This deconversion request form is used when the Plan Sponsor is converting the assets under the plan identified in Section 1 from MetLife to a New Investment Provider and, if applicable is terminating the annuity contracts.

Annuity Contracts may include policies issued by Metropolitan Life Insurance Company, Brighthouse Life Insurance Company (formerly MetLife Insurance Company USA) and by Standard Insurance Company.

*ALL INFORMATION must be received completed and in good order 45 calendar days prior to conversion date.*

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Plan/Requester Information** *To be completed by Plan Sponsor. Please type or print clearly.* | | |
|  | | | |
|  | |  |  |
| Plan number | |  | Plan name |
|  | |  |  |
| \* Requested Deconversion Effective Date | |  | Requester name |
|  | |  |  |
| Requester phone number | |  | Requester e-mail |
| \* NOTE: Effective date of plan deconversion must be 45 days from date all required paperwork is completed and received. This date is subject to approval | | | |

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| **2** | **New Investment Provider/Trustee and Wire Instruction Information** *To be completed by Plan Sponsor. Please provide information below, or include all information in separate letter of intent.* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
|  | | | | | | | | |
| Name of new Investment Provider | | | | | | | | |
|  |  |  | | | | | | |
| Contact name at new Investment Provider |  | Contact phone number & e-mail address | | | | | | |
|  |  |  |  |  |  |  | **-** |  |
| Address |  | City |  | State |  | Zip |  |  |
|  |  |  | | | | | | |
| Bank name |  | Account name | | | | | | |
|  |  |  |  |  |  |  | **-** |  |
| Address |  | City |  | State |  | Zip |  |  |
|  |  |  | | | | | | |
| ABA or routing number |  | Account number | | | | | | |
|  |  |  | | | | | | |
| For further credit account number |  | For further credit account name | | | | | | |

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| **3** | **Deconversion Questionnaire** *To be completed by Plan Sponsor.* |

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| 1. | Does the new recordkeeper want test files? | Yes  No |
| 2. | If you answered Yes to #1, should test files be provided before or after blackout period begins? *(****Blackout is approximately 8 business days prior to liquidation****)* | Before  After |
| 3. | If deconversion is due to a plan merger, will MetLife prepare a final 5500 for the plan as of the deconversion effective date? Available only to plans that use MetLife Compliance Services. | Yes  No |
| 4. | Are there any Self-Directed Accounts? | Yes  No |
| 5. | If you answered Yes to #4, will the accounts be liquidated or transferred to new Self-Directed Brokerage provider? | Liquidated  Transferred |
| 6. | Are there Account Reduction loans in the plan?  Account Reduction loan records will be transferred to new provider. | Yes  No |
| 7. | Are there Collateral loans in the plan?  Collateral Loan Records and any remaining balance will be transferred to new provider.  Collateral Loan Records will be reported to new provider in following manner:   1. Active loan records will be reported to new provider (no tax reporting) 2. Defaulted loan records of active employees will be reported to new provider (no additional tax reporting)   No loan records will be sent for terminated employees with defaulted loans (no additional tax reporting) | Yes  No |
| 8. | Are there CoPlan Life Insurance Policies?  Plan Sponsor will need to work with Life Insurance Provider to communicate options to participants. | Yes  No |

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| --- | --- |
| **4** | **Checklist – Items to return with this request** *To be completed by Plan Sponsor. All items must be submitted before processing can begin. There may be other requirements such as an employee blackout notice. You should consult with your own tax or legal advisor.* |

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| --- | --- |
|  | |
|  | Intention to deconvert plan letter signed by an authorized signer or officer of the Employer sponsoring the Plan |
|  | If applicable, letter signed by an authorized signer or officer of the Employer sponsoring the Plan removing  Reliance Trust as Trustee and appointing new trustee or a Board Resolution removing Reliance Trust as  trustee and appointing a new trustee |
|  | Letter from new trustee (if applicable) and recordkeeper accepting the transfer of assets |
|  | Participant statement narrative: a final (zero balance) statement narrative is added to the final zero balance statements. Please identify the contact information for the below narrative. The default will be “Human Resources Department” if contact information is not received.  “This is the final statement you will receive from MetLife. As of the end date of this statement, the assets of your plan have been transferred to Provide Name of New Provider. The amount of the transfer is referenced in the Account Summary section noted as Account Withdrawals. If you have taken an additional withdrawal during this statement period, please subtract that amount from the Account Withdrawals figure to determine the amount transferred. If you have questions regarding the transfer, please contact your Human Resources Department.”  Contact information for the narrative should be replaced with: |

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| **5** | **Special Instructions** *For any additional comments.* |

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| **6** | **Deconversion Request** *To be completed by Plan Sponsor. I have the authority to request the deconversion for the noted plan. I acknowledge that I have read and confirmed and I understand the terms and conditions in Section(s) 3, 4 and 5 of this checklist. I understand that there may be applicable product charges that will be provided below in Section 7 by MetLife.* | | |
|  | | | |
|  | |  |  |
| Authorized Signature | |  | Title |
|  | |  |  |
| Print Name | |  | Date |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **7** | **Annuity Product Charge Information** *To be completed by MetLife. Charges below are considered an estimate. Actual amounts will be reflected in wire and final valuation files.* | | | | |
|  | | | | | |
| 1. Product – *Based upon the contract, charges may apply. List product:* | | |  | | |
| 2. Charges – Estimated charges provided below are as of: | | |  | | |
| Estimated Surrender/Withdrawal/Termination Charges upon surrender: | | Estimated Amount | | $ | Not applicable |
| Estimated Charge Factor  (if applicable) | |  |
| Estimated Market Value Adjustment (MVA) amount applies to the fixed account of the annuity contract: | | Estimated Amount | | $ | Not applicable |
| Market Adjustment Factor  (if applicable) | |  |

|  |  |
| --- | --- |
| **8** | **Annuity Account Information** *To be completed by Plan Sponsor if the annuity is discontinued.* |
|  | |
|  | 1. Annuity Account to be paid out in one lump sum; **OR** |
|  | 1. Annuity Account to be paid in installments over a period of five years (if applicable under the terms of the annuity contracts) |

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| --- | --- | --- | --- |
| **9** | **Acknowledgement of Product Charges** *To be completed by Plan Sponsor. I have the authority to request, and am requesting that plan assets be transferred in accordance with the above for the noted plan. I acknowledge that I have read and I have confirmed and I understand the annuity product charges provided in Section 7 of this checklist.* | | |
|  | | | |
|  | |  |  |
| Authorized Signature | |  | Title |
|  | |  |  |
| Print Name | |  | Date |

**Please return completed checklist to MetLife Account Manager**

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| --- | --- | --- |
| **MetLife Internal Use Only -** *This section to be completed by MetLife Representative.*  *Please review the checklist, attach required paperwork, confirm charge information and required signatures.*  *Document any special instruction as needed. MetLife Account Manager to send all completed documentation to:*  *DeconversionTeam@retirementpartner.com, PlanDocGroup@metlife.com and sales\_mlr\_nonae\_team@metlife.com* | | |
|  | | |
|  |  |  |
| MetLife Account Manager reviewing the form (Print Name) |  | Email Address of MetLife Account Manager |
|  |  |  |
| MetLife Account Manager Signature |  | Date |