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

MetLife

Abandoned Property Unit
METROPOLITAN LIFE INSURANCE COMPANY
Liability number: S 106548999 MLIC
Identifying number: 123456789 ABC
Liability amount: $1,000,000.00
Insured's name: John J Smith Sr

October 17, 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 20,2025

By filling out the form below you are establishing the rightful ownership or rights to these funds.

Relationship to Insured/Payee Describe your relationship to the above insured (e.g daughter/executor)

All Highlighted Fields Should Be Populated

Your Information and Signature

Recipient Name - Person attempting to claim funds

First name	Middle name	Last name

Mailing address

Recipient Address - where correspondence and/or check can be mailed

City	State	Zip

Email Address (Optional)	Telephone number
Recipient Email	Recipient Phone Number
SSN/EIN – for name above (last 4 digits only)	**Date of Birth – for name above (MM/DD/YYYY)**
Recipient Social Security Number or Tax ID	Recipient Date of Birth
Insured's SSN/EIN (last 4 digits only), if different than above	**Insured's Date of Birth (MM/DD/YYYY), if different than above**
Insured listed (above right corner) social security or Tax ID	Insured listed (above right corner) date of birth
Is there an open estate?	**Insured's Date of Death (MM/DD/YYYY)**
Mark Y or N if recipient is an administrator	Insured listed (above right corner) date of death
Sign Here **Signature** Recipient signature	**Date (MM/DD/YYYY)** Date you're signing the form

Enclosure(s): Notice of Unclaimed Funds Update form