

**METLIFE GROUP UNIVERSAL LIFE
REQUEST FOR WITHDRAWAL / CASH SURRENDER****Covered Person's Information:**

Social Security Number: _____ GUL Group #: _____

Name: _____

Address: _____

 *Please check box if this represents a change of address.*Please select and/or complete one of the following sections. **WITHDRAWAL**

I request a withdrawal in the amount of \$ _____.

-- OR -- **CASH SURRENDER**

I request a cash surrender of my GUL certificate. I understand that this will result in the cancellation of all coverage under my certificate. It will take approximately 60 days to refund any excess cost of insurance and contributions to the Cash Fund.

Please complete the following section.

WITHHOLDING ELECTION

(See Federal Income Tax Withholding Notice on page 2.)

- Please provide the certificate owner's Social Security Number (or Taxpayer ID number): _____

**Your request can not be processed without completion of this section.
Failure to provide your Social Security Number or Taxpayer ID# will void this election.**

- Please select one of the following withholding options:
 - Withhold 10% of any taxable portion of the amount payable.
 - Do not withhold any portion of the amount payable.

FEDERAL INCOME TAX WITHHOLDING NOTICE

Under current Federal Income Tax Law, certain portions of the certificate payments may be taxable. Any taxable portion of the withdrawal/cash surrender you request is subject to Federal Income tax withholding at the rate of ten percent (10%).

You may elect to have or not to have withholding apply. To make your election, please complete the withholding election section on page 1. Please be aware that even if you elect not to have withholding apply, you are liable for the payment of Federal Income Tax on any taxable portion of the withdrawal or cash surrender. Also, if you are required to file an estimated tax return, you may be subject to penalties if your tax payments in addition to any amounts withheld by us, are not sufficient to satisfy your tax liabilities.

Owner Signature: _____
(Request can not be processed without a signature of the certificate owner and completion of the withholding election.)

Date: _____

Please retain a copy of this form for your records and return to:

MetLife
Voluntary Benefits
PO Box 2006
Aurora, IL 60507-2006

Once this form is received by MetLife, please allow 10 – 15 business days for processing. All requests are processed in the order in which they are received. The dollar amount you may receive will be based on the specific provisions of your program and available cash value determined on the date your request is received by MetLife. The cost of insurance is due and deducted for the month in which your cancellation request is effective. Your coverage will end on the last day of the month in which your cancellation request is received by MetLife.