

Agent
MetLife Disability Income Appointment Checklist

The following checklist is provided to assist you with the agent appointment process.

- MetLife – Producer Appointment Inquiry Form** – complete, sign and date.
- MetLife – W-9 Request for Taxpayer ID** – complete, sign and date.
- MetLife – Writing Producer Agreement** – complete, sign and date “Producer” section.
 - If payee is individual, use Individual Writing Producer Agreement**
 - If payee is a Corporation, use Corporate Writing Producer Agreement**
- Copy of agent’s license for each state in which the agent desires to be appointed
- Copy of Error & Omissions coverage

Appointment Form Only

Steps to obtain an Appointment:**1. Complete the Personal Information Sheet**

The Personal Information Sheet is used to obtain information necessary to establish a file on the producer requesting an appointment. Section I of Personal Information Sheet is required always. Section II only requires completion if agency is to be appointed.

2. Attach a Copy of Your Resident State Insurance License

Producer should have been issued a certificate (license) when he/she passed his/her resident state insurance exam. If you do not have a copy of this certificate (license), please contact your resident state insurance department and have a duplicate license issued and mailed to you.

3. Attach Your Non-Resident State Insurance License

If a producer is going to be soliciting clients in a state(s) other than his/her resident state, he/she must obtain the appropriate securities registration and state affiliations(s) as well as an insurance license(s) with the proper line(s) of authority (varies by state). Please contact your Broker/Dealer home office for assistance in obtaining non-resident licenses and registrations.

4. Disclosure Form

For background checks states, we will need an additional disclosure form completed.

I. Appointment Processing Procedures

Once you are licensed, you may submit your appointment request according to the following state requirements:

You may submit your appointment request concurrent with your first application in the following states:

Alabama, Alaska, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Iowa, Kentucky, Massachusetts, Maine, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, New Mexico, New York, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Vermont, Virginia, West Virginia, Wisconsin and Wyoming.

You must submit your appointment request within two weeks of your first application:

Kansas, Louisiana, Michigan, Montana, New Jersey, North Carolina, North Dakota, Pennsylvania, Puerto Rico, Texas, and Utah.

Appointment must be confirmed and effective prior to the solicitation of business:

Washington

Producer must be state licensed. An appointment is not required by the state:

Arizona, Colorado, Illinois, Indiana, Maryland, Missouri, Oregon and Rhode Island.

**Mail or Fax: Metlife Producer Services
PO Box 30160
Tampa, FL 33630
1-800-556-9430 Fax**

This form can not act as an authorization to assign commissions.

Appointment Form**III. Background Information (Attach a written explanation, including date of event and discharge, for yes answers.)**

	Yes	No
1. Do you have any prior affiliation with MetLife, MetLife Investors, New England Financial, Walnut Street Securities, General American, or any of their affiliates? If yes, please indicate which company _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you covered under your company's Errors and Omissions (E&O) policy? If not, attach the declaration page of your E&O policy.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of any felony? If said felony conviction was related to dishonesty or breach of trust, have you received, subsequent to such conviction, written consent from an authorized insurance regulator that you may be employed in the insurance industry? If yes, attach a copy of such consent.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the NASD or any Federal or state regulatory agency ever:		
(a) found you to have made a false statement or omission or been dishonest, unfair, or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(b) found you to have been involved in a violation of investment- OR insurance-related statutes or regulations ?	<input type="checkbox"/>	<input type="checkbox"/>
(c) found you to have been a cause of an investment- OR insurance-related business having its authorization to do business denied, suspended, revoked, or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(d) entered an order against you in connection with investment- OR insurance-related activity?	<input type="checkbox"/>	<input type="checkbox"/>
(e) denied, suspended, or revoked your registration or license or otherwise prevented you from associating with an investment- OR insurance-related business, or disciplined you by restricting your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(f) revoked or suspended your license as an attorney, accountant, or federal contractor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any foreign government, court, regulatory agency, or exchange ever entered an order against you related to investments or fraud?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been or are you currently the subject of an investment related, insurance related, or consumer-initiated complaint?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been discharged or permitted to resign because you were accused of:		
(a) violating investment- OR insurance-related statutes, regulations, rules or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(b) fraud or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any contracts that you held with any insurance companies been cancelled for cause (not including productivity)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has any policy or application for errors and omissions insurance on your behalf ever been declined, canceled, or renewal refused?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had any of the following: sought protection from creditors; declared bankruptcy, had a lien or judgement, had a creditor charge off an account/payables as bad debt or uncollectible, or had any other problems in your credit history?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you under any legal order/judgement to make monetary payments to another person or business entity or have you ever had your wages garnished?	<input type="checkbox"/>	<input type="checkbox"/>

DISCLOSURE

By this document, Metropolitan Life Insurance Company discloses to you that a consumer report or an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes and/or as part of the process of our consideration of your application to become licensed or appointed to sell insurance or to become registered with the National Association of Securities Dealers, Inc. A consumer report or an investigative consumer report may be secured as part of a pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested, and a written summary of your rights under the Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of a separate document setting forth the above disclosure by Metropolitan Life Insurance Company, that a consumer report or an investigative consumer report may be obtained by it for employment purposes and/or as part of the process of its consideration of my application to become licensed or appointed to sell insurance or to become registered with the National Association of Securities Dealers. A consumer report or an investigative consumer report may be secured as part of its pre-employment background investigation, and at any time during my employment. I authorize the procurement of such consumer reports by Metropolitan Life Insurance Company for the purposes disclosed to me. If I am hired, or if I am already employed, this authorization will remain on file and will serve as an on-going authorization for Metropolitan Life Insurance Company to procure such consumer reports at any time during my employment.

I hereby authorize Metropolitan Life Insurance Company and MetLife Securities, Inc. to query my record, if any, on file with the National Association of Securities Dealers' Central Records Depository.

Signature of Applicant/Employee

Witness Signature

Printed Name of Applicant/Employee

Printed Name of Witness

SSN of Applicant/Employee

Date

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2:	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
Requester's name and address (optional)		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
+ +
or
Employer identification number
+

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
 U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding,
- or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

Metropolitan Life Insurance Company
Individual Writing Producer Agreement
for Individual Disability Income Insurance Products

This WRITING PRODUCER AGREEMENT (the "Agreement") is made by and between Metropolitan Life Insurance Company ("MetLife") and _____ ("You" or "Your") for the sale of MetLife Individual Disability Income Insurance Policies ("MetLife IDI Products") sold by You through SML Agency Service, Inc. ("General Agent"). This Agreement shall be effective as of the date this Agreement is signed and executed by MetLife and You.

In no event shall MetLife be obligated to pay compensation to You unless and until MetLife receives the premium payment for the relevant MetLife IDI Product. To the extent You already have an existing arrangement with MetLife or the General Agent to sell MetLife IDI Products, this Agreement shall: (1) supersede and govern all applications for MetLife IDI Products that are received by the General Agent's designated MetLife Employee Benefits Sales and Service office (formerly known as MetLife Small Business Center) (the "MetLife Office") that resulted in the issuance of MetLife IDI Products where You are the writing producer entitled to compensation as a result of business You first submitted through the General Agent and the General Agent sent to the MetLife Office under a cover letter of the General Agent, or any other administrative or submission process that maybe from time to time required by MetLife; and (2) replace any other arrangement for sales of MetLife IDI Products already in place between MetLife and You or You and the General Agent. MetLife and You hereby agree as follows:

General Terms and Conditions

You are an independent contractor and not an employee of MetLife or its affiliates. None of the terms of this Agreement shall be construed as creating an employer-employee relationship.

In order to market and sell MetLife IDI Products through the General Agent and be paid commission for such sale You must be appointed with MetLife and must be validly licensed and in good standing with the insurance department of each state in which You conduct business. Subject to applicable laws, You are authorized to represent MetLife for the purposes of:

1. Obtaining and promptly transmitting to MetLife through the General Agent all applications and premiums for MetLife IDI Products;
2. Arranging for the timely delivery of new MetLife IDI Products to policyholders and for the timely remittance of modal premiums to MetLife. MetLife IDI Products may be delivered only if the insured, to the best of Your knowledge, continues to be in good health (as stated on the IDI application); and
3. Returning, for cancellation, to MetLife through the General Agent any MetLife IDI Product not accepted by the policyholder.

So long as this Agreement remains in effect, You are required to maintain Errors and Omission coverage in the amount of \$1 million. From time to time, MetLife may require proof that this coverage remains in force.

You may not alter, add or omit any part of any MetLife IDI Product issued by MetLife. MetLife will, at its expense, provide its standard advertising and promotional material to the General Agent and/or You. You may not use any other advertising copy, supplies or materials which refer to MetLife or its products and services or contain any of MetLife's trademarks including personalized or customized versions of standard

METROPOLITAN LIFE INSURANCE COMPANY
CORPORATE WRITING PRODUCER AGREEMENT

FOR
INDIVIDUAL DISABILITY INCOME INSURANCE PRODUCTS

This WRITING PRODUCER AGREEMENT (the "Agreement") is made by and between Metropolitan Life Insurance Company ("MetLife") and _____ ("You" or "Your") with respect to the sale of MetLife Individual Disability Income Insurance Policies ("MetLife IDI Products") sold by You and Your employees, brokers and designated representatives ("Designated Representatives") through any of the general agents listed on Attachment A hereto (the "General Agent"). This Agreement shall be effective as of the date this Agreement is signed and executed by MetLife and You.

In no event shall MetLife be obligated to pay compensation to You unless and until MetLife receives the premium payment for the relevant MetLife IDI Product. To the extent You already have an existing arrangement with MetLife or the General Agent to sell MetLife IDI Products, this Agreement shall:

- (A) Supersede and govern all applications for MetLife IDI Products:
- (1) That are received by the General Agent's designated MetLife Employee Benefits Sales and Service office (formerly known as MetLife Small Business Center) (the "MetLife Office") that resulted in the issuance of MetLife IDI Products; and
 - (2) For which you are the writing producer entitled to compensation as a result of business You first submitted through the General Agent, and which the General Agent sent to the MetLife Office under a cover letter of the General Agent, or any other administrative or submission process that maybe from time to time required by MetLife; and
- (B) Replace any other arrangement for sales of MetLife IDI Products already in place between MetLife and You or Your Designated Representatives or between You and the General Agent.

MetLife and You hereby agree as follows:

I. GENERAL TERMS AND CONDITIONS

- (A) **Work Status.** You and Your Designated Representatives are independent contractors and not employees of MetLife or its affiliates. None of the terms of this Agreement shall be construed as creating an employer-employee relationship.
- (B) **Appointment; Licensing.** In order to market and sell MetLife IDI Products through the General Agent and be paid commission for such sale You and Your Designated

Service Fees shall be paid on premiums received by MetLife on a MetLife IDI Product that has been in force for more than ten (10) years so long as You: (1) are still under contract with MetLife to write new MetLife IDI Product business; (2) continue to be the broker of record for the MetLife IDI Product; and (3) MetLife, in its sole discretion, determines that You are continuing to service the MetLife IDI Product. Service Fees do not apply to the Good Health Benefit rider premium.

Timing of Payments. Any payment required to be paid to You under this Agreement shall be paid to You within seventy-five (75) days following the later of: (1) the date on which premium qualifying You for such commission is credited to MetLife's premium account; or (2) the date on which You have met all requirements to be paid commissions.

Return of Compensation; Offset. MetLife may be entitled to the return of amounts paid to You under this Agreement. This may happen if a change in premium or cancellation of a MetLife IDI Product sold by You under this Agreement causes the amount of compensation to which You are entitled to change. In such a case, MetLife shall restate the compensation payable to You and You shall return to MetLife any overpayments. MetLife shall have the right to offset any amount owed by You to MetLife against any amount payable to You by MetLife.

Merit Compensation. MetLife's payment of compensation to the Writing Producer will not include any merit compensation. Any payment of merit compensation will be solely the obligation of the General Agent.

Right to Change Compensation. MetLife reserves the right to alter, amend or modify the commission schedules and compensation arrangements. Any such changes shall become effective for MetLife IDI Products applied for or issued on or after the effective date of the change unless otherwise set forth in Appendix A hereof.

Commission Rate for MetLife IDI Products. Appendix A of this Agreement sets forth the compensation that shall be payable to You for the sale of MetLife IDI Products that You make as a result of business submitted through the General Agent. Notwithstanding any written agreement between MetLife and You to the contrary, the commission rate payable to You for the sale of MetLife IDI Products that You make as a result of business submitted through the General Agent shall for each MetLife IDI product sold by You be the commission rate set forth on the first commission statement on which the commission rate applicable to the MetLife IDI product shall appear; provided however, that the maximum commission to You for the sale of MetLife IDI products through the General Agent shall be set forth in Appendix A hereof; and provided further, that You shall have ninety (90) days following the date of each commission statement to object in writing to the amount of commission paid to You. If MetLife pays compensation to You in excess of the compensation amounts reflected in Appendix A hereof for the sale of a MetLife IDI product under this Agreement, then You shall be obligated to reimburse MetLife for such excess payment.

Metropolitan Life Insurance Company Officer

Producer

By: Robert A. McCabe
Vice-President

Producer's Signature

Date

Producer's Print Name

Date

- (1) Be the commission rate set forth on the first commission statement on which the commission rate applicable to the MetLife IDI product shall appear, provided however:
- (a) The maximum commission to You for the sale of MetLife IDI Products through the General Agent shall be set forth in Attachment B hereof; and
 - (b) You shall have ninety (90) days following the date of each commission statement to object in writing to the amount of commission paid to You.

Metropolitan Life Insurance Company

By: Robert A. McCabe

Printed Name and Title:

Date:

By: Officer's Signature:

Printed Name and Title:

Date:

ATTACHMENT B

GENERAL AGENT DISTRIBUTION CHANNEL WRITING PRODUCER

I. Base First Year Commission by Product

Omni Advantage, Omni Select (Non GSI), Omni Essential (Non GSI), Salary Saver (Non GSI), or Omni Plus 90 day EP; Expense Plus and Buy-Out	55% of total first year premium received.
All Other Disability Income Products	35% of total first year premium

II. Multi-Life cases

(Premium Discount is determined by MetLife during underwriting)

Up to 20% Discount	55% of total first year premium received
25% Discount	35% of total first year premium received
30% Discount	30% of total first year premium received
35% Discount	25% of total first year premium received

III. Good Health Benefit (Policy Year 1-10)

Good Health Benefit	4% of the first year premium received for the Good Health Benefit
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IV. Renewal Commissions (Years 2-10)

<u>Renewal Commissions are based on the sum of the Annualized Premium for all Policies that were placed in the same year and which are still in force at the beginning of the year in which renewal commissions will be paid.</u>	Years 2 – 5	Years 6 - 10	
	\$ 0 – 9,999	5%	3%
	\$ 10,000 – 19,999	10%	5%
	\$ 20,000 +	15%	7%

V. Service Fees (Years 11+)

Inforce IDI Premium at the end of the calendar year	Service Fee (on a first dollar basis)
\$ 0 – 24,999	0%
\$ 25,000+	1%