MetLife's eSERVICE℠ Plan Representative and Participant Access

Check and complete the section(s) as applicable below.

MetLife

❗ *(Not for Broker Use)*

☐ SECTION 1: Plan representative profile access

Complete this section to ADD a new Plan Representative profile or MODIFY/DELETE an existing Plan Representative Profile within MetLife eSERVICE.

A. Plan representative maintenance requested *(Please check one)*

☐ ADD New Plan Representative profile
☐ MODIFY Existing Profile – Plan Representative Information
☐ MODIFY Existing Profile – Plan Representative Capabilities
☐ MODIFY Existing Profile – ADD Groups to Plan Representative
☐ MODIFY Existing Profile – REMOVE Groups from Plan Representative
☐ DELETE Existing Plan Representative Profile

B. Plan representative information: please complete the required fields.

(To DELETE a Profile, only Name and SSN are required.)

First name	Middle name	Last name	
Social Security number (SSN)	Title	Mother's maiden name	
Phone number	Email address		
Primary mailing address	City	State	ZIP
Alternate mailing address *(Optional)*	City	State	ZIP

C. Group(s) affected: specify the group(s) for which the access is requested. If the maintenance is applicable to multiple groups, please list additional groups in Section 3. *(NOTE: Multiple groups will all receive the same level of maintenance.)*

Group name	State	Group number *(7-digit EGN)*
Plan description *(Optional)*	Please indicate type of plan offered ☐ ERISA plan ☐ Non-ERISA Church plan ☐ Non-ERISA Voluntary plan	

☐ **CHECK HERE**, if additional groups are listed in Section 3

D. Plan representative capabilities: Indicate which eSERVICE capabilities will be authorized for this Plan Representative. *(NOTE: Some capabilities listed may be future enhancements.)*

Access to Group Reports ☐ Yes ☐ No   Access to Participant Account Info* ☐ Yes ☐ No
*(**NOTE:** Non-ERISA Voluntary Plans are not authorized with the capability to Access Participant Account Information)*

E. Plan representative signature: By signing below I understand that I will be given access through MetLife's eService to confidential participant information as requested by the Plan Administrator.
I agree to treat all such information confidentially in my capacity as a Plan Representative.

Plan representative signature	Date *(mm/dd/yyyy)*

☐ **SECTION 2: Group participants level access** *(For Use Only: ERISA Plans and/or NON-ERISA Church Plans)*

A. Group Participant Capabilities: Specify online transaction capabilities for Group Participants.
*(**NOTE:** Specifying 'Yes' denotes permission for a group participant to process the indicated transaction type online through MetLife eSERVICE, **only** if that transaction type is applicable to the contract.)*

Transfers Between Funding Options ☐ Yes ☐ No Future Allocation Changes ☐ Yes ☐ No
Automated Investment Strategy Changes ☐ Yes ☐ No

B. Group(s) Affected: Specify the group(s) for which the access is requested. If the maintenance is applicable to multiple groups, please list additional groups in Section 3. *(**NOTE:** Multiple groups will all receive the same level of access.)*

Group name	State	Group number *(7-digit EGN)*

Plan description *(Optional)*	Please indicate type of plan offered
	☐ ERISA plan ☐ Non-ERISA Church plan ☐ Non-ERISA Voluntary plan

☐ **CHECK HERE**, if additional groups are listed in Section 3

☐ **SECTION 3: Additional groups**

Use this section to submit multiple groups to receive the same level of eSERVICE maintenance. *(**NOTE:** Groups should be submitted together **only** if the maintenance being requested applies to **all** groups (e.g. one person is a plan representative for multiple groups and has the same capabilities for all groups he/she represents).* For groups requiring different maintenance or settings, separate forms should be submitted.

Group name	State	Group number *(7-digit EGN)*

Plan description *(Optional)*	Please indicate type of plan offered
	☐ ERISA plan ☐ Non-ERISA Church plan ☐ Non-ERISA Voluntary plan

Group name	State	Group number *(7-digit EGN)*

Plan description *(Optional)*	Please indicate type of plan offered
	☐ ERISA plan ☐ Non-ERISA Church plan ☐ Non-ERISA Voluntary plan

Group name	State	Group number *(7-digit EGN)*

Plan description *(Optional)*	Please indicate type of plan offered
	☐ ERISA plan ☐ Non-ERISA Church plan ☐ Non-ERISA Voluntary plan

Group name	State	Group number *(7-digit EGN)*

Plan description *(Optional)*	Please indicate type of plan offered
	☐ ERISA plan ☐ Non-ERISA Church plan ☐ Non-ERISA Voluntary plan

Group name	State	Group number *(7-digit EGN)*

Plan description *(Optional)*	Please indicate type of plan offered
	☐ ERISA plan ☐ Non-ERISA Church plan ☐ Non-ERISA Voluntary plan

Group name	State	Group number *(7-digit EGN)*

Plan description *(Optional)*	Please indicate type of plan offered
	☐ ERISA plan ☐ Non-ERISA Church plan ☐ Non-ERISA Voluntary plan

☐ **SECTION 4: Plan administrator/employer authorization** *(Required)*

Plan administrator signature: By signing below, I hereby give the specified Plan Representative the capabilities identified with respect to participant account information. I understand that by signing below I am giving authority to the named Plan Representative to **confidential participant information** though MetLife's eService. I consent and authorize each Plan Representative to consent to accept delivery on behalf of the Plan Sponsor though MetLife's eService of (1) certain notices that confirm participant plan transactions, as may be required under the federal securities laws, consisting of certain personal financial information of participants, such as the relevant date, unit price, number of units and amount with respect to a participant plan transaction, and (2) other documents as may be required by law. I acknowledge that, if a Plan Representative and/or Plan Sponsor no longer consents to receive access to the notices or documents described above and provided electronically under the MetLife eService site in place of paper copies, notice should be provided to MetLife in writing indicating the revocation of that consent. I understand that access to participant information may be subject to various state and federal privacy laws designed to maintain the privacy of individual information.

Plan administrator

First name	Middle name	Last name

Title	Phone number	Email address

Signature	Date *(mm/dd/yyyy)*

The insurance company identified on eService confirms the transactions shown as the issuer for the policy/contract. The insurance company is providing the confirmation on behalf of the variable product distributor, MetLife, and your retail broker dealer, who are acting as agents for the insurance company.

SECTION 5: How to submit this form *(This form may be submitted along with Group Setup paperwork or submitted separately.)*

Mail:
MetLife
4700 Westown Parkway Ste. 200
West Des Moines, IA 50266

Fax:
877-549-5834

eSERVICE^{SM} Plan Representative and Participant Access instructions

Things to know before you begin

The eSERVICE Maintenance Form can be used by groups or group plan representatives to request the following types of eSERVICE Maintenance:

• Adding a new plan representative profile
• Modifying plan representative information *(e.g. phone number, address, etc.)* for an existing profile
• Changing the plan representative capabilities for an existing profile
• Adding groups to an existing plan representative profile
• Removing groups from an existing plan representative profile
• Deleting an existing plan representative profile
• Changing participant-level eSERVICE access for a specific group or groups

To request one of these types of eSERVICE maintenance, simply complete the required sections on the form.

Need help determining which sections and fields to complete?

The following table shows what sections of the eSERVICE Maintenance Form should be completed for different types of requests.

Maintenance requested	Section 1					Section 2		Section 3	Section 4
	A	B	C	D	E	A	B		
Adding new Plan Representative profile	X	X	X	X	X			X *(if additional groups are to be affected)*	X
Changing Plan Representative information *(e.g. phone, address)* for existing profile	X	X			X				X
Changing Plan Representative capabilities for existing profile	X	X	X	X	X			X *(if additional groups are to be affected)*	X
Adding groups to existing Plan Representative profile	X	X	X	X	X			X *(if additional groups are to be affected)*	X
Removing groups from existing Plan Representative profile	X	X	X		X			X *(if additional groups are to be affected)*	X
Deleting an existing Plan Representative profile	X	X							X
Changing eSERVICE transaction capabilities for group participants						X	X	X *(if additional groups are to be affected)*	X

If the required sections are not completed in their entirety, the request will be considered 'not in good order' and cannot be processed. The instructions for completing these sections *(and the fields contained within)* are shown below.

SECTION 1: Plan representative profile access

Complete this section to add, modify, or delete a plan representative profile on eSERVICE. Descriptions of the fields in this section are listed below.

A - Maintenance Requested Specify the type of maintenance being requested by checking the appropriate box. Only one choice may be selected per request form submitted.

B - Plan Representative Information. Provide information about the plan representative for whom a profile is being added, modified, or deleted.

• If ADDING a new profile, all fields must be completed *(except Alternate Mailing Address, which is optional)*.

• If MODIFYING an existing profile, the plan representative's Name and Social Security Number are required. In addition, any fields that require updating should be filled out with the new information.

• If DELETING an existing profile, only the plan representative's Name and Social Security Number are required.

C - Group(s) Affected. Indicate the group(s) to be affected by the requested plan representative profile maintenance. At least one group MUST be specified for the following types of profile maintenance requests:

• Adding a new plan representative profile.
• Changing the plan representative capabilities for a profile.
• Adding a group *(or groups)* to a plan representative profile.

- Removing a group *(or groups)* from a plan representative profile.

All fields MUST be completed, except for the *Plan Description*. The Group Number (EGN) is the seven-digit number used by MetLife to identify the specific group or plan. The Plan Description is not required, but can be included to help specify which plan is being described, particularly for groups with multiple MetLife plans.

If the maintenance being requested affects more than one group, additional groups can be listed in Section 3 of the form. If this is the case, be sure to check the box labeled 'CLICK HERE if additional groups are listed in Section 3'.

(NOTE: Groups should only be submitted together on the same form only if the maintenance being requested applies to them all. If groups should have different accesses or settings, they should be submitted separately).

D - Plan Representative Capabilities. Indicate which online accesses and capabilities the specified plan representative should have by checking 'Yes' or 'No' for

each item listed. The capabilities listed include:
- **Access to Group Reports.** This gives the plan representative the ability to generate group-level reports through eSERVICE.
- **Access to Participant Account Information.** This gives the plan representative the ability to view basic account information for group participants.

(NOTE: This feature is only available for ERISA plans and Non-ERISA Church plans. Plan representatives for Non-ERISA Voluntary Plans may not be given this access).

(NOTE: Some of the Plan Representative Capabilities listed may be future enhancements that are not currently available in eSERVICE.)

E - Plan Representative Signature. This signature is required when a profile is being ADDED or MODIFIED, but not when a profile is being DELETED. This signature indicates that the plan representative understands the confidentiality of the information they are being given access to by the group(s).

SECTION 2: Group participants level access *(For Use Only: Plan Administrators of ERISA Plans or NON-ERISA Church Plans)*

Complete this section to modify which transactions group participants can process online through eSERVICE. *(NOTE: This section may ONLY be completed by Plan Administrators for ERISA or Non-ERISA Church plans).*

A - Group Participant Capabilities. Indicate which online capabilities group participants should have by checking 'Yes' or 'No' for each item listed. The capabilities listed include:
- **Transfers between Funding Options.** This gives group participants the online ability to move money between the different fund options available for their contract.
- **Future Allocation Changes.** This gives group participants the ability to change how future account deposits are allocated to fund options available for their contract.
- **Automated Investment Strategy Changes.** This gives groups participants the ability to stop, start, or modify the MetLife Investment Strategies that are available for their contract.

(NOTE: Specifying 'Yes' for a transaction type will give specified group participants the ability to perform that transaction on eSERVICE, if their contract type and situation will allow it. Specifying 'No' for a transaction type means participants of the groups specified for this maintenance will not have the ability to process that type of transaction on eSERVICE, even if their contract would allow it.)

(NOTE: As additional transactions are made available online, plan representatives will be notified, and this form will be updated to include the new transactions.)

B - Group(s) Affected. Indicate the group(s) to be affected by the requested group participant-level access changes. At least one group MUST be specified when group participant-level access changes are being requested.

All fields MUST be completed, except for the Plan Description. The Group Number (EGN) is the seven-digit number used by MetLife to identify the specific group or plan. The Plan Description is not required, but can be included to help specify which plan is being described, particularly for groups with multiple MetLife plans.

If the maintenance being requested affects more than one group, additional groups can be listed in Section 3 of the form. If this is the case, be sure to check the box labeled 'CLICK HERE if additional groups are listed in Section 3'. *(NOTE: Groups should only be submitted together on the same form only if the maintenance being requested applies to them all. If groups should have different accesses or settings, they should be submitted separately).*

SECTION 3: Additional groups

This section can be completed to include additional groups for the maintenance that is being requested. Instructions for completing the fields in this section are the same as those described for Section 1, C *(when plan representative profile maintenance is being requested)*, or Section 2, Option B. *(when group participant-level access changes are being requested).*
(NOTE: Groups should only be submitted together on the same form only if the maintenance being requested applies to them all. If groups should have different accesses or settings, they should be submitted separately).

SECTION 4: Plan administrator/employer authorization *(Required)*

This section MUST be completed for any type of maintenance request. Completion of this section indicates that the eSERVICE maintenance being requested is being requested by an authorized representative of the group(s) affected by the maintenance. It also indicates that the requestor understands the confidentiality of the information that can be accessed on eSERVICE by the designated plan representative(s).

SECTION 5: How to submit this form

After completing the form, review it to make sure all required data has been provided. Then, the form may be submitted by mail to the destination specified on the form, at the bottom of page three.

The eSERVICE Plan Representative and Participant Access form may be submitted alone, or along with new group setup paperwork *(for new groups)*. Please DO NOT submit the instruction pages—only the three form pages are required.