

SERFF Tracking Number: METK-127284232 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 49157
Company Tracking Number: 8029 (6/11)
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: VA Application Re-file
Project Name/Number: VA Application Re-file/8029 (6/11)

Filing at a Glance

Company: MetLife Investors USA Insurance Company

Product Name: VA Application Re-file SERFF Tr Num: METK-127284232 State: Arkansas
TOI: A03I Individual Annuities - Deferred SERFF Status: Closed-Approved- State Tr Num: 49157
Variable Closed
Sub-TOI: A03I.002 Flexible Premium Co Tr Num: 8029 (6/11) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Disposition Date: 06/30/2011
Authors: Karen Foley, Barry
Sullivan, Doreen Morris, Janice
Bellot
Date Submitted: 06/28/2011 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: VA Application Re-file Status of Filing in Domicile: Not Filed
Project Number: 8029 (6/11) Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 06/30/2011
State Status Changed: 06/30/2011
Deemer Date: Created By: Barry Sullivan
Submitted By: Barry Sullivan Corresponding Filing Tracking Number:
Filing Description:
Please find attached for your review and approval the referenced application forms listed on the Form Schedule tab.
These forms are new and do not replace any forms.

These applications will be completed by a prospective contract owner/annuitant for our individual variable annuity contracts previously approved by your Department. These applications will be used with individual variable annuity contract forms that was/were previously approved by your Department.

These forms have been completed in John Doe fashion. Material that is bracketed is variable and is subject to change in

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accordance with the parameters described in the attached Memorandum of Variable Material. We will not consider it necessary to obtain Department approval for changes to these variables when such changes are within the stated parameters of the enclosed Memorandum of Variable Material. Any changes made outside of the stated parameters will be filed for approval with your Department. This form is submitted in final printed format and is subject to only minor modification in paper size and stock, ink, border, and adaptation to computer printing.

Please note that the contract form for which this forms are 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

Doreen Talone, Senior Contract Consultant dtalone@metlife.com
1300 Hall Blvd. 860-768-0810 [Phone]
3rd Floor 860-656-3329 [FAX]
Bloomfield, CT 06002

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: \$300.00
Retaliatory? Yes
Fee Explanation: MetLife Investors USA Insurance Company domicile is Delaware. \$50.00 per form. Six forms filed.
Per Company: No

SERFF Tracking Number: *METK-127284232* *State:* *Arkansas*
Filing Company: *MetLife Investors USA Insurance Company* *State Tracking Number:* *49157*
Company Tracking Number: *8029 (6/11)*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *VA Application Re-file*
Project Name/Number: *VA Application Re-file/8029 (6/11)*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Investors USA Insurance Company	\$300.00	06/28/2011	49188647

SERFF Tracking Number: METK-127284232 State: Arkansas
Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 49157
Company Tracking Number: 8029 (6/11)
TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
Product Name: VA Application Re-file
Project Name/Number: VA Application Re-file/8029 (6/11)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/30/2011	06/30/2011

SERFF Tracking Number: *METK-127284232* *State:* *Arkansas*
Filing Company: *MetLife Investors USA Insurance Company* *State Tracking Number:* *49157*
Company Tracking Number: *8029 (6/11)*
TOI: *A031 Individual Annuities - Deferred Variable* *Sub-TOI:* *A031.002 Flexible Premium*
Product Name: *VA Application Re-file*
Project Name/Number: *VA Application Re-file/8029 (6/11)*

Disposition

Disposition Date: 06/30/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: METK-127284232 State: Arkansas
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 49157
 Company Tracking Number: 8029 (6/11)
 TOI: A031 Individual Annuities - Deferred Variable Sub-TOI: A031.002 Flexible Premium
 Product Name: VA Application Re-file
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Statement of variability	Yes	Yes
Supporting Document	Certification	Yes	Yes
Form	Variable Annuity Application	Yes	Yes
Form	Variable Annuity Application	Yes	Yes
Form	Variable Annuity Application	Yes	Yes
Form	Variable Annuity Application	Yes	Yes
Form	Variable Annuity Application	Yes	Yes
Form	Variable Annuity Application	Yes	Yes

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Form Schedule

Lead Form Number: 8029 (6/11)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8029 (6/11)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	8029 (6-11).pdf
	8280 (6/11)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	8280 (6-11).pdf
	8401 (6/11)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	8401 (6-11).pdf
	8402 (6/11)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	8402 (6-11).pdf
	8406 (6/11)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	8406 (6-11).pdf
	8600 (6/11)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	8600 (6-11).pdf

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

MetLife Investors USA Insurance Company

[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 Series VA]

For assistance call: [The Sales Desk]

ACCOUNT INFORMATION

1. Annuitant

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

2. Owner (Complete only if different than Annuitant)

Correspondence is sent to the Owner. Name, Social Security/Tax ID Number, Sex, Date of Birth/Trust, Address, Phone

3. Joint Owner

Name, Social Security Number, Sex, Date of Birth, Address, Phone

4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive. [Mary J. Doe, 123 Main Street, Anytown, IL, Wife, 234-56-7890 100%]

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

5. Plan Type

Indicate only how contract is to be issued. [• NON-QUALIFIED] [X], [• QUALIFIED TRADITIONAL IRA*], [• QUALIFIED SEP IRA*], [• QUALIFIED ROTH IRA*], [• QUALIFIED 401]

6. Purchase Payment

Funding Source of Purchase Payment [1035 Exchange/Transfer], [Check], [Wire], Initial Purchase Payment \$ [10,000], Minimum Initial Purchase Payment: \$5,000 Non-Qualified \$2,000 Qualified



RIDERS

7. Benefit Riders (Subject to state availability and age restrictions. Other restrictions may apply.)

These riders may only be chosen at the time of application. **There are additional charges for the optional riders. Once elected these options may not be changed.**

1) **Living Benefit Riders** (Optional. Only **one** of the following riders may be elected.)

Guaranteed Minimum Income Benefits (GMIB)

- GMIB Max II
 GMIB Plus IV

2) **Death Benefit Riders** (Check one. If no election is made, the Principal Protection option will be provided at no additional charge.)

Guaranteed Minimum Death Benefits (Enhanced Death Benefits (EDB))**

- EDB Max II (May only select if GMIB Max II is also elected.)
 EDB III (May only select if GMIB Plus IV is also elected.)

Other Death Benefit Riders

- Principal Protection (no additional charge)
 Annual Step-Up

****EDB riders are not available in Decedent/Stretch tax markets.**

3) **Other**

- Earnings Preservation Benefit Rider (EPB) (May not be selected if an EDB rider is elected.)

SIGNATURES

8. 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" to either, applicable disclosure and replacement forms must be attached.

Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.]

9. Fraud Statement and Disclosure

Notice to Applicant:

Arkansas, Louisiana, Rhode Island 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.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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.

9. Fraud Statement and Disclosure (continued)

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. 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.]

10. 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 Insurance Company, [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 have read the State Fraud Statement in Section 9 above applicable to me.

[*John J Doe, Owner*]

(Owner Signature and Title, Annuitant unless otherwise noted)

(Joint Owner Signature and Title)

(Signature of Annuitant if other than Owner)

Signed at _____ [Anytown, IL] _____ Date [November 11, 2000]
(City) (State)

11. Agent's Report

[All information provided by the applicant has been truly and accurately recorded.]

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" to either, applicable disclosure and replacement forms must be attached.]

[*Richard Roe*]

[(312) 456-7890]

Agent's Signature

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 [(Required for FL)]

[1234567]

Client Account Number

[Home Office Program Information:

Select one. Once selected, the option cannot be changed.

Option A _____ Option B _____ Option C _____]

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

MetLife Investors USA Insurance Company

[MetLife Investors USA Variable Annuity Series VA MetLife Investors USA Variable Annuity Series VA - 4]

[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]

For assistance call: The Sales Desk

PRODUCT SELECTION (Please Select One)

[] Series VA [] Series VA - 4

ACCOUNT INFORMATION

1. Annuitant

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

2. Owner (Complete only if different than Annuitant)

Correspondence is sent to the Owner. Name (First) (Middle) (Last) Social Security/Tax ID Number Sex []M []F Date of Birth/Trust / / Phone ()

3. Joint Owner

Name (First) (Middle) (Last) Social Security Number Sex []M []F Date of Birth / / Phone ()

4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive. Use the Special Requests section if additional space is needed. 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, 123 Main Street, Anytown, IL, Wife, 234-56-7890 100%]

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

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 _____ • QUALIFIED 401 [] *The annuitant and owner must be the same person.

6. Purchase Payment

Funding Source of Purchase Payment [] 1035 Exchange/Transfer [] Check [] Wire Initial Purchase Payment \$ [10,000] Make Check Payable to MetLife Investors USA Insurance Company (Estimate dollar amount for 1035 exchanges, transfers, rollovers, etc.) Minimum Initial Purchase Payment: \$5,000 Non-Qualified \$2,000 Qualified-Series VA \$10,000 Non-Qualified/Qualified - Series VA - 4



RIDERS

7. Benefit Riders (Subject to state availability and age restrictions. Other restrictions may apply.)

These riders may only be chosen at the time of application. **Please note, there are additional charges for the optional riders. Once elected these options may not be changed.**

1) **[Living Benefit Riders** (Optional. Only **one** of the following riders may be elected.)

Guaranteed Minimum Income Benefits (GMIB)

- GMIB Max II
 GMIB Plus IV

2) **Death Benefit Riders** (Check one. If no election is made, the Principal Protection option will be provided at no additional charge.)

Guaranteed Minimum Death Benefits (Enhanced Death Benefits (EDB))**

- EDB Max II (May only be selected if GMIB Max II is elected.)
 EDB III (May only be selected if GMIB Plus IV is elected.)

Other Death Benefit Riders

- Principal Protection (no additional charge)
 Annual Step-Up

****EDB riders are not available in Decedent/Stretch tax markets.**

3) **Other**

- Earnings Preservation Benefit Rider (EPB) (May not be selected if an EDB rider is elected.)

SIGNATURES

8. 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" to either, applicable disclosure and replacement forms must be attached.

Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.]

9. Fraud Statement and Disclosure

Notice to Applicant:

[Arkansas, Louisiana, Rhode Island 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.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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.

9. Fraud Statement and Disclosure (continued)

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. 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.]

10. 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 Insurance Company, [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 have read the State Fraud Statement in Section 9 above applicable to me.

[*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 Date November 11, 2000
(City) (State)

11. Agent's Report

All information provided by the client has been truly and accurately recorded.

[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" to either, applicable disclosure and replacement forms must be attached.]

[*Richard Roe*]

[(312) 456-7890]

Agent's Signature

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 [(Required for FL)]

[1234567]

Client Account Number

Home Office Program Information:

[Select one. Not all options may currently be offered; please check for availability. Once selected, the option cannot be changed.

Option A _____ Option B _____ Option C _____]

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

PrimElite IVSM is a service mark of Primerica, Inc. MetLife Investors USA Insurance Company uses this mark pursuant to a license agreement. Securities offered by PFS Investments Inc.

[Policy Service Office: P.O. Box 10426 Des Moines, Iowa 50306-0426] For assistance call: [800-789-3662, Option 2]

[PrimElite IVSM]

ACCOUNT INFORMATION

1. Annuitant

Name [John J. Doe], Social Security No. [123-45-6789], Sex [X]M, Date of Birth [1/11/70], Phone [708-123-4567], Address [123 Main Street, Anytown, IL 60001]

2. Owner (Complete only if different than Annuitant)

Name, Social Security / Tax ID No., Date of Birth/Trust, Phone, Address (Street, City, State, Zip)

3. Joint Owner

Name, Social Security No., Date of Birth, Phone, Address (Street, City, State, Zip)

4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive. [Mary J. Doe, 123 Main Street, Anytown, IL, Wife, 234-56-7890, 100%]

5. Plan Type (Check only one box below)

[X] NON-QUALIFIED 408 IRA* (check one of the options listed below) Traditional IRA, SEP IRA, Roth IRA

6. Purchase Payment

Funding Source of Purchase Payment [X] Transfer of Assets, Initial Purchase Payment \$ [10,000], Minimum Initial Purchase Payment: \$5,000 Non-Qualified \$10,000 Qualified



RIDERS

7. Benefit Riders (subject to state availability and age restrictions)

These riders may only be chosen at time of application. Please note, there are additional charges for the optional riders. **Once elected these options may not be changed.**

1) **Death Benefit Rider (Check one.** If no election is made, the Principal Protection option will apply.)

Principal Protection (no additional charge)

OR

Annual Step-up

2) Earnings Preservation Benefit Rider

3) **Living Benefit Rider** (Optional. Only **one** of the following riders may be elected)

Guaranteed Withdrawal Benefit (GWB)

Single Life - Lifetime Withdrawal Guarantee (LWG)

Joint Life - Lifetime Withdrawal Guarantee (LWG)]

SIGNATURES

8. 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" to either, applicable disclosure and replacement forms must be attached.

Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.]

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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.]

Marquis Portfolios SM

ACCOUNT INFORMATION

1. Annuitant

Name [John J. Doe] Social Security Number [123 - 45 - 6789]
Address [123 Main Street Anytown IL 60001] Phone [(708) 123-4567]

2. Owner (Complete only if different than Annuitant)

Correspondence is sent to the Owner.
Name (First) (Middle) (Last) Social Security/Tax ID Number
Sex [X] M [] F Date of Birth [4 / 12 / 58]
Address (Street - No P.O. Box) (City) (State) (Zip) Phone ()

3. Joint Owner

Name (First) (Middle) (Last) Social Security Number
Sex [] M [] F Date of Birth / /
Address (Street - No P.O. Box) (City) (State) (Zip) Phone ()

4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive.
[Mary J. Doe, 123 Main Street, Anytown, IL, Wife, 234 - 56 - 7890 100%]
Primary Name Address Relationship Social Security Number %
Contingent Name Address Relationship Social Security Number %

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

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
• QUALIFIED 401 []
*The annuitant and owner must be the same person.

6. Purchase Payment

Funding Source of Purchase Payment
[] 1035 Exchange/Transfer [] Check [] Wire
Initial Purchase Payment \$ [10,000]
Make Check Payable to MetLife Investors USA Insurance Company
Minimum Initial Purchase Payment:
\$25,000 Non-Qualified \$25,000 Qualified



RIDERS

7. Benefit Riders (subject to state availability and age restrictions)

These riders may only be chosen at time of application. **Please note, there are additional charges for the optional riders. Once elected these options may not be changed.**

- 1) **[Living Benefit Riders** (Optional. Only **one** of the following Riders may be elected)
- Guaranteed Minimum Income Benefit Plus (**GMIB Plus III**)
 - Principal Guarantee Value (**GWB**)
- 2) **Death Benefit Riders** (Check one. If no election is made, the Principal Protection option will apply.)
- Principal Protection (no additional charge)
 - Annual Step-up
 - Enhanced Death Benefit II (may only be elected with GMIB Plus III)
- 3) Earnings Preservation Benefit Rider (EPB) (May not be selected if EDB is elected)]

SIGNATURES

8. Replacements

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

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

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

Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.]

9. Fraud Statement & Disclosure

Notice to Applicant:

Arkansas, Louisiana, Rhode Island 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.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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.]

10. 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 Insurance Company, [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 have read the State Fraud Statement in Section 9 above applicable to me. [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]

11. Agent's Report

[All information provided by the applicant has been truly and accurately recorded.

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

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

If "Yes" to either, 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 [Required for FL]

[1234567]

Client Account Number

[Home Office Program Information:

Once selected, the option cannot be changed.
Option A _____]

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

MetLife Investors USA Insurance Company

[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 Series S]

For assistance call: [The Sales Desk]

PRODUCT SELECTION (Please Select One)

[] Series S (Standard) [] Series S with L-Share Option

ACCOUNT INFORMATION

1. Annuitant

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

2. Owner (Complete only if different than Annuitant)

Correspondence is sent to the Owner. Name, Social Security/Tax ID Number, Sex []M []F, Date of Birth/Trust, Address, Phone

3. Joint Owner

Name, Social Security Number, Relationship to Owner, Sex []M []F, Date of Birth, Address, Phone

4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive. [Mary J. Doe, wife, 1/12/60, 234-56-7890, 100%]

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

5. Plan Type

Indicate only how contract is to be issued. [] NON-QUALIFIED [X] QUALIFIED Traditional IRA* [] Transfer [] Rollover [] Contribution - Year

6. Purchase Payment

Funding Source of Purchase Payment [] 1035 Exchange/Transfer [] Check [] Wire [] 1035 Exchange/Transfer [] Check [] Wire Initial Purchase Payment \$ [10,000]



RIDERS

7. Benefit Riders (Subject to state availability and age restrictions. Other restrictions may apply.)

These riders may only be chosen at the time of application. **Please note, there are additional charges for the optional riders. Once elected these options may not be changed.**

1) **[Living Benefit Riders** (Optional. Only **one** of the following riders may be elected.)

Guaranteed Minimum Income Benefits (GMIB)

- GMIB Max II
 GMIB Plus IV

2) **Death Benefit Riders** (Check one. If no election is made, the Principal Protection option will be provided at no additional charge.)

Guaranteed Minimum Death Benefits (Enhanced Death Benefits (EDB))**

- EDB Max II (May only be selected if GMIB Max II is elected.)
 EDB III (May only be selected if GMIB Plus IV is elected.)

Other Death Benefit Rider

- Principal Protection (no additional charge)

****EDB riders are not available in Decedent/Stretch tax markets.]**

SIGNATURES

8. 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" to either, applicable disclosure and replacement forms must be attached.

Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.]

9. Fraud Statement and Disclosure

Notice to Applicant:

[Arkansas, Louisiana, Rhode Island 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.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

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.

9. Fraud Statement and Disclosure (continued)

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. 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.]

10. 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 Insurance Company, [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 have read the State Fraud Statement in Section 9 above applicable to me.

[*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] _____ Date [November 11, 2000]
(City) (State)

11. Agent's Report

All information provided by the applicant has been truly and accurately recorded.

[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*] [(312) 456-7890]
Agent's Signature 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 [(Required for FL)]

[1234567]
Client Account Number

Home Office Program Information:

[Select one. Once selected, the option cannot be changed.
Option A _____ Option B _____]

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

MetLife Investors USA Insurance Company

[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] For assistance call: [The Sales Desk]

ACCOUNT INFORMATION

1. Annuitant

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

2. Owner (Complete only if different than Annuitant)

Correspondence is sent to the Owner. Name, Social Security/Tax ID Number, Sex, Date of Birth/Trust, Address, Phone

3. Joint Owner

Name, Social Security Number, Sex, Date of Birth, Address, Phone

4. Beneficiary

Show full name(s), address(es), relationship to Owner, Social Security Number(s), and percentage each is to receive. [Mary J. Doe, 123 Main Street, Anytown, IL, Wife, 234-56-7890 100%]

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT, WHEN BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

5. Plan Type

Indicate only how contract is to be issued. [• NON-QUALIFIED [X]] [• QUALIFIED TRADITIONAL IRA*] [• QUALIFIED SEP IRA*] [• QUALIFIED ROTH IRA*] [• QUALIFIED 401]

6. Purchase Payment

Funding Source of Purchase Payment [1035 Exchange/Transfer] [Check] [Wire] Initial Purchase Payment \$ [10,000] Minimum Initial Purchase Payment: \$5,000 Non-Qualified \$2,000 Qualified



RIDERS

7. Benefit Riders (Subject to state availability and age restrictions. Other restrictions may apply.)

These riders may only be chosen at the time of application. **There are additional charges for the optional riders. Once elected these options may not be changed.**

1) **Living Benefit Riders** (Optional. Only **one** of the following riders may be elected.)

Guaranteed Minimum Income Benefits (GMIB)

- GMIB Max II
 GMIB Plus IV

2) **Death Benefit Riders** (Check one. If no election is made, the Principal Protection option will be provided at no additional charge.)

Guaranteed Minimum Death Benefits (Enhanced Death Benefits (EDB))**

- EDB Max II (May only select if GMIB Max II is also elected.)
 EDB III (May only select if GMIB Plus IV is also elected.)

Other Death Benefit Riders

- Principal Protection (no additional charge)
 Annual Step-Up

****EDB riders are not available in Decedent/Stretch tax markets.**

3) **Other**

- Earnings Preservation Benefit Rider (EPB) (May not be selected if an EDB rider is elected.)

SIGNATURES

8. 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" to either, applicable disclosure and replacement forms must be attached.

Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.]

9. Fraud Statement and Disclosure

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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.

9. Fraud Statement and Disclosure (continued)

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. 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.]

10. 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 Insurance Company, [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 have read the State Fraud Statement in Section 9 above applicable to me.

[*John J Doe, Owner*]

(Owner Signature and Title, Annuitant unless otherwise noted)

(Joint Owner Signature and Title)

(Signature of Annuitant if other than Owner)

Signed at _____ [Anytown, IL] _____ Date [November 11, 2000]
(City) (State)

11. Agent's Report

[All information provided by the applicant has been truly and accurately recorded.]

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" to either, applicable disclosure and replacement forms must be attached.]

[*Richard Roe*]

[(312) 456-7890]

Agent's Signature

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 [(Required for FL)]

[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-127284232 State: Arkansas
 Filing Company: MetLife Investors USA Insurance Company State Tracking Number: 49157
 Company Tracking Number: 8029 (6/11)
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: VA Application Re-file
 Project Name/Number: VA Application Re-file/8029 (6/11)

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: See Form Schedule tab.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Actuarial Memo		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of variability		
Comments:		
Attachment:		
Generic_MLIU_911APP_SoV.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments:		
Attachment:		
Certification.pdf		

STATEMENT OF VARIABILITY

For Applications

**MetLife Investors USA Insurance Company: Forms 8029 (6/11), 8280 (6/11), 8401 (6/11),
8402 (6/11), 8406 (6/11), 8600 (6/11)**

June 15, 2011

Home Office Address, Policy Service Office Address, Product Name, Phone Number	This fields are bracketed to allow us to change the address, zip code, product name and phone number if necessary
Plan Type	We reserve the right to offer this product in some or all of the following markets: Nonqualified, IRA (including traditional, Simple IRA, SEPs, custodial/decedent IRA and Roth IRA) and 401a. Additionally, some or all of the Payment type choices may show some or all of the following choices (1035 Exchange, Transfer, Rollover Contribution or other).
Purchase Payment Section	We reserve the right for future reprints of the app, to reformat this section as follows: <ul style="list-style-type: none">• The Payment method heading will show some or all of the following choices available choices (1035 Exchange, check, wire or draft) and a new sub-heading will follow entitle Payment Type which will show some or all of the following choices (1035 Exchange, Transfer, Rollover Contribution or other)• The Source of Funds for purchasing this Annuity section may contain some or all of the possible choices shown in the filed application at future reprints.
Optional Riders	These optional riders are bracketed to permit changes to the marketing name and rider availability. As new riders or endorsements are approved by the Department, this section will be updated to reflect the marketing name and rider/endorsement name. If a rider or endorsement is not approved in your state, we will note that.

<p>Fraud Statement & Disclosure, Replacement Questions Section</p>	<p>The text in these sections may be enhanced for clarity or compliance with insurance laws in your state or other states. We may add additional directive/clarification information in the "Replacement Question" section of the application based on changes from the NAIC model regulation or other insurance regulations or laws. Additionally, the Disclosure & Acknowledgement section may be modified for any changes in "fraud language" that may be required by other states.</p>
<p>Acknowledgment Section - Separate Account Name</p>	<p>This text has been bracketed to allow us to change the Separate Account name.</p>
<p>Home Office Information Section</p>	<p>This text in this area may be revised in the future to delete or add commission options</p>

MetLife Investors Insurance Company
13045 Tesson Ferry Rd. St. Louis, MO 63128

State of Arkansas

Certification

We certify compliance with Articles VI, VII, IX, and XI of Rule and Regulation 33 and all other applicable requirements of the Arkansas Insurance Department.

Bennett D. Kleinberg

Print Name



6/27/2011

Date

Signature

Vice President & Senior Actuary

Title