

Request for assignment of commissions form

This form will permit a broker of record to assign base commission and fees (the "Commission") to another party.

SECTION 1: Information regarding broker of record assigning the commission ("You" or "Your")

First name	Middle name	Last name		
Address		City	State	ZIP Code
SSN/Tax ID number	MetLife broker code			
Name of current payee(s)				
Current Payee(s) - SSN/Tax ID number				
Current Payee - MetLife broker code		Requested assignment effective date (mm/dd/yyyy)		

SECTION 2: Information regarding party to whom the commission is being assigned (the "Assignee")

First name	Middle name	Last name		
Business/Company name				
Address		City	State	ZIP Code
SSN/Tax ID number	MetLife broker code			

SECTION 3: Identify your book of business commissions to be assigned (Check one)

- All of your customers and/or coverages; **OR**
- Certain of your customers and/or coverages. **If selected, then complete and sign Attachment A.**

SECTION 4

A. Nature of relationship between You and Assignee (Check one)

- Affiliated through (i) ownership or (ii) employer–employee relationship; **OR**
- Other (explain) _____

B. Reason for assignment (Check one)

- To aggregate commissions for affiliated parties; **OR**
- Other (explain) _____

SECTION 5: Assignment authorization

For value received, You hereby assign to the Assignee all of Your rights, title and interest in and to any and all Commissions that are now due or shall or may become due and payable to You on the coverages specifically identified above issued by MetLife and hereby authorize and direct MetLife to pay the Commissions as directed herein. The Assignee must be duly licensed and, where applicable, appointed to receive the Commissions being assigned by this Form (*the "Assignment"*). MetLife is only obligated to pay Commissions so long as You satisfy the requirements of the commission payment agreement between MetLife and You. By signing below, You represents that the Assignee is duly licensed and, where applicable, appointed to receive the Commissions being assigned by this Assignment. MetLife and You, individually, reserve the right to terminate the assignment at any time. You are responsible for confirming that the assignment is being made correctly and must immediately inform MetLife if changes are necessary. **If either (i) You are an employee of Assignee or (ii) Assignee has the right to direct and control Your selling, soliciting or negotiating activities, check the following box.**

You - First name		Middle name	Last name
Sign Here		Your signature or Signature of Authorized Representative or Company Officer	
First name (<i>Print</i>)		Middle name	Last name
Print title			Date (<i>mm/dd/yyyy</i>)
Witness - First name (<i>Print</i>)		Middle name	Last name
Sign Here		Signature of Witness	Date (<i>mm/dd/yyyy</i>)

Note: Each assignment requested herein will not be effective until it is reviewed, approved and processed by MetLife.

For internal use only – Bona Fide assignment (*Check one*) Yes No

Processed by: _____

SECTION 6: How to submit this form

MetLife requires that this form be completed and signed, then sent to MetLife Broker Services by either fax **OR** e-mail.

E-mail:
broker_change@metlife.com

Fax:
1-800-556-9430

Addendum request for assignment of commissions form Attachment A

SECTION 3 (continued) - Identify book of business commissions to be assigned

	Customer name	MetLife customer number	MetLife coverages
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____

Sign Here	Your signature or Signature of Authorized Representative or Company Officer	Date (mm/dd/yyyy)
	_____	_____