

MetLife

Email: plandocgroup@metlife.com or Fax: 855-763-3272

AUTHORIZATION TO ADD/CHANGE LOAN CONTACTS BY DIVISION/PAYCENTER

Plan Name: _____

Plan Number: _____ Effective Date of Change: _____

COMPANY LOAN CONTACT INFORMATION:

Loan Contacts(LNM) to be established by: (check one)

- Divisions
- Paycenters

Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Division/Paycenter # : _____

Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Division/Paycenter #: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

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Name: _____

Address: _____

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Address: _____

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Division/Paycenter #: _____

Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Division/Paycenter #: _____

MetLife AE/FSR Signature: _____ Date _____

Email: _____ phone: _____

Authorized Plan Sponsor Signature: _____ Date _____