MetLife

Hardship Withdrawal Request
403(b) Plan

CMCSS 403(B) RETIREMENT SAVINGS PLAN **1014271-01**

When would I use this form?

When I am requesting a withdrawal due to a Hardship.

I should not use this form:

- *If I have separated from employment with the employer/company sponsoring this Plan, instead, I should use the Separation from Employment Withdrawal Request.*
- *If I am eligible to request an in-service withdrawal from my Plan, I should use the In-Service Withdrawal Request.*
- *If this account was transferred to me due to death, instead, I should use the Death Benefit Claim Request.*
- *If this account was transferred to me due to divorce, instead, I should use the Alternate Payee QDRO Distribution Request.*

Additional Information

- *By logging into my account on the website at www.mlr.metlife.com, I may confirm the address that is on file and track the status of this withdrawal request.*
- *For questions regarding this form, refer to the attached Participant Hardship Withdrawal Guide ("Guide"), visit the website at www.mlr.metlife.com or contact Service Provider at 1-800-543-2520.*
- *Return Instructions for this form are in Section G.*
- *Use black or blue ink when completing this form.*

A What is my personal information?

(Continue to the next section after completing.)

Account extension, if applicable, identifies a participant with multiple accounts.

Account Extension _____

Social Security Number *(Must provide all 9 digits)* ☐☐☐ - ☐☐ - ☐☐☐☐

Last Name _____ First Name _____ M.I. _____

Date of Birth *(mm/dd/yyyy)* ___ / ___ / ___

Email Address _____

❑ Married ❑ Unmarried

Select One:

❑ U.S. Citizen ❑ U.S. Resident Alien

❑ Non-Resident Alien or Other _____

Country of Residence *(Required)*

( ) _____

Daytime Phone Number

( ) _____

Alternate Phone Number

B What is my reason for this Hardship withdrawal?

(Continue to the next section after completing.)

❑ **Medical Care**

Expenses for or necessary to obtain medical care deductible under Internal Revenue Code ("IRC") §213(d) for myself, spouse or dependents without regard to whether the expenses exceed 7.5% of adjusted gross income.

❑ **Principal Residence**

Costs directly related to the purchase of my principal residence (not including mortgage payments).

❑ **Eviction or Foreclosure**

To prevent eviction from my principal residence or foreclosure on the mortgage of my principal residence. By checking this box, I certify that there are no legal proceedings that can prevent foreclosure or eviction.

❑ **Tuition**

Payment of tuition, related educational fees, and room and board expenses for the next twelve months of post secondary school education for myself, spouse, children, or dependents as defined in IRC §152.

❑ **Funeral Expenses**

Payments for burial or funeral expenses for my deceased parent, spouse, children, or dependent as defined in IRC §152 if permitted by the Plan.

❑ **Principal Residence Repair**

Expenses for repair of damage to my principal residence that would qualify for the casualty deduction as defined in IRC §165 if permitted by the Plan.

C What amount am I requesting for my Hardship withdrawal?

(Continue to the next section after completing.)

Amount $_____ ❑ Net Amount

If I check the Net Amount box, the amount written on the line, is the amount I will receive after applicable income taxes and fees *(not including any delivery charges)* are withheld.

- For example: If the amount I am requesting is $10,000.00, and my total tax/fee withholding is $1,500.00, the total amount taken from my account will be $11,500.00, resulting in a payment of $10,000.00 to me.

If I do not check the Net Amount box, the amount I will receive will be less than the amount requested after applicable income taxes and fees *(not including any delivery charges)* are withheld.

C What amount am I requesting for my Hardship withdrawal?

(Continue to the next section after completing.)

- For example: If the amount I am requesting is $10,000.00, and my total tax/fee withholding is $1,500.00, the total amount taken from my account will be $10,000.00, resulting in a payment of $8,500.00 to me.
- The amount I request for hardship may not exceed the amount of my financial need.
- If the amount requested exceeds available funds or exceeds limits imposed by IRC, regulations and/or Plan terms, the hardship will be processed for the maximum amount available.
- **If my request is approved, and unless the Plan has directed otherwise, the hardship withdrawal will be prorated across all available money sources and investment options.**
- **My withdrawal may be subject to fees and/or loss of interest based upon my investment options, my length of time in the Plan and other possible considerations. If I have not been advised of the fees and risks associated with my withdrawal, I may contact Service Provider for a withdrawal quote at 1-800-543-2520.**

D How do I want my Hardship withdrawal delivered?

(Continue to the next section after completing.)

Select One - Once complete request is received in good order, delivery of payment is based on completion of the withdrawal process and the timing of approval.

- **If no option is selected, all transactions will be sent by United States Postal Service ("USPS") regular mail.**
- **If I would like to make a change to what I previously selected, I must cross-out and initial the change(s). If I do not initial all changes, all transactions will be sent by USPS regular mail.**

❑ **Check by USPS Regular Mail**
- Estimated delivery time is 7-10 business days
- No additional charge

❑ **Check by Express Delivery**
- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to $25.00 will be deducted, in addition to any withdrawal fees.
- Available for delivery, Monday - Friday, with no signature required upon delivery
- If address is a P.O. Box, check will be sent by USPS Express and estimated delivery time is 2-3 business days.

❑ **Direct Deposit via Automated Clearing House ("ACH")**
- Estimated delivery time is 2-3 business days
- No additional charge
- **The name on my checking/savings account MUST match the name on file with Service Provider.**
- **Failure to provide mandatory supporting documentation will result in a significant delay in my request.**

❑ Checking Account - ***MUST*** **include a copy of a preprinted voided check** for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which includes my name, checking account number and ABA routing number.

❑ Savings Account - ***MUST*** **include a letter on financial institution letterhead, signed by a representative** from the receiving institution, which includes my name, savings account number and ABA routing number.

An ACH request **cannot** be sent to a prepaid debit card, business account or other retirement Plan. If the ACH information outlined above is missing, incomplete or inaccurate, this request may be rejected and my withdrawal may be delayed. By requesting my withdrawal via ACH deposit, I certify, represent and warrant that the account requested for an ACH deposit is established at a financial institution or a branch of a financial institution located within the United States and there are no standing orders to forward any portion of my ACH deposit to an account that exists at a financial institution or a branch of a financial institution in another country. I understand that it is my obligation to request a stop to this ACH deposit request if an order to transfer any portion of payments to a financial institution or a branch of a financial institution outside the United States will be implemented in the future. Service Provider reserves the right to reject the ACH request and deliver any payment via check in lieu of direct deposit.

❑ **Wire Transfer**
- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to $40.00 will be deducted, in addition to any withdrawal fees.
- ***MUST*** **Include a letter on financial institution letterhead, signed by a representative from the receiving institution, which provides the wire transfer instructions.** The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.
- Additional fees may apply at the receiving financial institution.
- **Service Provider is not responsible for inaccurate wire transfer instructions.**

E How will my income taxes be withheld?

(Continue to the next section after completing.)

Federal Income Tax

- 10% of the total taxable amount of my withdrawal will be withheld for Federal Income Tax, unless I check the box below:

❑ Do not withhold 10% Federal Income Tax from my Hardship withdrawal.

I would like **additional** Federal Income Tax withholding *(Optional)*:

_____% or $_____

(This is in addition to any mandatory Federal Income Tax withheld.)

State Income Tax

I should refer to information from the Department of Revenue for my state of residence. If applicable, **I must attach my State Income Tax withholding form to make tax elections when required.** In the event the withholding form is required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable State regulations.

- State Income Tax withholding is mandatory in some states and will be withheld regardless of any election below.
  I would like **additional** State Income Tax withholding:

_____% or $_____

(This is in addition to any mandatory State Income Tax withheld.)

E How will my income taxes be withheld?

(Continue to the next section after completing.)

- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I elect otherwise below.

  If the checkbox is not marked below, I choose to have State Income Tax withheld from my withdrawal. I would also like to have **additional** State Income Tax withholding:

  _____% or $_____

  (This is in addition to any elective State Income Tax withheld.)

  ❑ Do not withhold State Income Tax *(if election is permitted and I have attached the proper election form if required by my state).*

- Certain states do not require mandatory State Income Tax withholding but allow to elect State Income Tax withholding.

  ❑ I would like State Income Tax withheld - **Optional** State Income Tax withholding:

  _____% or $_____

  (If this optional income tax election is permitted. I also have attached the proper income tax election form if required by my state to elect this optional withholding.)

F Signatures and Consent *(Signatures must be on the lines provided.)*

(After receiving ALL required signatures, continue to the next section.)

My Consent *(Please sign on the 'My Signature' line below.)*

I acknowledge that I have received, read, understand and agree to all pages of this Hardship Withdrawal Request form and affirm that all information that I have provided is true and correct. I understand the following:

- Any election on this Hardship Withdrawal form is effective for 180 days.
- I have taken all withdrawals other than hardship withdrawals and all nontaxable loans *(to the extent such loans do not cause a hardship to me)* under the Plan and all other qualified plans of the employer.
- If my hardship withdrawal is approved, my deferrals *(payroll contributions)* under the Plan must cease for a period of at least 6 months.
- I agree and elect my salary deferral *(contribution)* to be set to 0% at the same time that this withdrawal is processed. I understand I must request for my deferrals *(contributions)* to begin again once the suspension period is over in accordance with the Plan rules.
- I am liable for any income tax and/or penalties assessed by the IRS and/or state tax authorities for any election I have chosen.
- Once a payment has been processed, it cannot be changed or reversed.
- In the event that any section of this form is incomplete or inaccurate, Service Provider may not process the transaction requested on this form and may require a new form or that I provide additional or proper information before the transaction can be processed.
- Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.
- Under penalty of perjury, I certify that the Social Security Number shown in Section A on this form is correct. I am a U.S. person if I marked U.S. citizen or U.S. resident alien box in Section A on this form.
- The Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC website at: http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx.

Last Name	First Name	M.I.	Social Security Number	1014271-01 Number

F Signatures and Consent *(Signatures must be on the lines provided.)* *(After receiving ALL required signatures, continue to the next section.)*

My Consent *(Please sign on the 'My Signature' line below.)*

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

Before signing this form: I *must* sign this form in the presence of a Notary Public or my authorized Plan Administrator if my withdrawal request will include a change of address or check delivery to an alternate mailing address. The date that I sign this form must match the date of the Notary Public or Plan Administrator signature.

My Signature _____ **Date *(Required)*** _____

My Alternate Address Notarization

May also be witnessed by my authorized Plan Administrator in the below section.

❑ **Alternate Mailing Address -** I would like my withdrawal check to be sent to the following alternate mailing address. I understand that this address will be used for this withdrawal only.

Alternate Mailing Address _____ City/State/Zip Code _____

For Residents of all states (except California), please have your notary complete the section below.

Notice to California Notaries using the California Affidavit and Jurat Form the following items must be completed by the notary on the state notary form: the title of the form, the plan name, the plan number, the document date, and the participant's name. The notary forms not containing this information will be rejected and it will delay this request.

The date I sign this form must match the date on which my signature in 'My Consent' section was notarized or witnessed.

Statement of Notary

State of _____)
)ss.
County of _____)

NOTE: Notary seal must be visible.

This request was subscribed and sworn *(or affirmed)* to before me on this_____ day of _____, year _____, by ***(name of participant)*** _____ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

SEAL

Notary Public _____ My commission expires ____/____/____

My Authorized Plan Administrator Signature *(Please sign on the 'Authorized Plan Administrator Signature' line below.)*

This request is in compliance with the terms of the Plan. A written explanation of the tax rules and any Internal Revenue Service, Department of Labor or other notice requirements applicable to this request have been provided to the participant as required by law. The appropriate consent and waivers have been obtained by the Plan Administrator and Service Provider is authorized to rely on the information provided on this request. I hereby determine that the above participant is entitled to a withdrawal of the amount requested due to hardship and authorize the processing described on this form. I approve this withdrawal as it is presented on this form.

If the participant request includes either a permanent address change or an alternate mailing address and the participant's signature is not notarized, I certify that this request was signed by the participant in my presence. The date that I sign this form must match the date the participant has signed.

I represent that I am an authorized signer on behalf of the above-named Plan and have an authority to instruct Service Provider to process this form.

Authorized Plan Administrator Signature _____ **Date *(Required)*** _____

G Where should I send this form?

After all signatures have been obtained, this form can be sent by

Fax to:
MetLife c/o FASCore, LLC
1-866-745-5766

OR

Regular Mail to:
MetLife c/o FASCore, LLC
PO Box 173768
Denver, CO 80217-3768

OR

Express Mail to:
MetLife c/o FASCore, LLC
8515 E. Orchard Road
Greenwood Village, CO 80111

Participant Hardship Withdrawal Guide - 403(b)

The Hardship Withdrawal Request

Before completing the form, please note the following information:

- All pages of the Hardship Withdrawal Request form ("Withdrawal Form") must be returned.
- Neither this Guide nor this Withdrawal Form are intended to provide tax or legal advice. In the preparation of this Withdrawal Form, and where I deem appropriate, I will seek a consultation with my accountant and/or tax advisor.
- MetLife c/o FASCore, LLC ("Service Provider") cannot release the funds until my Plan Administrator approves the withdrawal from the Plan.
- **I must complete a separate Withdrawal Form for each account or plan number.**
- **If I am eligible to request an in-service withdrawal from my Plan, I should use the In-Service Withdrawal Request.**
- **If I am a Beneficiary, I need to complete and submit a Death Benefit Claim Request form rather than this Withdrawal Form.**
- **If I am an Alternate Payee, I need to complete and submit an Alternate Payee QDRO Distribution Request rather than this Withdrawal Form.**

Changes to My Request

- Any changes to this Withdrawal Form must be crossed-out and initialed. If I do not initial all changes, this Withdrawal Form may be returned to me for verification.

Incomplete or Inaccurate Information

- In the event that any section of this Withdrawal Form is incomplete or inaccurate, Service Provider may not be able to process the transaction requested on this Withdrawal Form. I may be required to complete a new form or provide additional or proper information before the transaction will be processed.

Section A: What is my personal information?

- All information in this section must be completed.
- Personal information will be kept confidential.

Section B: What is my reason for this Hardship withdrawal?

Safe Harbor - My Plan allows for a hardship distribution based on a Safe Harbor provision.

- A distribution is deemed to be for an immediate and heavy financial need if it is made for any one or a combination of the reasons specified in the "What is my reason for this Hardship withdrawal?" section of this form. In addition, a Safe Harbor hardship distribution is subject to the following additional rules:
- I am required to receive all withdrawals (other than hardship withdrawals), and all available nontaxable loans, from this and all other plans maintained by the employer (including a related employer) and I cannot make any elective deferrals or after-tax contributions for at least 6 months (or longer if required by my Plan) after the hardship withdrawal to all Plans maintained by the employer.

Section C: What amount am I requesting for my Hardship withdrawal?

Available contribution source(s) for my Hardship withdrawal:

- IRR1 IRA ROLLOVER
- DCR1 457 ROLLOVER
- TSR1 403B ROLLOVER
- QPR1 401 ROLLOVER
- BEF1 403B EMPLOYEE PRE-TAX VOL

- Pursuant to the Internal Revenue Code ("IRC"), the amount distributable upon hardship is limited to my total elective deferrals as of the date of withdrawal, reduced by any previous withdrawals. Further, if the Plan allows, the distributable amount may be increased by 1) employer contributions; and 2) the earnings allocable to the elective deferrals that were credited to my account no later than December 31, 1988 or the end of the last Plan year ending before July 1, 1989, whichever is later.
- The amount I request for hardship may not exceed the amount of my financial need. The amount withdrawn for hardship may include amounts necessary to pay Federal and/or State income taxes, or any applicable premature distribution penalty tax.
- Unless the Net Amount box has been selected, the amount I request will be a gross amount; that is, Federal and/or State Income tax will be withheld from my requested amount.
- Amounts transferred from my prior record keeper will not be available for hardship withdrawals unless Service Provider has received a report from the prior record keeper or the Plan Administrator showing the amounts available for hardship withdrawal. If regular payroll contributions have not been received, the amount available for hardship withdrawal may be zero.

Section D: How do I want my withdrawal delivered?

- Once complete request is received in good order, delivery of payment is based on completion of the withdrawal process and the timing of approval.
- I must select a delivery option from the choices provided. If I do not make any selection, all transactions will be sent by United States Postal Service ("USPS") regular mail.
- Below is a description of each delivery option.

Check by USPS Regular Mail

- Estimated delivery time is 7-10 business days
- No additional charge
- The check will be sent to the address on file unless an alternate address is indicated in the 'Signatures and Consent' section of the form and is properly notarized or witnessed.

Check by Express Delivery

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to $25.00 will be deducted, in addition to any withdrawal fees.
- Available for delivery, Monday-Friday, with no signature required upon delivery
- The check will be sent to the address on file unless an alternate address is indicated in the 'Signatures and Consent' section of the form and is properly notarized or witnessed.
- If the address is a P.O. Box, the check will be sent by USPS Express and estimated delivery time is 2-3 business days.
- Delivery is not guaranteed to all areas

Direct Deposit via Automated Clearing House ("ACH")

- I would elect this option if I want my payment to be electronically deposited into my personal checking or savings account.
- Estimated delivery time is 2-3 business days
- No additional charge
- **The name on my checking/savings account MUST match the name on file with Service Provider.**
- For deposit into my **checking account, I *MUST* attach a copy of a preprinted voided check** for the receiving account. I may also attach a letter on financial institution letterhead, signed by a representative from the receiving institution, which indicates my name, checking account number and the ABA routing number.
- For deposit into my **savings account, I *MUST* attach a letter on financial institution letterhead, signed by a representative** from the receiving institution, which indicates my name, savings account number and the ABA routing number.
- **An ACH request can not be sent to a prepaid debit card, an IRA, or a business account.**
- Any missing, incomplete, or inaccurate information will delay my withdrawal request.
- ACH credit can only be made into a United States financial institution.
- Any requests received referencing a foreign financial institution or referencing a United States financial institution with a further credit to an account associated with a foreign financial institution will be rejected.

General ACH Information

- I authorize Service Provider to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error.
- In addition, I authorize my financial institution, in the form of an electronic funds transfer, to credit and/or debit the same to such account.
- Service Provider will make payment in accordance with the direction I have specified on this Withdrawal Form.
- If my financial institution rejects the ACH credit, Service Provider will make every attempt to fix the error and process the request. However, if Service Provider is still unable to send the ACH credit, a check will be mailed to the address that is on file with the Service Provider.
- By selecting the ACH method of delivery, I acknowledge that Service Provider is not liable for payments made by Service Provider in accordance with a properly completed Withdrawal Form.
- I am authorizing and directing my financial institution not to hold any overpayments made by Service Provider on my behalf, or on behalf of my estate or any current or future joint account holder, if applicable.
- ACH delivery is not available to a foreign financial institution or to a United States financial institution for subsequent transfer to a foreign financial institution.
- Any requests received containing foreign financial institution instructions will be rejected and require new ACH or check delivery instructions.
- It is my obligation to notify Service Provider of any address or other changes affecting my electronic fund transfers during my lifetime.
- I am solely responsible for any consequences and/or liabilities that may arise out of my failure to provide such notification.

Wire Transfer

- Estimated delivery time is 1-2 business days
- A non-refundable charge of up to $40.00 will be deducted, in addition to any withdrawal fees.
- Additional fees may apply at the receiving financial institution.
- **I *MUST* verify the wire transfer information provided with the financial institution receiving these funds. Service Provider is not responsible for inaccurate wire transfer instructions.**
- **I also *MUST* attach** a letter on financial institution letterhead signed by a representative of the receiving institution. The letter must include the following wire transfer information: Bank Name, complete Bank Mailing Address, including City, State and Zip Code, Account Name, Account Number, ABA Routing Number and 'For Further Credit to' Name and Account Number.

Section E: How will my income taxes be withheld?

- If I do not have sufficient Federal or State Income Tax withheld from the taxable amount of my withdrawal, I will be responsible for payment of estimated tax and/or may incur penalties under estimated tax rules.
- If applicable, I have attached IRS Form W-4P and/or my State's Income Tax withholding form with my elections, if required. If these forms are required for my withdrawal, and are not submitted, Service Provider will withhold in accordance with applicable Federal and State regulations.
- If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

Federal Income Tax Withholding

- Federal Income Tax will be withheld from the taxable amount of my withdrawal at the rate of ten percent (10%) unless I elect to not withhold Federal Income Tax by marking the box in the "How will my taxes be withheld?" section of the form.
- I may elect to withhold an amount greater than 10% and may do so by indicating the additional amount on the line provided.

Income Tax Withholding Applicable to Payments Delivered Outside the U.S.

- If I am a U.S. citizen or U.S. resident alien and my payment is to be delivered outside the U.S. or its possessions, I may not elect out of Federal Income Tax withholding from the taxable amount of my withdrawal.

Income Tax Withholding for a Non-U.S. Person

- If I am a non-resident alien, I must attach IRS Form W-8BEN with an original signature and this must be sent by mail or express delivery. Service Provider cannot accept a fax of this form.
- The withholding rate applicable to the taxable amount of my payment is 30% unless a reduced rate applies because my country of residence has entered into a tax treaty with the U.S. and the treaty provides for a reduced withholding rate or an exemption from withholding. In order to claim a treaty rate, I must complete the appropriate fields and provide a U.S. Taxpayer Identification Number on Form W-8BEN. I may call 1-800-TAX-FORM (829-3676) to obtain IRS Form W-8BEN. If I need and as I see applicable, I will consult with my tax advisor to determine my appropriate tax withholding.

State Income Tax Withholding

- If applicable, I will attach my State's Income Tax withholding form to make tax elections when required. In the event these forms are required for my withdrawal and not submitted, Service Provider will withhold in accordance with applicable state regulations.
- If I live in the state that mandates State Income Tax withholding, State Income Tax will be withheld. If I wish to have additional State Income Tax withheld, I may elect so by entering a percentage or dollar amount on the line provided.
- Certain states allow an election for no State Income Tax withholding depending on the reason and type of withdrawal I have selected. For these states only, State Income Tax will be withheld unless I properly elect otherwise on the form.
- Certain states do not require mandatory withholding but allow to elect State Income Tax withholding depending on the reason and type of withdrawal I have selected. If I elect this, State Income Tax will be withheld based on a default rate/rules provided by the state of my residence. I may elect to have an additional State Income Tax withheld by entering a percentage or a dollar amount on the line provided.
- **For more information and applicable forms or documentation that may be required for my state**, refer to the appropriate state tax authority.

Section F: Signatures and Consent

My Consent

- My signature and the date are required.
- I attest to receiving, reading, understanding and agreeing to all provisions of this Withdrawal Form Request and the Participant Hardship Withdrawal Guide.

My Alternate Address Notarization

Alternate Mailing Address

- I would check this box if I would like Service Provider to mail my withdrawal check to this alternate address but I am *not* making this alternate address my new permanent address. I understand that this alternate address will be used for this withdrawal only.
- Any request for an alternate mailing address must be notarized or witnessed by my authorized Plan Administrator.

My Authorized Plan Administrator Signature

- My authorized Plan Administrator's signature is required even if I am only withdrawing employee funds in order for this Withdrawal Form to be processed.

Section G: Where should I send this form?

- Once I have completed this Withdrawal Form, including obtaining all signatures, I must forward it according to the instructions listed in this section.
- If I have elected to fax this Withdrawal Form, I need to allow 2-4 hours for confirmation of fax receipt before I check on the fax status and confirm that all pages have been received.

Important Note

- Although every effort is made to keep the information in this Guide current, it is subject to change without notice. Federal, state, and local tax laws may be revised, and new Plan provisions may be adopted by the Plan. For the most up to date version of this Guide, please visit the website at www.mlr.metlife.com or call Client Service at 1-800-543-2520.
- Access to the Voice Response System or the website may be limited or unavailable during periods of peak demand, market volatility, systems upgrades, maintenance or for other reasons.
- For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents regarding Plan investments and fees available from my Plan administrator and/or Plan Service representative. Read them carefully before investing.