

MetLife Investors

Subject: Direct Deposit of Commission Application

For more information contact: Field Compensation 800-223-9989 option 1 and 6

Our Direct Deposit Program Benefits You and Your Firm

Efficient...faster...accurate...These words best describe our Direct Deposit Program. Your participation in this program will benefit you and your firm, and it is easy to set up. By having you or your staff complete the enclosed application, you become eligible to receive **daily** payments for new business as well as semi-monthly commission payments. There is no charge to take part in this program. What will be the result? There will be no more lost checks or someone telling you, "The check is in the mail." You will have an accurate payment record.

Important: If you decide **not** to take part in direct deposit, commissions are payable to you by a check **quarterly**. (Also, there is a \$100 minimum requirement.)

How Does Direct Deposit Work?

MetLife Investors will send your commissions electronically to your checking or savings account. We also will mail to you paper copies of the daily and semi-monthly commission statements with a note of 'Direct Deposit' in the lower right hand corner.

We will transfer information for Direct Deposit *one working day* before mailing your commission statements. (Please go to www.metlifeinvestors.com for more information. You will need to go to [Resources], then [Life Operations], and then [Commissions] to get a copy of the schedule). We will mail your commission statements the next working day. By the open of business on the next working day, your commissions should be available to you in your checking or savings account.

We will send daily payments for new business when the total is more than \$500. If total compensation on a policy is more than \$100,000 payable to all entities, we may have to hold the commission up to 10 days or until the statement processing occurs. When commission payments are semi-monthly, all balances regardless of the amount will be sent direct deposit to you.

What Do You Need to Do?

Please fill out the enclosed application to set up the direct deposit to your checking or savings account. You can fax or mail the completed Direct Deposit form with a copy of a voided check or savings account withdrawal slip to MetLife Investors at:

MetLife Investors, Field Compensation (16th Floor)
P.O. Box 90017, Hartford, CT 06199-0017
Fax: (860) 308-3955

Note: The process for setting up a direct deposit account or making changes to bank or financial institution information will typically take up to five days from the date we receive the completed form or request for a change. In the event that you wish to terminate participation in this program, please contact us at the number provided above.

SECTION I – AGENT INFORMATION

Social Security Number _____ OR Tax ID Number _____

Phone Number: () _____

Agent Contract Name _____
(please print)

Agent Contract Name – The name, person or corporation, as shown on the contract with MetLife Investors/General American Life Insurance Company. A separate form must be completed for each name in which a contract exists. When an individual and corporate contract exists, complete a form for each.

SECTION II - DIRECT DEPOSIT INFORMATION

Select services: **Automatic Direct Deposit** **Account Change**

Enter the account where payment should be disbursed. The nine-digit transit number and account number is encoded at the bottom of your check. A copy of a **VOIDED CHECK** or savings account withdrawal slip **MUST** be attached to ensure the correct numbers are obtained. The account type indicates whether the account is a **primary checking or primary savings**.

9000

Account Name	Transit Number	Account Number	Account Type	Direct Deposit % (Must be 100%)
			Primary Checking or Savings	100 %

SECTION III - AGENT AUTHORIZATION/AGREEMENT

I, the undersigned, hereby authorize MetLife Investors to make available net commissions and any other monies it may owe me.

I am aware that because of “prenoting”, my payment will not be direct deposited to my account(s), for five (5) business days from the date we **receive** this authorization. To verify the first deposit, **I will call my financial institution(s) and verify that the money has been deposited in my account.** I agree not to hold MetLife Investors responsible for any errors on the part of my bank. (MetLife Investors can only deposit money into your account. It cannot deduct money out of the account.)

I understand that I may terminate this agreement by giving written notice to MetLife Investors Field Compensation.

Agent Signature (required)

Date

PLEASE RETURN COMPLETED OR REVISED FORM TO:
MetLife Investors, P. O. Box 990017, Hartford, CT 06199-0017
Field Compensation (800) 223-9989 prompts 1&6 or Fax (860) 308-3955
Form 33043 (12/05)