

MetLife Growth and Guaranteed IncomeSM Power of Attorney Form

Use this form to establish an individual as "Authorized Agent" with Power of Attorney on your Annuity Contract. If you have questions when filling out this form, please call the Annuity Service Center at 800-634-9361 Monday through Friday, 8 am to 8 pm Eastern Time. Faxes are not accepted.

1 CONTRACT OWNER INFORMATION

Contract Number

Phone Number

Owner's First Name

Owner's Last Name

Joint Owner's First Name

Joint Owner's Last Name

2 AUTHORIZATION AND POWERS OF AUTHORIZED AGENT

The undersigned owner, _____, of variable annuity contract number _____ issued by the Company,¹ authorizes _____

(whose signature appears below) as the agent and Attorney in Fact (the "Authorized Agent") to:

Exercise all ownership rights of the Policy in accordance with the terms and conditions of the Company including:

- the right to cancel or exchange the Contract and receive the cash surrender or withdrawal value
- the right to choose one or more income plans on canceling the Contract for the cash surrender or withdrawal value
- the right to collaterally assign the Contract
- the right to change the beneficiary and make assignments
- the right to make inquiries and receive information as to the cash surrender or withdrawal value and death benefit of the Contract.

3 EFFECT OF THIS POWER

The Company is authorized to follow the instructions of the Authorized Agent to perform the functions as described in Section 2. The Company shall assume no responsibility for reviewing or monitoring any investment decision or activity of the Authorized Agent. The undersigned agrees to indemnify and hold the Company harmless from, and pay the Company promptly upon demand for, any and all losses or financial obligations which may arise from the acts or omissions of the Authorized Agent with respect to the Contract.

4 DURATION OF AUTHORIZATION AND APPLICABLE LAW

This authorization is a continuing and durable one. It shall remain in full force and effect until the Company is notified of the undersigned's death, regardless of any disabilities or incapacities which may be incurred, unless revoked through written notice delivered to the office of the Company. Such revocation, however, shall not affect any prior liability resulting from any transactions initiated before the receipt of the revocation by the Company.

This form cannot be used for trust and custodial registration.

Please continue →

¹ The Company refers to MetLife Investors USA Insurance Company, or in New York, Metropolitan Life Insurance Company.

5 OWNERS SIGNATURES

X

SIGNATURE OF OWNER DATE

X

SIGNATURE OF JOINT OWNER (IF APPLICABLE) DATE

NOTARY STAMP

NOTARY STAMP

State of _____, in the County of _____ subscribed and sworn to before me by the above-named Owner who is personally known to me or who has produced (type of identification) _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on ___ / ___ / ____ .

X

NOTARY PUBLIC SIGNATURE DATE

SEAL

My Commission Expires: ___ / ___ / ____ .

6 AUTHORIZED AGENT ACKNOWLEDGMENT AND SIGNATURE

Authorized Agent's Name

□□□□ - □□ - □□□□
Social Security Number

Address

□□ - □□ - □□□□
Date of Birth

City: State: Zip:

□□□□ - □□□□ - □□□□
Phone Number

X

SIGNATURE OF AUTHORIZED AGENT DATE

Please mail this form to: Annuity Service Center P.O. Box 770001 Cincinnati, OH 45277-0050	Or in New York: Annuity Service Center P.O. Box 770001 Cincinnati, OH 45277-0051
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This annuity is issued by MetLife Investors USA Insurance Company (MLI USA) and, in New York, by Metropolitan Life Insurance Company, (each, a "MetLife company"). MLI USA is an affiliate of MetLife. The contract's financial guarantees are solely the responsibility of the issuing insurance company. **Fidelity Brokerage Services, Member NYSE, SIPC**, and Fidelity Insurance Agency, Inc., are the distributors; they are not affiliated with any MetLife company.

