

SERFF Tracking Number: METK-128178243 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company State Tracking Number:  
Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (START)  
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
Product Name: Group Variable Annuity Application (START)  
Project Name/Number: Group Variable Annuity Application (START)/038-PPA-B-ROTH (07/12)

## Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Variable Annuity SERFF Tr Num: METK-128178243 State: Arkansas

Application (START)

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num:  
Closed

Sub-TOI: A03G.002 Flexible Premium Co Tr Num: GROUP VARIABLE State Status: Approved-Closed  
ANNUITY APPLICATION (START)

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Karen Foley, Pam Kerry, Disposition Date: 04/02/2012

Barry Sullivan, Janice Bellot

Date Submitted: 03/28/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Group Variable Annuity Application (START)

Status of Filing in Domicile: Pending

Project Number: 038-PPA-B-ROTH (07/12)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Discretionary

Overall Rate Impact:

Filing Status Changed: 04/02/2012

State Status Changed: 04/02/2012

Deemer Date:

Created By: Janice Bellot

Submitted By: Janice Bellot

Corresponding Filing Tracking Number:

Filing Description:

The referenced form is enclosed for your review and approval. Form 038-PPA-B-ROTH (07/12) is new and does not replace any previously filed or approved form.

Form 038-PPA-B-ROTH (07/12) will be completed by prospective applicants who purchase one of our previously approved Multi-funded Annuity Certificates.

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This form has been completed in John Doe fashion. Material that is bracketed is variable and is subject to change in accordance with the parameters described in the attached Statement of Variability. 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 Statement of Variability. 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 policy form series to which this form will be attached is a variable annuity, which is subject to federal jurisdiction and is exempt from readability requirements.

Thank you for your review of this filing.

State Narrative:

## Company and Contact

### Filing Contact Information

Karen Foley, Director, Annuity Policy Bureau kbfoley@metlife.com  
 501 Boylston Street 617-578-3128 [Phone]  
 Boston, MA 02116 617-578-5505 [FAX]

### Filing Company Information

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
200 Park Avenue	Group Code: 241	Company Type: Life
New York, NY 10166	Group Name: MetLife Group	State ID Number:
(617) 578-2000 ext. [Phone]	FEIN Number: 13-5581829	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Metropolitan Life Insurance Company domicile is New York. No fee required. Arkansas Filing fee is \$50.00 per form. One form filed.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Metropolitan Life Insurance Company \$50.00 03/28/2012 57537096

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/02/2012	04/02/2012

*SERFF Tracking Number:*      *METK-128178243*                      *State:*                      *Arkansas*  
*Filing Company:*              *Metropolitan Life Insurance Company*              *State Tracking Number:*  
*Company Tracking Number:*      *GROUP VARIABLE ANNUITY APPLICATION (START)*  
*TOI:*                      *A03G Group Annuities - Deferred Variable*              *Sub-TOI:*                      *A03G.002 Flexible Premium*  
*Product Name:*              *Group Variable Annuity Application (START)*  
*Project Name/Number:*              *Group Variable Annuity Application (START)/038-PPA-B-ROTH (07/12)*

## **Disposition**

Disposition Date: 04/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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

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## Form Schedule

### Lead Form Number: 038 PPA-B-ROTH (07/12)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	038-PPA-B-ROTH (07/12)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	038-PPA-B-ROTH (07-12)_JD.pdf

**Variable Annuity Application Preference Plus® Account**  
**Tax Sheltered Annuity (TSA) & 403(a) Qualified Annuity Plan**



Metropolitan Life Insurance Company  
 200 Park Avenue, New York, NY 10166-0188

**Contract/Certificate Applied for:**

403(b) Tax Sheltered Annuity Check if:  501(c)(3) Or  O.R.P. \_\_\_\_ (State)  403(a) Qualified Annuity Plan

**1 Participant**

Name (First, Middle Initial, Last) <u>JOHN Q DOE</u>		Marital Status <u>M</u>	Date of Birth <u>2/15/1977</u>
Street Address <u>123 MAIN STREET</u>		Social Security # <u>123-45-6789</u>	
City, State, ZIP Code <u>ANY TOWN, USA 54321</u>		Occupation <u>teacher</u>	
Home Telephone # <u>555-578-3128</u>	Work Telephone # <u>555-339-3774</u>	Are you Retired? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Specify Citizenship: <input checked="" type="checkbox"/> U. S. A. <input type="checkbox"/> Other _____	

**2 Primary and Contingent Beneficiary(ies)**

If you are married and your plan is subject to ERISA, upon your death prior to commencing benefits under your employer's Plan, your death benefit must be paid in the form of a qualified pre-retirement survivor annuity which generally entitles your spouse to receive a survivor annuity equal to at least 50% of your account balance, unless your spouse has waived this right and furnishes a completed **Spousal Consent** form.

Beneficiary Type	Name (First, Middle Initial, Last)	Relationship to Participant	Social Security #
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	<u>MARY DOE</u>	<u>WIFE</u>	<u>987-65-4321</u>
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

**3 Contribution**

(a) Employee Anticipated Schedule \$ 500 Per Contribution 10 Times a Contract/Certificate year. Total \$ 5,000

Additional (balloon) Amount \$ \_\_\_\_\_ Per Contribution \_\_\_\_\_ Times a Contract/Certificate year. Total \$ \_\_\_\_\_

**Roth Employee Salary Reduction [403(b) Only]:**

\$ \_\_\_\_\_ Per Contribution \_\_\_\_\_ Times a Contract/Certificate year. Total \$ \_\_\_\_\_

*I declare that I have entered into a separate Salary Reduction Agreement with my employer for employee salary reduction contributions.*

Employer Anticipated Schedule \$ 100 Per Contribution 10 Times a Contract/Certificate year. Total \$ 1,000

(b) Lump Sum/Tax Free Direct Transfer Amount \$ \_\_\_\_\_  Check attached.

Check One:  Direct Transfer (Rev. Rul. 90-24)  403(b) Direct Rollover  403(a) Direct Rollover

(Note: The appropriate transfer forms must be completed.)

(c) Anticipated date first contribution will be received \_\_\_\_\_

MetLife Case # (PURR) ABC-12345

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

**THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS.**

**4 Replacement (Must be completed)**

(a) Do you have any existing individual life insurance policies or annuity contracts?

Yes  No

(b) Will the annuity applied for replace or change one or more existing annuity contracts or life insurance policies?

Yes  No

*Note: Replacement includes any surrender, loans, withdrawals, lapse, reduction in or redirection of payments on an annuity contract or life insurance policy in connection with this application.*

**5 Employer Information (To be completed by Representative)**

**Check One:**  Existing Group: Employer Group # \_\_\_\_\_

New Group – If new group, complete form #403B-PARTREQUEST-PPA/EPPA/FFA (09/02) and the following:

(a) Employer \_\_\_\_\_

(b) Plan Name (if different) \_\_\_\_\_

(c) Address \_\_\_\_\_

(d) Employee I.D. # (if other than Social Security #) \_\_\_\_\_ Campus # \_\_\_\_\_

(e) Participant's Date of Employment (ERISA only) \_\_\_\_\_ Plan Participation Date \_\_\_\_\_

## 6 Investment Objective and Allocation

(a) Describe Your Investment Objective (Choose one.)  Preservation of Capital  Income  Growth & Income  
 Growth  Aggressive Growth

(b) Optional Automated Investment Strategies (If applicable, choose one.)

**Equity Generator<sup>®</sup>**

Each month an amount equal to the interest earned in the Fixed Interest Account is transferred to either:  
**Select one type:**  MetLife Stock Index Division  BlackRock Aggressive Growth Division

**Equalizer<sup>SM</sup>**

Each quarter amounts are transferred between the Fixed Interest Account and either:  
**Select one type:**  MetLife Stock Index Division  BlackRock Aggressive Growth Division

**Rebalancer<sup>®</sup>**

Each quarter amounts are transferred among your current funding choices to bring the percentage of your account balance in each choice back to your original allocation. This strategy will affect 100% of your current and future allocations.

**Allocator<sup>SM</sup>**

Each month a dollar amount you choose is transferred from the Fixed Interest Account to any of the funding choices you select. (Note: Attach a completed Allocator form with your application.)

**Index Selector<sup>SM</sup>**

Each quarter MetLife will rebalance the amount in the Index Divisions and the Fixed Interest Account (if applicable) to match the allocation percentages for the model you select. MetLife will allocate 100% of your initial and future contributions based on the current allocation for the Index Selector model you choose. The model's current allocation may change at any time (MetLife will notify you of changes). You may change your choice of model at any time. See your Representative for information on the current allocations for each model and for help in determining your Risk Tolerance. (Choose one model and skip to Section 7.)

**Select one Model:**  Conservative  Conservative to Moderate  Moderate  Moderate to Aggressive  Aggressive

(c) Allocations (If you chose Index Selector, skip to Section 7.)

Indicate the percentage of your initial contribution to be allocated to each funding choice. Percentages must be in whole numbers. This allocation will apply to future contributions unless changed by the Owner. You may change your allocation at any time. (Note: Total of both columns must equal 100%.)

Funding Options	
%	Fixed Interest Account
%	American Funds Bond Fund
%	Barclays Capital Aggregate Bond Index
%	BlackRock Bond Income
%	Met/Franklin Low Duration Total Return
%	PIMCO Inflation Protected Bond
%	PIMCO Total Return
%	Western Asset Management U.S. Government
%	Western Asset Management Strategic Bond Opportunities
%	Lord Abbett Bond Debenture
%	American Funds Growth Fund
%	American Funds Growth-Income Fund
30	BlackRock Diversified
%	BlackRock Large Cap Core
%	BlackRock Large Cap Value
%	BlackRock Legacy Large Cap Growth
%	Calvert VP SRI Balanced
%	Davis Venture Value
%	FI Value Leaders
%	Janus Forty
%	Jennison Growth
%	Legg Mason ClearBridge Aggressive Growth
%	Met/Franklin Income
10	Met/Franklin Mutual Shares
%	MetLife Stock Index
%	MFS <sup>®</sup> Total Return
%	MFS <sup>®</sup> Value
%	Oppenheimer Capital Appreciation
%	T. Rowe Price Large Cap Growth
%	Artio International Stock
%	Harris Oakmark International
%	Met/Templeton Growth
%	MFS <sup>®</sup> Research International

Funding Options	
%	Morgan Stanley EAFE <sup>®</sup> Index
%	Oppenheimer Global Equity
%	BlackRock Aggressive Growth
%	Lazard Mid Cap
%	Met/Artisan Mid Cap Value
%	MetLife Mid Cap Stock Index
10	Morgan Stanley Mid Cap Growth
%	Neuberger Berman Mid Cap Value
%	T. Rowe Price Mid Cap Growth
%	American Funds Global Small Capitalization Fund
%	Invesco Small Cap Growth
%	Loomis Sayles Small Cap Core
20	Loomis Sayles Small Cap Growth
%	Neuberger Berman Genesis
%	Russell 2000 <sup>®</sup> Index
%	T. Rowe Price Small Cap Growth
%	Clarion Global Real Estate
%	RCM Technology
Portfolio's that Invest in Exchange Traded Funds	
%	SSgA Growth and Income ETF
%	SSgA Growth ETF
MSF Asset Allocation Portfolios	
%	MetLife Conservative Allocation
10	MetLife Conservative to Moderate Allocation
%	MetLife Moderate Allocation
%	MetLife Moderate to Aggressive Allocation
MIST Asset Allocation Portfolios	
10	American Funds <sup>®</sup> Moderate Allocation Portfolio
%	American Funds <sup>®</sup> Balanced Allocation Portfolio
%	American Funds <sup>®</sup> Growth Allocation Portfolio
%	MetLife Aggressive Strategy Portfolio
MIST Fund of Funds	
10	Met/Franklin Templeton Founding Strategy

Total of both columns must equal 100%.

## 7 Financial Disclosure

- I met with the participant in a personal consultation to discuss the participant's enrollment in the plan, which may be funded by an annuity and/or mutual fund. Please complete section 7.
- I did not meet with the participant in a personal consultation to discuss the participant's enrollment in the plan. For ERISA plans only, skip to section 8. All others complete section 7.

Note: Aggregate for Joint Accounts as appropriate.

- (1) Sum of Estimated Annual Income \$ 50,000  
 (Note: Consult IRC 408A for income limits when contributing to a Traditional IRA, Roth IRA or converting from a Traditional IRA to a Roth IRA)
- (2) Sum of Annual Expenses: (recurring) \$ 14,000  
 (Note: Include in Annual Expenses amounts such as rent, mortgage, long-term debts, utilities, alimony or child support, etc.)
- (3) Sum of Estimated Liquid Net Worth \$ 125,000  
 (Note: Include in Liquid Net Worth the amount of this investment, cash (including checking, savings, etc.), and assets that can be turned into cash quickly and easily. Exclude personal property, personal residence, real estate, business equity, home furnishings, autos and assets subject to substantial penalties/sales charges.)
- (4) Sum of Special Expenses (future, non-recurring) \$ 5,000  
 Timeframe for special expenses: within 3 years.  
 (Note: Include in Special Expenses amounts such as home purchase/remodeling, car purchase or repairs, education, medical expenses, etc. If no amount is provided, it will be assumed that you have no Special Expenses)
- (5) Total Existing Assets - what is the total value of all your existing assets including investments, real estate, bank accounts, and personal property.  
 \$0 - \$500,000  
 \$500,000 - \$1,000,000  
 \$1,000,000 - \$5,000,000  
 \$5,000,000 +
- (6) What is the total face value of all existing life insurance holdings? \$ 0
- (7) Tax Bracket 28 %
- (8) Is the source of funds a MetLife or MetLife Securities, Inc. policy, account or contract?  Yes  No
- (9) Tax Market of funds used to purchase this annuity (if applicable, choose all that apply)  
 Non-Qualified  SEP  401(a)  403(b)  Traditional IRA  SARSEP  
 401(k)  403(b)(7)  Roth IRA  SIMPLE IRA  403(a)  KEOGH  Other
- (10) Prior Investment Experience and Current Holdings (Choose all that apply and provide years of experience and current value, if any. Please aggregate for joint accounts. A blank dollar value will be assumed to be \$0)
- |  |  |
|--|--|
| <input type="checkbox"/> Annuities _____ years, \$ _____                   | <input type="checkbox"/> Bonds _____ years, \$ _____                       |
| <input type="checkbox"/> Certificate of Deposit (CD) _____ years, \$ _____ | <input type="checkbox"/> Exchange Traded Funds/Notes _____ years, \$ _____ |
| <input type="checkbox"/> General/Ltd. Partnerships _____ years, \$ _____   | <input type="checkbox"/> Hedge Funds _____ years, \$ _____                 |
| <input type="checkbox"/> Life Insurance (cash value) _____ years, \$ _____ | <input type="checkbox"/> Margin Experience _____ years, \$ _____           |
| <input type="checkbox"/> Money Market _____ years, \$ _____                | <input type="checkbox"/> Mutual Funds _____ years, \$ _____                |
| <input type="checkbox"/> Options _____ years, \$ _____                     | <input type="checkbox"/> Private Placement _____ years, \$ _____           |
| <input type="checkbox"/> Reverse Mortgage _____ years, \$ _____            | <input type="checkbox"/> Stocks _____ years, \$ _____                      |
| <input type="checkbox"/> Unit Investment Trusts _____ years, \$ _____      | <input type="checkbox"/> Other (specify) _____ years, \$ _____             |
- None
- (11) How many years remain before you plan to take a significant disbursement from this account? (Significant should be defined as more than 10% of the account balance in any year.)  
 less than 5 years  
 5 to 9 years  
 10 or more years
- (12) Do you anticipate making a withdrawal, other than pursuant to a systematic withdrawal plan, before you attain age 59½?  
 Yes  No

**7 Financial Disclosure - (Continued)**

(13) Was Asset Allocation Questionnaire/Worksheet used?  Yes  No

If yes, what was the client's overall risk tolerance resulting from asset allocation questionnaire:

- Conservative
- Conservative to Moderate
- Moderate
- Moderate to Aggressive
- Aggressive

(14) Describe risk tolerance applicable to this contract. (How would you categorize yourself as an investor?)  
(Choose one.)

- Conservative – Generally wants minimal risk by limiting exposure to high-risk investments while still seeking some growth
- Conservative to Moderate – Generally can tolerate some moderate risk in a portion of your investment while allocating a significant amount of your investment in lower risk options
- Moderate – Generally can tolerate some short-term market volatility by balancing higher risk options with lower risk options
- Moderate to Aggressive – Generally comfortable with market volatility in short term but seeks to soften the sharp swings in market value with some lower risk options
- Aggressive – Generally not concerned with extreme price fluctuations in the market and seeks highest growth potential

(15) Describe the Owner's investment objective of this contract

- Preservation of Capital – seeks income and stability, with minimal risk
- Income – seeks current income over time
- Growth & Income – seeks capital appreciation over long term combined with current dividend income
- Growth – seeks capital appreciation over long term
- Aggressive Growth – seeks maximum capital appreciation over time by investing in speculative and/or high risk securities

(16) Number of Dependent(s) 0 Age(s) \_\_\_\_\_

(includes spouse, children or other persons living with you that you support)

(17) Who is the Owner's Employer? (SEP/SIRA only) ABC School District

(18) Is the Proposed Owner a member of the military services or a dependent of a member of the military services?

- Yes  No

If "Yes", please leave the *Important Information for Members of the Military Services and their Dependents* with the Proposed Owner.

(19) Purpose of Annuity Contract: (Choose one.)

- Income – Primary purpose is to satisfy income needs in the future through annuitization or withdrawals.
- Estate Planning – Primary purpose is to transfer wealth to beneficiaries upon death.
- Wealth Accumulation – Primary purpose is long term accumulation of value without express desire for "retirement income" or "estate planning".
- Retirement Planning – Primary purpose is long term accumulation of value specifically to meet or supplement income needs upon retirement.
- Other \_\_\_\_\_

(20) What is the Owner's citizenship?  USA or  Other \_\_\_\_\_

If "Other" selected above, please answer the following:

- Does the Owner reside in the United States?  Yes  No
- Does the Owner work in the United States?  Yes  No
- Does the Owner own a home or property in the United States?  Yes  No
- Does the Owner own a business in the United States?  Yes  No
- Does the Owner have a United States bank account?  Yes  No
- Does Owner have any known ties to a foreign political official (immediate family, in-law, former spouse, or close associate)?  Yes  No

(21) Are Owner(s) or an immediate family member associated with a FINRA member firm?  Yes  No

## 8 Signature(s)

### (a) 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.

**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:** 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.

### Other Important State Notices

**Notice to Applicants: Arizona Residents Only:** Upon receipt of your written request, we will provide within a reasonable time period, factual information regarding the benefits and provisions of this Contract. This Contract may be returned for any reason if you are not satisfied with it. You may return the Contract within 10-days, or 30-days if you were 65 years of age or older on the date you applied for this annuity. If you return it within the 10-day or 30-day period your Contract will be cancelled. We will promptly refund your Purchase Payment less any income payment and withdrawals already made as of the Business Day we receive your Contract.

**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 Interest Account and reallocation from the Investment Divisions to the Fixed Interest 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 Interest 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 Interest 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 INTEREST ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.

### Signatures

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I have received MetLife's *Notice of Privacy Policies and Practices*, the current prospectus for the Preference Plus Account, and all required fund prospectuses.

I understand that all values provided by the contract/certificate being applied for, which are based on the investment experience of the Separate Account are variable and are not guaranteed as to the amount. I understand that as required by law the Preference Plus Account restricts distribution of my 403(b) contributions and earnings on them to the extent required by law until I am 59½, except under certain special situations. This does not restrict tax free transfers to other funding vehicles. I also understand that my contributions and earnings may be restricted as defined in the plan document. I understand that the Internal Revenue Code provides tax deferral for 403(b) arrangements and there is no additional tax benefit obtained by funding a TSA with a variable annuity.

I understand that I should notify Metropolitan Life Insurance Company if any information contained in this application should change. It is conceivable that certain optional death benefits and living benefits could have adverse tax consequences. Consult your own tax advisor prior to purchase.

*Continued on Page 7*

**8 Signature(s)** *Continued from Page 6*

I understand that certain tax rules regarding designated Roth 403(b) contracts are not clear and that the Company has the right to allocate benefits, credits and charges between the designated Roth account and the non-Roth account under this Contract or Certificate using a method it deems reasonable based on existing tax guidance.

I have received "Making an Informed Decision," MetLife's disclosure form describing the features of deferred variable annuities, and have been informed of these features and the other information disclosed in the form regarding my proposed annuity purchase.

Under penalties of perjury, I certify that (a) the Social Security Number shown on this form is my correct number, and (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding or (ii) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or (iii) the IRS has notified me that I am no longer subject to backup withholding and (c) I am a U.S. person (including a U.S. resident alien). (Note that you must cross out item (b) above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.)

**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.**

Location where application signed Anytown, USA  
City & State

Signature of Participant [Signature] Date 3/20/2012

Signature of Plan Administrator (for ERISA Plans Only) Robert Smith Date 3/20/2012

Owner Signature for §457(b) Plans Only \_\_\_\_\_ Date \_\_\_\_\_

**9 Representative Information**

- (a) Does the Participant have existing life insurance policies or annuity contracts?  Yes  No
- (b) Do you have reason to believe that the replacement or change of any existing life insurance policies and annuity contracts may be involved?  Yes (If "Yes," applicable disclosure and replacement forms must be attached.)  No  
 (Note: 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.)
- (c) Was an Asset Allocation Questionnaire used in connection with this sale?  
 Yes (If "Yes", attach the completed Asset Allocation Questionnaire to the application.)  No
- (d) How was this sale initiated? (Choose one.)  
 Mailer  Referral  Assigned  Personal Reference  Trade Show  Seminar  Internet  Other \_\_\_\_\_

**(e) Statement of Representative**

- All answers are correct to the best of my knowledge.
- I have provided the Participant with MetLife's Notice of Privacy Policies and Practices, prior to or at the time he/she completed the application form.
- I am properly FINRA registered and licensed in the state where the Participant signed this application.
- A Preference Plus Account prospectus, and all required fund prospectuses, as applicable, was delivered to the Participant.
- I have delivered the Producer Compensation Disclosure form (only applicable for business sold by MetLife, NEF, MLR and P&C producers).
- In each case where MetLife is sponsored or endorsed by an association (or pays such association for marketing/communications support or for participating in such events), and I am enrolling or selling to an employee of such association (or to an employee whose employer is a member of such association), I have provided the employee with the approved Member Access and Communications Disclosure form specific for such case.
- I have delivered to the Proposed Owner "Making an Informed Decision," MetLife's disclosure form describing the features of deferred variable annuities.
- Based on information available from the participant, I believe this enrollment is appropriate and suitable.

Signature of Representative [Signature] Date 3/20/2012

Printed Representative Name (First, Middle Initial, Last) <u>JOHN Q AGENT</u>	State License I. D. # <u>n/a</u>
District Agency Index # Or <input type="checkbox"/> Social Security # (Required) <u>BCF-12758</u>	Representative Agency Telephone # <u>355-444-7268</u>

Contract/Certificate # ABC-12345



SERFF Tracking Number: METK-128178243 State: Arkansas  
 Filing Company: Metropolitan Life Insurance Company State Tracking Number:  
 Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (START)  
 TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium  
 Product Name: Group Variable Annuity Application (START)  
 Project Name/Number: Group Variable Annuity Application (START)/038-PPA-B-ROTH (07/12)

## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
See Form Schedule tab.		

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
AR (MET) Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b>		
SoV_038-PPA-B-ROTH_07-12_.pdf		

Metropolitan Life Insurance Company  
200 Park Avenue, New York, NY 10166

## 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*



*Signature*

Vice President & Senior Actuary

*Title*

March 27, 2012

*Date*

**Metropolitan Life Insurance Company**

March 16, 2012

**STATEMENT OF VARIABILITY**

For use with form: 038-PPA-B-ROTH (07/12)

<b>Company Address</b>	The company address may change at some point in the future.
<b>6. Investment Objective and Allocation</b>	The funds are bracketed to allow for changes for fund availability under various Funding Options which may be available under this contract/certificate as well as for fund additions and name changes to the funds.
<b>8. Authorization &amp; Signature(s)</b>	The text in this section may be enhanced for clarity or compliance with insurance laws in your state or other states.