

SERFF Tracking Number: METK-126104959 State: Arkansas  
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 42170  
Company Tracking Number: BANK VA  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Simple Solutions  
Project Name/Number: Bank VA/8410 (3/09)

## Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: Simple Solutions

SERFF Tr Num: METK-126104959 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved-Closed State Tr Num: 42170

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: BANK VA

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Karen Foley, Pam Kerry, Sarah Neil

Disposition Date: 04/24/2009

Date Submitted: 04/22/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Bank VA

Status of Filing in Domicile: Not Filed

Project Number: 8410 (3/09)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/24/2009

Explanation for Other Group Market Type:

State Status Changed: 04/24/2009

Deemer Date:

Created By: Sarah Neil

Submitted By: Sarah Neil

Corresponding Filing Tracking Number:

Filing Description:

Please find attached for your review and approval final-print version of the above-referenced form. This form is new and does not replace any form.

Application form 8410 (3/09) will be completed by a prospective contract owner/annuitant when an applicant purchases our Simple Solutions product. It will be used with individual variable annuity form 8010 (11/00) that was previously approved by your Department.

Form MLIU-690-4 (4/08), Lifetime Guaranteed Withdrawal Benefit Rider, was approved by your Department for use as

SERFF Tracking Number: METK-126104959 State: Arkansas  
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 42170  
Company Tracking Number: BANK VA  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Simple Solutions  
Project Name/Number: Bank VA/8410 (3/09)

an optional benefit rider. At this time, we are planning to offer this rider as a standard benefit when a client purchases our Simple Solutions product and would ask that you extend the approval of the rider for this use.

In addition, we would like to extend the maximum issue age of previously approved forms 8021 (11/00), Waiver of Withdrawal Charge for Nursing Home or Hospital Confinement Rider, and 8022 (11/00), Waiver of Withdrawal Charge for Terminal Illness Rider, from age 80 to age 85.

This form, where applicable, has been completed in John Doe fashion. Material that is bracketed is variable and is subject to change in accordance with the circumstances of a particular case or insured and the parameters described in the enclosed statement of variables. Any changes to the variables outside of these parameters will first be filed with your Department for approval. This form is submitted in final printed format and is subject to only minor modification in paper size and stock, ink, border, company logo, typographical errors, layout and adaptation to computer printing.

Please note that the contract form for which this form is used is a variable annuity that is subject to federal jurisdiction and is therefore exempt from readability requirements.

Thank you for your review of this filing.

## Company and Contact

### Filing Contact Information

Sarah Neil, Contract Analyst sneil@metlife.com  
501 Boylston Street 617-578-4252 [Phone]  
Boston, MA 02116 617-578-5505 [FAX]

### Filing Company Information

MetLife Investors USA Insurance Company CoCode: 61050 State of Domicile: Delaware  
222 Delaware Ave. Group Code: 241 Company Type: Life  
Suite 900 Group Name: MetLife Group State ID Number:  
P.O. Box 25130 FEIN Number: 54-0696644  
Wilmington, DE 19899  
(617) 578-2000 ext. [Phone]

-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes

SERFF Tracking Number: METK-126104959 State: Arkansas  
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 42170  
Company Tracking Number: BANK VA  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: Simple Solutions  
Project Name/Number: Bank VA/8410 (3/09)  
Fee Explanation: \$50 per form, 1 form filed.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors USA Insurance Company	\$50.00	04/22/2009	27337334

SERFF Tracking Number: METK-126104959 State: Arkansas  
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 42170  
Company Tracking Number: BANK VA  
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
Product Name: Simple Solutions  
Project Name/Number: Bank VA/8410 (3/09)

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/24/2009	04/24/2009

*SERFF Tracking Number:*      *METK-126104959*                      *State:*                      *Arkansas*  
*Filing Company:*              *MetLife Investors USA Insurance Company*      *State Tracking Number:*      *42170*  
*Company Tracking Number:*      *BANK VA*  
*TOI:*                      *A031 Individual Annuities - Deferred Variable*      *Sub-TOI:*                      *A031.002 Flexible Premium*  
*Product Name:*              *Simple Solutions*  
*Project Name/Number:*      *Bank VA/8410 (3/09)*

## **Disposition**

Disposition Date: 04/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METK-126104959 State: Arkansas  
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 42170  
 Company Tracking Number: BANK VA  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Simple Solutions  
 Project Name/Number: Bank VA/8410 (3/09)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Form	Variable Annuity Application	Yes	Yes

SERFF Tracking Number: METK-126104959 State: Arkansas  
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 42170  
 Company Tracking Number: BANK VA  
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium  
 Product Name: Simple Solutions  
 Project Name/Number: Bank VA/8410 (3/09)

## Form Schedule

### Lead Form Number: 8410 (3/09)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8410 (3/09)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	8410 (3-09).pdf

[ Home Office Address (no correspondence)
222 Delaware Avenue Suite 900 • Wilmington, DE 19899 ]

[ Policy Service Office: P.O. Box 10366 • Des Moines, Iowa 50306-0366
For Express Mail Only • 4700 Westown Parkway Ste. 200 • West Des Moines, IA 50266-2266

[ MetLife Investors USA Variable Annuity Simple Solutions ]

For assistance call: The Sales Desk ]

1. Annuitant

Name [ John J. Doe ], Social Security Number [ 123 45 6789 ], Address [ 123 Main Street Anytown IL 60001 ], Sex [ X ] M [ ] F, Date of Birth [ 4 / 12 / 58 ], Phone [ 708 ] 123-4567, Email [ xyz@yahoo.net ]

2. Owner (Complete only if different than Annuitant. If Owner is a Trust, please complete form 7233, the Trustee Certification form and return it with this application.)

Correspondence is sent to the Owner. Name (First, Middle, Last), Social Security/Tax ID Number, Sex [ ] M [ ] F, Date of Birth/Trust, Address (Street - No P.O. Box, City, State, Zip), Phone, Email

3. Joint Owner

Name (First, Middle, Last), Social Security Number, Address is same as [ ] Annuitant [ ] Owner, Sex [ ] M [ ] F, Date of Birth, Address (Street - No P.O. Box, City, State, Zip), Phone, Email

4. Beneficiary

Show full name(s), relationship to Owner, Social Security Number(s), and percentage each is to receive. Unless specified otherwise in the Special Requests section, if Joint Owners are named, upon the death of either Joint Owner, the surviving Joint Owner will be the primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries. [ Mary J. Doe, Wife, 12 / 1 / 59, 234- 56 - 7890, 100% ]

5. Plan Type

Indicate only how contract is to be issued. [ • NON-QUALIFIED [ X ] ]
• QUALIFIED TRADITIONAL IRA\* ... [ ] Transfer [ ] Rollover [ ] Contribution - Year
• QUALIFIED SEP IRA\* ... [ ] Transfer [ ] Rollover [ ] Contribution - Year
• QUALIFIED ROTH IRA\* ... [ ] Transfer [ ] Rollover [ ] Contribution - Year
\*The annuitant and owner must be the same person.

6. Purchase Payment

Funding Source of Purchase Payment [ ] 1035 Exchange [ ] Check [ ] Wire
Initial Purchase Payment \$ [ 10,000 ]
Make Check Payable to MetLife Investors USA
(Estimate dollar amount for 1035 exchanges, transfers, rollovers, etc.)
Minimum Initial Purchase Payment: \$5,000 Non-Qual./Qual.



## 7. Benefit Rider

**[Living Benefit Rider:** You must select one of the following Riders. This rider must be chosen at time of application and can not be changed. If no election is made, the Single Life option will apply.

- Single Life – Lifetime Withdrawal Guarantee (LWG) (III)  
 Joint Life – Lifetime Withdrawal Guarantee (LWG) (III) ]

## 8. Telephone Transfer

I (We) authorize MetLife Investors USA Insurance Company (MetLife Investors USA) or any person authorized by MetLife Investors USA to accept telephone transfer instructions and/or future payment allocation changes from me (us) and my Registered Representative/Agent. Telephone transfers will be automatically permitted unless you check one or both of the boxes below indicating that you do not wish to authorize telephone transfers. MetLife Investors USA will use reasonable procedures to confirm that instructions communicated by telephone are genuine.

I (We) **DO NOT** wish to authorize telephone transfers for the following (check applicable boxes):  Owner(s)  Registered Representative/Agent

## 9. Purchase Payment Allocation

Complete below for your initial Purchase Payment Allocation. Choose from the portfolios listed below. Indicate the percentage each portfolio should receive. Allocations must be whole percentages and total 100%.

[ American Funds Balanced Allocation Portfolio	_____ %	BlackRock Money Market Portfolio	_____ % ]
American Funds Moderate Allocation Portfolio	_____ %		
MetLife Defensive Strategy Portfolio	_____ %		

**TOTAL MUST EQUAL 100%** \_\_\_\_\_ %

## 10. Systematic Withdrawals (Optional)

Do Not Complete for Required Minimum Distributions (RMDs) – Use Separate RMD Form Provided or Contact Annuity Service Office.

**Start my withdrawal payments:**  At Issue (read and complete sections A and B below). If not checked, I will contact the Annuity Service Office when I am ready to start distributions.

A) I authorize withdrawal payments from my Account Value to commence as indicated below.

**Important: Please review your contract and/or prospectus for detailed information regarding early withdrawal penalties and other withdrawal provisions. If you make any withdrawals prior to age 59½, we will not make payments to you over your lifetime under the Lifetime Withdrawal Guarantee [LWG] (III) rider.**

Choose one:

- 100% of the current Annual Benefit Payment amount allowed under the LWG rider. **This withdrawal amount will only change as a result of automatic step-ups/resets under the terms of the LWG rider and not as a result of increases due to added purchase payments.**
- \$ \_\_\_\_\_ Taken pro-rata from the active investment portfolios. **Cumulative withdrawals taken under the LWG rider that exceed the Annual Benefit Payment in any contract year may significantly reduce the value of the LWG benefit.**

Frequency of withdrawal payments:  Monthly  Quarterly

**B) Important Tax Information:** Withdrawals will not be taxed under special exclusion ratio rules applicable to annuity payments. A 10% Federal tax penalty may be assessed against taxable amounts withdrawn if the Owner is under age 59½. You should consult your tax advisor regarding your personal situation. If no selection is made below, the Company will withhold the minimum amount required by the IRS. If applicable, a State Income Tax election will be made as elected below for Federal Income Tax withholding.

Choose one:  Do not withhold Federal Income Taxes  Withhold \$ \_\_\_\_\_ or \_\_\_\_\_ %.

**C) Payments:** Payments will be made to the owner. When completed below I wish to utilize Electronic Funds Transfer in the processing of my Systematic Withdrawal. When receiving funds via Electronic Funds Transfer, it may take up to three business days for the funds to appear in your bank/brokerage account.

Bank/Brokerage Name \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Checking (please attach a voided check)  
 Savings ]

## 11. Special Requests

## 12. Replacements

Does the applicant have any existing life insurance policies or annuity contracts?  Yes [  ] No

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)?  Yes [  ] No

If "Yes," applicable disclosure and replacement forms must be attached.

### 13. MetLife eDelivery®

I authorize MetLife to send documents electronically regarding my variable annuity and other insurance contracts issued by MetLife or its affiliates. I have received, read and agree to the terms of the MetLife eDelivery® Disclosure Agreement, which contains important information concerning this service. Election of this option will mean that no underlying fund prospectuses are required to be received by you prior to submitting this application as they will be delivered electronically instead. If this option is elected, I have provided my email address on page 1.  Yes  No

### 14. Fraud Statements & Disclosure

**Arkansas, Louisiana, and West Virginia Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and confinement in prison.

**District of Columbia Residents Only: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Kentucky Residents Only:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Maryland Residents Only:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Massachusetts Residents Only:** The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Account and reallocation from the Investment Divisions to the Fixed Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Account in the future. **BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.**

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio Residents Only:** A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

**Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.**

**Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. ]

### 15. Acknowledgement and Authorization

I (We) agree that the above information and statements and those made on all pages of this application are true and correct to the best of my (our) knowledge and belief and are made as the basis of my (our) application. I (We) acknowledge receipt of the current prospectus of [MetLife Investors USA Separate Account A.]PAYMENTS AND VALUES PROVIDED BY THE CONTRACT FOR WHICH APPLICATION IS MADE ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.

I understand there is no additional tax benefit obtained by funding an IRA with a variable annuity.

**I further acknowledge that I have received MetLife's Customer Privacy Notice.**

I have read the State Fraud Statement in Section 14 above applicable to me.

**For Pennsylvania residents only: By signing below, I/we confirm receipt of the PA LWG Supplemental Application form. I/we understand that all annuity payments or values provided by the contract being applied for which are based on the investment experience of the Separate Account, are variable and are not guaranteed as to a Fixed Dollar amount.**

[ *John J. Doe* , Owner ]

(Owner Signature & Title, Annuitant unless otherwise noted)

(Joint Owner Signature & Title)

(Signature of Annuitant if other than Owner)

Signed at [ Anytown , IL ]  
(City) (State)

Date [ November 11 , 2000 ]

### 16. Agent's Report

The information provided by the applicant has been truly and accurately recorded. I have reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifunded annuity contract would be suitable.

Does the applicant have any existing life insurance policies or annuity contracts?  Yes [  ] No

Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)?  Yes [  ] No

If "Yes," applicable disclosure and replacement forms must be attached.

[ *Richard Roe* ]

Agent's Signature

[ ( 312 ) 456-7890 ]

Phone

[ Richard Roe , #723 ]

Agent's Name and Number

[ 456 Main Street , Anytown , IL 60001 ]

Name and Address of Firm

[ #723 ]

State License ID Number

[ 1234567 ]

Client Account Number

**Home Office Program Information:** Select one. Once selected, the option cannot be changed. Option A \_\_\_\_\_ Option B \_\_\_\_\_ Option C \_\_\_\_\_

SERFF Tracking Number: METK-126104959 State: Arkansas  
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 42170  
 Company Tracking Number: BANK VA  
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
 Product Name: Simple Solutions  
 Project Name/Number: Bank VA/8410 (3/09)

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> Not applicable for this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable for this filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> Not applicable for this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b>		
Simple Solutions_GENERIC_APP_SoV.pdf		

**STATEMENT OF VARIABILITY**  
**MetLife Investors USA Insurance Company**  
**Application Form 8410 (3/09)**

April 21, 2009

<b>Home Office Address, Policy Service Office Address, Product Name:</b>	These fields are bracketed to allow us to change the address, zip code, product name, and phone number if necessary.
<b>Plan Type</b>	We reserve the right to offer this product in some or all of the following markets: NON-QUALIFIED, IRA (including TRADITIONAL, SIMPLE, SEP, custodial/decedent and ROTH) and 401(a). A new sub-heading may be added entitled Payment Type which will show some or all of the following choices (1035 Exchange, Transfer, Rollover Contribution or other).
<b>Purchase Payment</b>	We reserve the right for future reprints of the application, to reformat this section as follows: <ul style="list-style-type: none"> <li>• The Funding Source of Purchase Payment section will show some or all of the following available choices (1035 Exchange, Check, Wire, Transfer, Rollover Contribution, Other, or Draft).</li> </ul>
<b>Benefit Rider</b>	The Living Benefit Rider is bracketed to permit changes to the marketing name and rider availability.  As new riders are approved by the Department, this section may be updated to reflect the marketing name and rider name. If a rider is not approved in your state, we will note that.
<b>Purchase Payment Allocation</b>	The funds are bracketed to allow for changes for fund availability under various Subaccounts which may be available under this contract as well as for fund additions and name changes to the funds.
<b>Systematic Withdrawals</b>	This field is bracketed to accommodate any future changes to the program.

<b>Fraud Statement &amp; Disclosure</b>	The text in these sections may be enhanced for clarity or compliance with insurance laws in your state or other states. Additionally, the Disclosure & Acknowledgement section may be modified for any changes in “fraud language” that may be required by other states.
---	--