

Metropolitan Life Insurance Company
Attn: Abandoned Property Unit
PO Box 399
Warwick, RI 02887-0399



EXAMPLE

Abandoned Property Unit
METROPOLITAN LIFE INSURANCE COMPANY
Liability number: CA 106786787 MLIC
Identifying number: 123456789 ABC
Liability amount: \$145.00
Insured's name: ABC DENTAL

October 20, 2025

- Please sign and return to:
Metropolitan Life Insurance Company
- Email: metlifeapudd@metlife.com
 - Mail: Return to above address

Notice of Unclaimed Funds Update Form

Please complete the form below and send to us by mail or email, by November 15, 2025
By filling out the form below you are establishing the rightful ownership or rights to these funds.
Relationship to Insured/Payee Doctor/Owner Completing Form

Your Information and Signature

Doctor's Office or Business Name

First name	Middle name	Last name
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Mailing address

Business Address - Where correspondence and/or check will be mailed

City	State	Zip
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Email Address (Optional) Business Email	Telephone number Business Phone Number
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SSN/EIN – for name above (last 4 digits only) Business Tax ID #	Date of Birth – for name above (MM/DD/YYYY) Not Applicable
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Insured's SSN/EIN (last 4 digits only), if different than above Not Applicable	Insured's Date of Birth (MM/DD/YYYY), if different than above Not Applicable
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Is there an open estate? Yes ☐ No ☐ Not Applicable	Insured's Date of Death (MM/DD/YYYY) Not Applicable
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Signature Doctor/Payee signature	Date (MM/DD/YYYY) Date you're signing the form
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All Highlighted Fields Should Be Populated