

**ELECTRONIC  
PAYMENT (EP)  
ACCOUNT  
AGREEMENT**

**1. Metropolitan Life Insurance Company ("MetLife") provides for processing electronic payments for the following companies:**

|   |   |
|---|---|
| First MetLife Investors Insurance Company | MetLife Investors Insurance Company     |
| General American Life Insurance Company   | MetLife Investors USA Insurance Company |
| Metropolitan Life Insurance Company       | New England Life Insurance Company      |
| Metropolitan Tower Life Insurance Company |   |

Provide the name(s) of the owner(s) of the bank account in Item 4 below

**2. ACCOUNT REGISTRATION/INFORMATION:**

**ELECTRONIC PAYMENT #** (Please fill in existing EP #, if applicable) \_\_\_\_\_

**Account Holder**  Individual  Joint  Other (Corporation, Trust) \_\_\_\_\_

Account Holder Name \_\_\_\_\_ Tax ID#/Social Security # (Required regardless of tax status) \_\_\_\_\_

Joint Account Holder Name \_\_\_\_\_ Tax ID#/Social Security # (Required regardless of tax status) \_\_\_\_\_

Street Address, City State, Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

**3. AUTHORIZATION to pay into contract(s)/policy(ies) listed below**

- New Authorization (to make regular debits)**  
 **Change of Bank or Account (Prior Authorization)**  
 **Change of Amount (Prior Authorization)**

**ONE-TIME Special Draft**  
 (available if contract already on EP, or will be on EP)  
 (See information below)

| Type of Product | Policy/Contract/<br>Product Number | Insured's<br>Name | Relationship<br>Code* | Payment<br>Code** | Mutual<br>Fund<br>Code | Amount | Special Draft<br>Payment<br>Code*** | Special Draft<br>Date**** | Special Draft<br>Amount |
|-----------------|------------------------------------|-------------------|-----------------------|-------------------|------------------------|--------|-------------------------------------|---------------------------|-------------------------|
|                 |                                    |                   |                       |                   |                        |        |                                     |                           |                         |
|                 |                                    |                   |                       |                   |                        |        |                                     |                           |                         |
|                 |                                    |                   |                       |                   |                        |        |                                     |                           |                         |
|                 |                                    |                   |                       |                   |                        |        |                                     |                           |                         |

**Total Monthly Withdrawal: \$** \_\_\_\_\_

I request a Debit Date on the \_\_\_\_\_ of each month beginning on \_\_\_\_\_  
 (1-31) (MM/DD/YY)  
 (within 90 days of completion of this form)

The Debit Date is the day of the month on which a debit will be processed against your bank account. If no date is specified, monthly debits will occur on the same day of the month as the contract date. If the payment withdrawal date selected falls on a weekend, on a holiday, or on a shorter month (if a draft day between 29 - 31 is selected), the account will be debited on the next business day.

**\*Relationship Code:** Account Holder relationship to insured or owner: (1) Self (2) Spouse/Domestic Partner (3) Parent (4) Grandparent (5) Employer (6) Guardian (7) Child (8) Other \_\_\_\_\_

**Note:** As part of MetLife's money laundering prevention program, an Account Holder must have a specific relationship to the insured/contractowner, such as parent, grandparent, spouse, guardian, child, or employer. If this relationship does not exist, MetLife may refuse to establish the EP or may terminate the payment of funds to the contract

**\*\*Payment Code: (recurring)** (a) Premiums, (b) Policy loan payments, (c) PUAR/PAIR/VABR payments, (d) ALBO premiums, (e) Zenith Variable Ordinary Life Dump in Payments, (f) Annuity payments, (g) Mutual fund purchases, (h) ADCW payments.

**\*\*\*Payment Code: (one-time special draft)** (aa) Unscheduled Premium (already issued policies), (bb) Policy loan payment, (cc) PUAR/PAIR/VABR payment, (dd) ALBO premium, (ee) Zenith Variable Ordinary Life Dump In Payment, (ff) Annuity payment, (gg) Mutual fund purchase, (hh) ADCW payment, (ii) (see below) initial premium/payment.

**\*\*\*\*Special Draft Date** For all drafts EXCEPT initial premium/payments, the special draft date must be within 90 days of the date this form is completed.

**Special Draft Initial Premium/Payment** (At this time, only available for New England Products sold by New England Representative(s)). The draft date must be within **7 days** of the date of the application. The initial draft is subject to the terms of the receipt included with the application. For life insurance, this payment is equal to one month's payment under the Temporary Insurance Agreement and Receipt. For New England Disability Income Insurance - This one-time draft constitutes payment as set forth under the Conditional Receipt.

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**4. BANK INFORMATION:** (For new EP Accounts OR for change of banks)

Checking  Savings  Other \_\_\_\_\_

Name of Banking Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Banking Institution Routing # \_\_\_\_\_ Account or Code Number \_\_\_\_\_

**For NEW EP Accounts or for change of banks:**

Tape your VOIDED check, or a deposit slip, that includes the 9 digit routing number for your bank over this boxed area.

**WE CAN NOT PROCESS WITHOUT A VOIDED CHECK.**

We cannot establish banking services from starter checks, cash management, brokerage, or mutual fund checks. We cannot establish banking services from foreign banks UNLESS the check is being paid in U.S. Dollars through a U.S. correspondent bank (the U.S. correspondent bank name must be on the check).

**5. AUTHORIZATIONS/ACKNOWLEDGEMENTS**

I, the Account Holder, **authorize:**

1. MetLife to establish an EP for my convenience to pay for contracts in accordance with the terms of this agreement;
2. MetLife to initiate debit entries ("Debits") to my bank account at the banking institution shown above to place payments into the contract(s) listed above;
3. The Bank to charge my account for these debits; and
4. The Bank to provide to MetLife my most recent address upon request.

**I understand that:**

1. The origination of electronic debits to my account must comply with the provisions of U.S. law;
2. MetLife and the Bank will share with each other limited account and contract information as necessary to effect these debits;
3. By signing this document, I accept the terms of the EP agreement; and
4. If payments are made for insurance premiums, paying my insurance premiums monthly may result in a higher yearly out-of-pocket cost or different cash values.

If I authorized a one-time initial premium payment in connection with an application for life insurance as described above, I acknowledge that I have received a copy of the Temporary Insurance Agreement and Receipt and that I understand that the requirements for eligibility as described in the Temporary Insurance Agreement and Receipt must be met for such coverage.

**SIGNATURES:**



Signature of Account Holder/Depositor X \_\_\_\_\_ Date \_\_\_\_\_



Signature of Joint Account Holder/Depositor \_\_\_\_\_ Date \_\_\_\_\_

Representative Name \_\_\_\_\_

Representative Number \_\_\_\_\_ Telephone \_\_\_\_\_

Agency Name and Agency Number \_\_\_\_\_

# ELECTRONIC PAYMENT (EP) ACCOUNT AGREEMENT

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### 6. GENERAL TERMS OF AGREEMENT

Upon signing this agreement, an EP will be established by MetLife for the Account Holder listed above. An EP is a payment method available to pay for contracts issued or sold by the companies listed on the top of this form ("MetLife Companies"). MetLife may also refund monies to the Account Holder's bank account as necessary or appropriate.

#### Withdrawals — Timing and Terms

For newly issued policies, recurring debits will not start unless the contract is in force. If more than one contract premium/payment is due, multiple premium payments may be debited during the first month. Debits will be made for subsequent premiums as they become due, or, if the terms of the contract provide for flexible premiums, according to the schedule for planned premiums. (If, however, the scheduled planned premiums and the contract cash value are not sufficient to pay for the monthly cost of insurance and other charges, insurance coverage will end, except as may be described in the contract.)

Each MetLife Company has its own requirements for payments. For example, some policies with flexible premiums require that premium payments be made on or before the same day of the month as the contract date. Additionally, each MetLife Company may require a minimum amount for electronic payment of a policy loan.

#### One-Time Drafts and Deposits

MetLife provides additional services to each EP Account Holder:

1. The Account Holder may initiate a one-time transfer of funds for payment into a contract that is currently being paid by EP by notifying MetLife or the Account Holder's agent/agency.
2. If available, an Account Holder who is also the owner of a MetLife Company contract on EP, may choose to have monies from that MetLife Company contract deposited into the bank account listed above.

#### Nonreceipt of Debit

If any Debit is not received by MetLife, further premiums (including any then due) will become payable directly to the MetLife Company(ies) that issued the contract(s), at the rates in effect on the date of the contract(s). They will be payable at the most frequent mode of payment which will meet rules of each MetLife Company, that are in effect when the debit fails or when the EP ends.

Furthermore, any charges levied by the Account Holder's bank to the Account Holder for non-payment or insufficient funds in the Account Holder's bank account shall remain the responsibility of the Account Holder. MetLife is under no obligation to refund charges caused by the actions of the Account Holder or the Account Holder's financial institution.

#### Ending the Debit

The EP shall remain in full force and effect until one of the following occurs:

1. The Account Holder notifies MetLife of the termination of the EP. MetLife requires notification of at least 2 business days before a scheduled payment to either terminate the EP or to prevent a scheduled payment.
2. MetLife notifies the Account Holder of the termination of the EP.
3. The contract(s) is/are no longer in effect.
4. The Account Holder bank account is closed or otherwise terminated.

If the EP is terminated, premiums will become payable directly to the Company(ies) and the terms outlined above in **Nonreceipt of Debit** above will apply.

#### Rights and Responsibilities of the Bank

The Bank's treatment of each Debit, and the Bank's rights with respect to it, shall be the same as if it was signed or initiated by the Account Holder. If any Debit is not honored for any reason, the Bank will not be under any liability even though dishonor results in the loss or forfeiture of insurance. The amount of future Debits can be changed and the Bank need not require a new agreement if the amount of such Debit varies from prior transactions.