authorization*
- ✓ A signed contract signature page
- ✓ Application for Direct Deposit

For Management Contracts Only, also complete/provide:

- ✓ Approval by your Regional Vice president
- ✓ Copy of E&O Certificate – Coverage must be \$1 million minimum and maximum deductible is \$25,000

***Please Note: Be sure to retain a copy of the Disclosure Document**

B. APPOINTMENT PROCESSING

State appointment requirements can change. For the most current appointment requirements, please visit our website at:

www.metlifeinvestors.com

Select:

Resources
Contracting and Licensing
Solicitation Grid

C. CONTACT INFORMATION

Licensing and Appointment questions, please contact us via your appropriate toll free number

Contracting questions, please contact us via your appropriate toll free number

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I. Appointment / Contract Information

Type of Appointment:

 Individual Corporate

Type of Contract:

 Broker GA MGA BGA

What Types of Products Do You Want to Sell?

 Life Variable Life**IF REQUESTING VARIABLE PLEASE PROVIDE:**

Agent's Broker Dealer name: _____ and Agent's CRD#: _____

We will appoint you in your resident state unless business has been sold in a non-resident state.

Please note: For each state (excluding NY), we will file an MLI-USA appointment with that state. If New York is requested, we will file a First MLI appointment with NY.

If you intend to sell Met L-98 or Met Enterprise Term, please indicate here by checking this box: and complete the Met Broker Appointment form.

II. Personal Information – Please print legibly.

Agent Name (First Name, MI, Last Name)	Date of Birth	Social Security Number
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Home Address (Cannot Use P.O. Box)	Home Area Code & Number
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Home City	State	Zip
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Business Name (please indicate N/A if no corporate name or DBA Name)	Tax Identification Number
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Business Address	Business Area Code & Number
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Business City	State	Zip	Fax Area Code & Number
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Email Address

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III. Owner (New York Only – This Section is REQUIRED for New York sales.)

Are you an owner of a corporate general agency? (Including self-employed.)

Yes { If yes, what percentage of ownership do you have? Less than 5% 5% or More
 No

Are you a principal of a corporate general agency?

Yes
 No

Do you perform any management duties? (Management duties include general management or supervisory tasks.)

Yes
 No

IV. Work / Business History - Must Provide Current Work / Business Experience.

(Please attach a separate sheet, if necessary):

Authorization to Work in the United States:

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes No

Current Work / Business History:

Company

Address (Street Address, City, State, Zip)

Title

/ /
Worked From (Mo/Yr)

Worked To (Mo/Yr)

If no longer with Company, please provide reason for leaving.

V. "Other" Business Interests / Activity

Do you have any other business activities? Yes [If yes, details must be provided below]

No

None

Company

Nature or type of Business Activity

Your Position and Specific Duties

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	VI. Background Information: <u>Please provide complete explanations for all "yes" answers on a separate sheet.</u>	YES	NO
Questions 5 & 7 only, if N/A, check NO			
1	Do you have any CURRENT OR PREVIOUS AFFILIATIONS with MetLife, MetLife Investors, New England Financial, Walnut Street Securities, GenAmerica Financial or any other affiliates?		
2	HAVE YOU EVER HAD ANY OF THE FOLLOWING: sought protection from creditors; declared bankruptcy, had a lien or judgement, had a creditor charge off an account/payables as bad debt or uncollectible, or had any other problems in your credit history?		
3	Are you under any legal order/judgement to make monetary payments to another person or business entity or HAVE YOU EVER had your wages garnished?		
4	HAVE YOU EVER been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?		
5	IF YOU HAVE EVER EXERCISED CONTROL OVER AN ORGANIZATION: While you exercised control over the organization has the organization ever been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to any <i>felony</i> ?		
6.	HAVE YOU EVER been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> involving: investments or an investment-related business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?		
7.	IF YOU HAVE EVER EXERCISED CONTROL OVER AN ORGANIZATION: While you exercised control over the organization has the organization ever been charged with or convicted of or pled guilty or nolo contendere ("no contest") in a domestic or foreign court to a <i>misdemeanor</i> involving: investments or an investment-related business or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?		
8.	Has the FINRA or any Federal or State Regulatory Agency EVER: Found you to have made a false statement or omission or been dishonest, unfair or unethical?		
9.	Has the FINRA or any Federal or State Regulatory Agency EVER: Found you to have been involved in a violation of investment- OR insurance-related statutes or regulations?		
10.	Has the FINRA or any Federal or State Regulatory Agency EVER: Found you to be the cause of an investment- OR insurance-related business having its authorization to do business denied, suspended, revoked or restricted?		
11.	Has the FINRA or any Federal or State Regulatory Agency EVER: Entered an order against you in connection with an investment- OR insurance-related activity?		

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12.	Has the FINRA or any Federal or State Regulatory Agency EVER : Denied, suspended or revoked your registration or license or otherwise prevented you from associating with an investment- OR insurance-related business, or disciplined you by restricting your activities?		
13.	Has the FINRA or any Federal or State Regulatory Agency EVER : Revoked or suspended your license as an attorney, accountant, or federal contractor?		
14.	Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?		
15.	HAVE YOU EVER been or are you currently the SUBJECT OF A COMPLAINT that's <u>insurance-related</u> , <u>consumer-initiated</u> or <u>investment-related</u> .		
16.	HAVE YOU EVER been discharged or permitted to resign because you were accused of violating investment or insurance-related statutes, regulations, rules, or industry standards of conduct? Or fraud or the wrongful taking of property?		
17.	In the last ten years, have any contracts that you held with insurance companies been canceled for cause?		
18.	Has any policy or application for errors and omissions insurance on your behalf ever been declined, canceled, or renewal refused?		

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VII. IMSA Statement

The MetLife affiliated insurance companies (MetLife) are committed to conducting business with the highest ethical and legal standards. We have established a tradition of integrity in dealing with our customers. MetLife has adopted the ethical market of conduct program of the Insurance Marketplace Standards Association (IMSA). As described below, MetLife, all employees and distributors are expected to observe the Principles and Code of IMSA:

1. To conduct business according to high standards of honesty and fairness and to render that service to our customers which, in the same circumstance, we would apply to or demand for itself.
2. To provide competent and customer-focused sales and service.
3. To engage in active and fair competition.
4. To provide advertising and sales materials that are clear as to purpose and honest and fair as to content.
5. To provide for fair and expeditious handling of customer complaints and disputes.
6. To maintain a system of supervision and review that is reasonably designed to achieve compliance with these principles of ethical market conduct.

VIII. Acknowledgement and Authorization

I hereby certify that I have read and understand the items on this appointment form and that my answers are true and complete to the best of my knowledge. I have been advised that MetLife, Inc., Metropolitan, General American, Walnut Street Securities, MetLife Investors, and New England Financial and their affiliates (hereafter referred to as "The Companies") may conduct investigations in connection with my request to represent The Companies in the solicitation of certain insurance products. I authorize an inquiry to be made of all sources deemed appropriate by The Companies for the purpose of obtaining information concerning my business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the FINRA Central Records Depository. Any information that The Companies may obtain about me will be treated as confidential and may be shared with the appointing general agent, if necessary. I release the broker/dealer and/or its agents and any person or entity, which provide information pursuant to this authorization, from any and all liabilities, claims or lawsuits in any matter related to the information obtained from any and all of the above referenced sources used to the extent permitted by law.

I understand that no right to commission or other compensation shall arise or exist until I have been appointed and all due diligence successfully approved. If I am approved, I shall accept as full compensation for all services to be performed by me, the compensation provided in the applicable commission and compensation schedule as issued, substituted or changed. As an appointed agent/broker, I shall observe and be bound by the rules and regulations of The Companies.

I agree to conduct my business in accordance with the IMSA Principles of Ethical Market Conduct.

Corporate:

Name (please print legibly)	Signature	Date
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Individual:

Name (please print legibly)	Signature	Date
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**MetLife Independent Distribution
Disclosure**

DISCLOSURE

By this document, MetLife Inc. and all affiliates (hereafter referred to as "The Companies") disclose to you that a consumer report or an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes and/or in connection with your application or request to represent The Companies in the solicitation of certain products and services. A consumer report or an investigative consumer report may be secured as part of a pre-employment and/or pre-appointment background investigation and at any time during your employment and/or appointment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested, and a written summary of your rights under the Fair Credit Reporting Act.

Applicant Copy – Please retain this page for your records

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ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of a separate document setting forth the above disclosure by MetLife Inc. and all affiliates (hereafter referred to as "The Companies") that a consumer report or an investigative consumer report may be obtained by The Companies for employment purposes and/or in connection with your application or request to represent The Companies in the solicitation of certain products and services. A consumer report or an investigative consumer report may be secured as part of its pre-employment and/or pre-appointment background investigation, and at any time during my employment and/or appointment. I authorize the procurement of such consumer reports by The Companies for the purposes disclosed to me. If I am hired and/or appointed, or if I am already employed and/or appointed, this authorization will remain on file and will serve as an on-going authorization The Companies to procure such consumer reports at any time during my employment and/or appointment.

I hereby authorize an inquiry to be made of all sources deemed appropriate by The Companies for the purpose of obtaining information concerning my business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the NASD Central Records Depository. Any information that The Companies may obtain about me will be treated as confidential and may be shared with the employees, agents, or general agents of The Companies, if necessary.

I acknowledge and agree that the consumer report or investigative consumer report may be mailed to the home/resident address listed on this application. I further agree that such mailing of the consumer report or investigative consumer report and disclosure of the information contained therein shall not subject The Companies to any liability.

Any copy of this Authorization shall have the same authority as the original.

Signature of Agent

Printed Name of Agent

Date