

Sales Compensation Administration Direct Deposit Application

SECTION 1: Registered representative information *(Please print or type all information)*

Name/Firm	Phone number	SSN/TIN	
Payment address for statements	City	State	ZIP
Contact email			
Broker code <i>(if applicable)</i>	Agency ID# <i>(Auto & Home only)</i> AHI/AHG		

SECTION 2: Bank account information

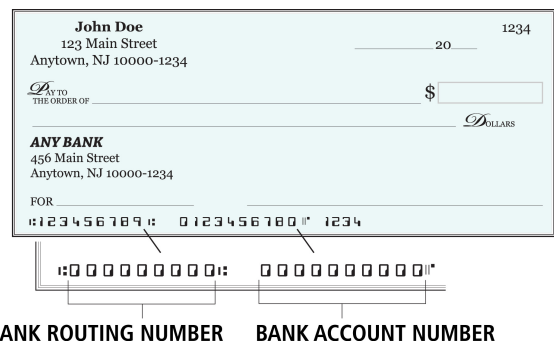
Account type: Checking Savings
 Accountholder

Bank name

Routing number (ABA) *(9-Digit Bank ID Number)*

Account number (DDA)

Action: Enroll Change



SECTION 3: Authorization

By the signature(s) set forth herein, I/we hereby authorize MetLife to deposit my/our compensation payments directly to the Individual/Corporate Account at the Depository set forth herein. I/we hereby authorize the Depository to accept such deposits and post them to my/our Individual/Corporate Account.

This authorization will remain in full force and effect until MetLife has received written notification of its termination in such time and manner as to afford MetLife and my/our Depository a reasonable opportunity to act on it. THIS AUTHORIZATION MAY BE REVOKED ONLY BY NOTIFYING METLIFE IN THE MANNER SPECIFIED IN THIS AUTHORIZATION FORM. Furthermore, MetLife has the authority to discontinue the direct deposit service with a 30-day advance notice of such termination.

MetLife shall be entitled to rely upon all Depository information provided on this form *(e.g., Depository Name, Depository Account Number, etc.)* for as long as this arrangement remains in effect, and MetLife shall incur no liability or loss whatsoever as a result of relying on any such information. MetLife shall not be required to verify the accuracy of any Depository information *(including but not limited to the name on the Depository account)* and may rely solely on the Depository account number even if the number identifies a person other than me/us. I/we understand that MetLife's liability under the commission schedule/producer agreement is fully satisfied by virtue of the direct deposit made, and MetLife is not responsible if someone withdraws such funds.

If for any reason the Depository information changes, it is agreed that it is the sole responsibility of the Account holder(s) to give written notice to inform MetLife as soon as possible of any change, but not less than ten (10) business days prior to the effective date of such change. When changing Depository accounts, it is understood that the current account will be left open until the initial deposit is made into the new account.

First Name - <i>(please print)</i>	Middle name	Last name
<div style="display: flex; align-items: center;"> <div style="background-color: #0070C0; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">Sign Here</div> <input style="width: 90%; border: none;" type="text"/> </div>		Date <i>(mm/dd/yyyy)</i>

SECTION 4: How to submit this form

Please select the area from the options below:

Mail:	Phone:	Email:
MetLife Auto & Home IA Sales Support - 3B 700 Quaker Lane Warwick, RI 02886	800-638-3012	mahsalessupport@metlife.com
MetLife Auto & Home Group Business Group Commissions – 3B 700 Quaker Lane Warwick, RI 02886	800-638-3012	Groupautoandhome@metlife.com
MetLife Group Benefits/ Individual Disability Income	866-796-1800, Option 3	ProducerServices@metlife.com
Specialized Benefit Resources		SBRLandC@metlife.com