



Computershare
 PO Box 505000
 Louisville, KY 40233-5000
 Within USA, US territories & Canada 800 649 3593
 Outside USA, US territories & Canada 201 680 6578
 Hearing Impaired (TDD) 201 680 6611
www.computershare.com/metlife

 Name of Current Account Holder

 Address

 City, State, Zip

Holder Account Number

MetLife - Notice to Withdraw

REQUEST TO WITHDRAW FROM THE METLIFE POLICYHOLDER TRUST

If you intend to transfer the shares held in the MetLife Policyholder Trust to your brokerage account, you must first withdraw the shares from the MetLife Policyholder Trust by completing and returning the attached Withdrawal Election Form. Upon processing of the completed Withdrawal Election Form, Computershare will mail a statement to you showing that the shares have been withdrawn, and are registered as instructed in the Direct Registration System (DRS). Simply provide the Holder Account Number from the statement and your Social Security Number, to your broker and instruct your broker to initiate an electronic transfer of your shares from Computershare (DTC number, 7807). **Your broker may not initiate an electronic transfer of the shares prior to the processing of the completed Withdrawal Election Form properly signed by the owner or legal representative of the account.**

By completing and returning the attached Withdrawal Election Form, you elect to withdraw all of your Trust Interests from the MetLife Policyholder Trust associated with the account referenced above, and in exchange receive MetLife, Inc. common stock ("shares"). The shares you receive will be maintained in book-entry (electronic) form with Computershare, MetLife's Transfer Agent. You will receive a statement reflecting your ownership of these shares and a check will be issued for any fractional shares that you held.

Once you have withdrawn the shares of common stock from the Trust, you may no longer participate in the Trust's commission-free Purchase and Sale Program. Under the Program, subject to limitations, you may elect to sell your Trust shares and receive the proceeds, and, if you own Interests equal to less than 1,000 shares, you may buy more shares of common stock to be held for you in the Trust, all on a commission-free basis. Trust Beneficiaries may vote withdrawn shares of common stock on any matters on which stockholders are entitled to vote.

For any questions concerning this form, please call Computershare, MetLife, Inc.'s Transfer Agent, at the number listed above.

 **IMPORTANT:** Carefully cut along the dotted line and return the Withdrawal Election Form **BELOW** to the address provided. 

REQUEST TO WITHDRAW FROM THE METLIFE POLICYHOLDER TRUST

WITHDRAWAL ELECTION FORM

Registration: _____

E 1 N T W

Holder Account Number: _____

Instructions: If you wish to use this Withdrawal Election Form, you must use only black or blue ink; check the box below, and sign exactly as your name appears on the account and return in the enclosed envelope. All owners must sign if the account has more than one owner. If a transfer form is submitted along with this Withdrawal Election Form, the Trust Interests associated with the account will be withdrawn from the MetLife Policyholder Trust and shares of MetLife, Inc. common stock will be deposited, in electronic (book-entry) form, to the new account. When signing as an attorney, executor, administrator, trustee or guardian, please give title as such.

I/We wish to have the Trust Interests associated with the account referenced above, withdrawn from the MetLife Policyholder Trust and shares of MetLife, Inc. common stock deposited in my/our account at Computershare, in book-entry (electronic) form. I/We understand that I/we will receive a check for any fractional shares.

By signing and dating below, I/we acknowledge that I/we am/are relinquishing rights as a Trust Beneficiary under the terms of The MetLife Policyholder Trust, including our rights to participate in the Trust's commission-free Purchase and Sale Program.

Signature 1 - Please keep signature within the box

Signature 2 - Please keep signature within the box

Date (mm/dd/yyyy)

____/____/____

Mail this form to: Computershare, PO Box 505000, Louisville, KY 40233-5000 or 462 South 4th Street, Suite 1600, Louisville, KY 40202