**This form is used to Add, Eliminate & Replace or Freeze & Replace Fund(s) for Existing Plans.**

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| **1**  | **Plan Information** *Please print or type.* |

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|       |  |       |
| **Plan Name** |  | **Date Fund Change Request was Received** |
|       |  |       |
| **Plan Number(s) Affected** |  | **MetLife Contact Name**  |

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| **2**  | **Reason for Request** *Add, Remove & Replace or Freeze & Replace.* |

*\*If fund change(s) impacts the overall pricing of the plan, please attach a signed Plan Services Fee-Updates Changes to Existing Plans\**

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| **[ ]**   | **Add New Fund(s)**  | **Requested Effective Date1:**       | *Sections Required: 3, 7 & 8* |
| **[ ]**   | **Remove & Replace Existing Fund**  | **Requested Effective Date1:**       | *Sections Required: 4, 7 & 8* |
| **[ ]**   | **Freeze Existing Fund & Replace Alloca Allocations** | **Requested Effective Date1:**      | *Sections Required: 5, 7 & 8* |
| **[ ]**   | **Allow Existing Contributions Only** | **Requested Effective Date1:**      | *Sections Required: 6, 7 & 8* |

1 The requested effective date must be at least 40 days after the form is signed by the employer and received by MLR in good order. Please consider your Plan participant and employee

communication strategy when selecting your effective date. If the requested effective date is unavailable, the change will be processed on the next available business day.

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| **3**  | **Add New Fund(s)***A product change may be required if the fund to be Added or Deleted is new or no longer applicable to the current product and may require* *additional time. If a product change is required, MetHome will perform an additional review.**(Ex. Adding a fixed fund to a plan that currently resides in a mutual fund only product)* |

**[ ]  Share Class Change indicated by an “asterisk” in the Row #(s) below:**

|  |  |  |  |  |  |  |
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| **Row #** | **Add New Mutual Fund(s)***Including Share Class* | **Ticker***Required* | **CUSIP***Required* | **Annual Rate of Comp from Funds** | **Additional Annual Fee Assessed (%/$)** | **SDIO***(Methome* *use only)* |
| **1** | Mutual Fund to be Added |       |       |       |       |       |
| **2** | Mutual Fund to be Added |       |       |       |       |       |
| **3** | Mutual Fund to be Added |       |       |       |       |       |
| **4** | Mutual Fund to be Added |       |       |       |       |       |
| **5** | Mutual Fund to be Added |       |       |       |       |       |
| **6** | Mutual Fund to be Added |       |       |       |       |       |
| **7** | Mutual Fund to be Added |       |       |       |       |       |

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| **3**  | **Add New Fund(s) continued – Add New Fixed Account** |

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|  | **Add New Fixed Account** | **SDIO***Required* | **CUSIP***If Applicable* | **Fixed Account Exclusion to Fees***\*(If checked, Methome will exclude fixed fund from ALL existing Plan Fee recovery rules currently established on RK system.**If box is unchecked, the fixed fund will be automatically included in any fees that assess across all active investments in plan. This does not include Fund level Administrative fees.)* |
| **1** | **N/A** |  |  | **☒** |
|  |  | **Yes** | **No\*** |  |
| **2** | If GTS/SVA fixed account added above, add Surrender Charge Rule (BEL05)\*  | [x]  | **[ ]**  | **N/A** |
| **3** | If GTS/SVA fixed account added above, add Free Amount Rule (FA07)\* | [x]  | **[ ]**  | **N/A** |
| **4** | If GTS/SVA fixed account added above, add 20% Transfer Restriction Rule\*  | [x]  | **[ ]**  | **N/A** |

*\*If GTS/SVA fixed account is being added and if marked as no, MetLife Executive to notify MLR Vendor Relations to approve no Surrender Charge, no Free Amount or no Transfer Restriction Rules do not apply.*

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| **4**  | **Remove & Replace Existing Fund(s)***A product change may be required if the fund to be Added or Deleted is new or no longer applicable to the current product* *and may require additional time. If a product change is required, MetHome will perform an additional review.**(Ex. Adding a fixed fund to a plan that currently resides in a mutual fund only* *product)* |

**[ ]  Share Class Change indicated by an “asterisk” in the Row #(s) below:**

| **Row #** | **Existing Fund(s) to Remove***Including Share Class* | **Ticker***Required* | **CUSIP***Required* | **Annual Rate of Comp from Funds** | **Additional Annual Fee to be Assessed (%/$)** | **Replacement Fund(s)***Including Share Class* | **Ticker***Required* | **CUSIP***Required* | **Annual Rate of Comp from Funds** | **Additional Annual Fee to be Assessed (%/$)** | **SDIO***(Methome* *use only)* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Fund to be Removed** |       |       |     |     | **Replacement Fund** |       |       |     |     |       |
| **2** | **Fund to be Removed** |       |       |     |     | **Replacement Fund** |       |       |     |     |       |
| **3** | **Fund to be Removed** |       |       |     |     | **Replacement Fund** |       |       |     |     |       |
| **4** | **Fund to be Removed** |       |       |     |     | **Replacement Fund** |       |       |     |     |       |
| **5** | **Fund to be Removed** |       |       |     |     | **Replacement Fund** |       |       |     |     |       |

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| **5**  | **Freeze Existing Fund(s) & Replace Allocations2** 2 A product change may be required if the fund to be Added or Deleted is new or no longer applicable to the current product and may require additional time. If a product change is required, MetHome will perform an additional review.*(Ex. Adding a fixed fund to a plan that currently resides* *in a mutual fund only product)* |

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| **Row #** | **Existing Fund(s) to Remove***Including Share Class* | **Ticker***Required* | **CUSIP***Required* | **Annual Rate of Comp from Funds** | **Additional Annual Fee to be Assessed (%/$)** | **Replacement Fund(s)***Including Share Class* | **Ticker***Required* | **CUSIP***Required* | **Annual Rate of Comp from Funds** | **Additional Annual Fee to be Assessed (%/$)** | **SDIO***(Methome* *use only)* |
| **1** | **Fund to be Frozen** |       |       |     |     | **Replacement Fund** |       |       |     |     |       |
| **2** | **Fund to be Frozen** |       |       |     |     | **Replacement Fund** |       |       |     |     |       |

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| **6**  | **Allow Existing Contributions Only** |

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|  | **Allow Existing Contributions Only***Including Share Class* | **Ticker***Required* | **CUSIP***Required* | **SDIO***(Methome* *use only)* |
| **1** | **Fund to be Frozen & only allow existing contributions**  |       |       |       |
| **2** | **Fund to be Frozen & only allow existing contributions** |       |       |       |

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| **7**  | **Competing Funds & Equity Wash** *No transfers are allowed from the Fixed Account to any Competing Mutual Fund in the plan for a duration period of 90 Days* |

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| **Fixed Account in the Plan** | **MetHome SDIO Code for Fixed Fund** | **Competing Funds in****the Plan** | **Ticker***Required* | **CUSIP***Required* |
|       |       | **Name of Competing Fund** |       |       |

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| **8**  | **Plan Sponsor/Employer Authorization** |

The undersigned hereby authorizes and directs MetLife, on behalf of the Plan Sponsor/Employer, to change the Funds available under the Plan based on the changes requested in this MetLife Resources Fund Change Request & Authorization form. The current rate of MetLife’s annual compensation from each of the added funds is provided above in the column labeled *“Current Annual Rate of MetLife Compensation from Funds”*. By signing this MetLife Resources Fund Change Request & Authorization form, the undersigned acknowledges, on behalf of the Plan Sponsor/Employer, that (1) this amendment to the investment funds under the Plan service arrangement with Metropolitan Life Insurance Company, (2) rates of MetLife compensation from funds change from time to time, and (3) current rates of fund compensation may be obtained from MetLife from time to time upon request.

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| **Authorized Signor for Plan / Employer Signature** |  | **Date** |
|       |  |  |
| **Print Name** |  |  |

The person signing this form must an authorized signor for the plan and have the authority to execute the changes requested above. For verification purposes, please provide a source document from the Plan to verify the authorized signor’s signature.

**Please return completed checklist to MetLife Regional Management Team**

*MetLife Regional Management Team to complete attached Metlife Internal Use Only section*

**MetLife Internal Use Only -** *This section to be completed by MetLife Representatives.*

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| **Investment Products Review:** |
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| **AAG**Does the plan currently have AAG Managed Accounts? *(If no, please skip to next applicable section)* | **YES****[ ]**  | **NO** **[ ]**  |
| ***If yes, then:***AAG website will be unavailable for 7-10 days after the fund change while AAG conducts their review of the new funds |
|  |
| **Morningstar ExpertAdvicesm**Does this plan currently have Morningstar ExpertAdvicesm? | **YES****[ ]**  | **NO****[ ]**  |
| ***If yes,******then please identify which Level is offered******[ ]*** Category Level **[ ]**  Fund Level |
| ExpertAdvice Service Rule code: **Code – ExpertAdvice2 / Subcode – MetLife [ ]** Add Service Rule Code **[ ]**  Remove Service Rule**Code – ExpertAdvice / Subcode – MetLife (**This code not available to new plans) **[ ]**  Remove Service Rule  (MetHome Team Note- If either option is checked, the group account service rule update will be required on the RK system.) |
|  |
| **Product Change**Does this requires require a Product Change? | **YES****[ ]**  | **NO****[ ]**  |
| **Plan Fees (recovery) – Mutual Funds Only**Are there Plan Services Fee Changes Needed? *See next two questions***If Yes** is checked to EITHER of the following questions, please complete and attach the Plan Services Fee-Updates Changes to Existing Plans Form.**If No** is checked to BOTH of the following questions, then MetHome Team will make no changes to the fee recovery currently on the recordkeeping system. (i.e. Any new mutual fund being added will be automatically included in any fees that assess across all active investments in plan. This does not include Fund level Administrative fees.) |
| Are any of the existing Plan Service Fees being changed as a result of the following fund changes? | **YES****[ ]**  | **NO****[ ]**  |
| Is a Fund Level Administrative Fee (bps or flat $) to be added or changed as a result of the following fund changes? | **YES****[ ]**  | **NO****[ ]**  |

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| **MetLife Authorizations** |
| **MLR Regional Management Team Authorization:** |
|  |  |  |
| MetLife Regional Management Team reviewing the form (Print Name) |  | Email Address of MetLife Regional Management Team |
|  |  |  |
| MetLife Regional Management Team Signature |  | Date  |
| **MLR Pricing Authorization:** |
|  |  |  |
| MetLife Pricing reviewing the form (Print Name) |  | Email Address of MetLife Pricing |
|  |  |  |
| MetLife Pricing Signature |  | Date  |
| **MLR Investment Services Authorization:** |  |  |
|  |  |  |
| MetLife Investment Services reviewing the form (Print Name) |  | Email Address of MetLife Investment Services |
|  |  |  |
| MetLife Investment Services Signature |  | Date  |