

State: Arkansas **Filing Company:** MetLife Investors USA Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: Term 2012
Project Name/Number: 5E-24-12 OYT/5E-24-12

Filing at a Glance

Company: MetLife Investors USA Insurance Company
Product Name: Term 2012
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 08/15/2012
SERFF Tr Num: METD-128618217
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: OYT 5E-24-12

Implementation: On Approval
Date Requested:
Author(s): Susan Patturelli, Diane Palermo, Dale Bihlmeyer
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/21/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** MetLife Investors USA Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: Term 2012
Project Name/Number: 5E-24-12 OYT/5E-24-12

General Information

Project Name: 5E-24-12 OYT Status of Filing in Domicile: Pending
Project Number: 5E-24-12 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: 08/21/2012
State Status Changed: 08/21/2012
Deemer Date: Created By: Diane Palermo
Submitted By: Diane Palermo Corresponding Filing Tracking Number:

Filing Description:

RE: MetLife Investors USA Insurance Company
NAIC # 241-61050 FEIN # 54-0696644
Individual Life Filing
Forms: 5E-24-12-ARCTWVWY Term Life Insurance Policy
New Submission
State of Domicile: Delaware

The above form is enclosed for your review and approval. This is a new form that will not replace any existing form. The form is final subject only to minor modifications in layout, paper size, color, stock, ink, border, font, company logo and adaptation to computer printing. Additionally, we reserve the right to correct minor typographical errors. Finally, "PAGE HAS BEEN INTENTIONALLY LEFT BLANK" will appear on each blank page of the Policy and riders when issued.

Policy Form 5E-24-12-ARCTWVWY is a non-participating non-renewable one year term life policy. This policy has no cash value and is not subject to the NAIC illustration regulations. It will be issued on a unisex basis only.

Items have been bracketed in the enclosed form to indicate that we will consider it acceptable to change these items in the future without re-filing the forms with your Department, unless you advise otherwise during your review of this form. The number of days in the free look provision has been bracketed so that we may update that number in accordance with the laws and regulations of your state based on how the policy was marketed or issued.

You have our assurance that we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49.

We look forward to receiving your approval of this form. Thank you for your attention to this filing.

Sincerely,

Susan Paturelli

Enclosures: Readability Certificate; Arkansas Certification Bulletin 11-83; Arkansas Certification of Compliance; Copy of Application ENB-7-07 Approved on 8/3/07; Actuarial Memorandum

State: Arkansas **Filing Company:** MetLife Investors USA Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: Term 2012
Project Name/Number: 5E-24-12 OYT/5E-24-12

Company and Contact

Filing Contact Information

Susan Patturelli, Director, IB Contract Support SPatturelli@metlife.com
 501 Boylston Street 617-578-3877 [Phone]
 Boston, MA 02116 617-578-5505 [FAX]

Filing Company Information

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

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Delaware is our Domiciliary State and they charge \$50.00 per form and Arkansas charges \$50.00 per form so since they are the same, we are sending the Arkansas fee.
Per Company: No

Company	Amount	Date Processed	Transaction #
MetLife Investors USA Insurance Company	\$50.00	08/15/2012	61715702

SERFF Tracking #:

METD-128618217

State Tracking #:

Company Tracking #:

OYT 5E-24-12

State:

Arkansas

Filing Company:

MetLife Investors USA Insurance Company

TOI/Sub-TOI:

L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name:

Term 2012

Project Name/Number:

5E-24-12 OYT/5E-24-12

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/21/2012	08/21/2012

SERFF Tracking #:

METD-128618217

State Tracking #:**Company Tracking #:**

OYT 5E-24-12

State:

Arkansas

Filing Company:

MetLife Investors USA Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name:

Term 2012

Project Name/Number:

5E-24-12 OYT/5E-24-12

Disposition

Disposition Date: 08/21/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Arkansas Certification Bulletin 11-83		No
Supporting Document	AR Certification of Compliance		No
Form	Term Life Insurance Policy		No

State: Arkansas

Filing Company: MetLife Investors USA Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Term 2012

Project Name/Number: 5E-24-12 OYT/5E-24-12

Form Schedule

Lead Form Number: 5E-24-12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		5E-24-12-ARCTWVWY	POL	Term Life Insurance Policy	Initial:	56.400	5E-24-12-ARCTWVWY.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



MetLife Investors USA Insurance Company

POLICY NUMBER: [SPECIMEN]

INSURED: [JOHN MIDDLE DOE]

TERM LIFE INSURANCE POLICY

Non-Participating

This is a term insurance policy. Premiums are shown on the Policy Specifications page. If the Insured dies while the Policy is in force, we will pay the Policy Proceeds to the Beneficiary. We must receive proof of the Insured's death. Any payment will be subject to all of the provisions of the Policy.

RIGHT TO EXAMINE POLICY

Please read the Policy. You may return the Policy to us or to our representative through whom it was purchased within [10] days from the date you receive it. If you return it within this period, we will refund any premium paid and the Policy will be void from the start.

This Policy is a legal contract between the Owner and MetLife Investors USA Insurance Company. **PLEASE READ YOUR CONTRACT CAREFULLY.**

Signed for the Company at its Main Administrative Office, Irvine, CA 92614

President

Secretary

ALPHABETIC GUIDE TO YOUR CONTRACT

Section	Section
4 Addition of Riders	8 Minimum Payments under Payment Options
1 Application	4 Misstatement of Age
5 Assignments	7 Other Payment Options and Frequencies
5 Beneficiary	5 Owner
4 Change in Risk Classification	1 Paid to Date
5 Change of Owner or Beneficiary	6 Payee
6 Choice of Payment Options; Option Date	6 Payment
4 Claims of Creditors	6 Payment of Benefits
4 Contract	3 Payment of Premiums
6 Death of Payee	7 Payment Options
1 Definitions	5 Persons with an Interest in the Policy
1 Designated Office	1 Policy Date
5 Designation of Owner and Beneficiary	2 Policy Proceeds
1 Expiry Date	1, 3 Premiums
4 General Provisions	4 Refund of Unearned Premiums
3 Grace Period	3 Reinstatement
1 In Writing	7, 8 Single Life Income
4 Incontestability	7, 8 Single Life Income – 10 Year Guaranteed Payment Period
1 Insured	4 Statements in Application
1 Issue Age	4 Suicide Exclusion
1 Issue Date	1 We, Us and Our
7, 8 Joint and Survivor Life Income	1 You and Your
6 Life Income Options	
8 Life Income Tables	
6 Limitations	

Riders, Endorsements and Amendments, if any, and copies of the Application follow the final section of the Policy.

POLICY SPECIFICATIONS

Insured	[JOHN MIDDLE DOE]
Policy Number	[SPECIMEN]
Policy Date	[NOVEMBER 15, 2012]
Issue Date	[NOVEMBER 15, 2012]
Expiry Date	[NOVEMBER 15, 2013]
Issue Age of Insured	[35]
Sex	[MALE]
Minimum Installment Amount	[\$50.00]

Benefits - As specified in Policy and in any rider

Schedule of Benefits and Premiums

Benefit	Face Amount/ Benefit Amount	[Annual] Premium	Risk Classification
ONE YEAR TERM	[\$100,000]	[\$81.00]	[STANDARD SMOKER]

Total Premium Due on Policy Date:

[Annual]

[\$81.00]

We may offer you promotional programs.

1. DEFINITIONS

Application	The application(s) including any amendments and supplements for: the Policy; any riders that are made a part of the Policy; and any Policy changes. A copy of the Application is attached to the Policy.
Attained Age	The Issue Age plus the number of completed policy years. This includes any period during which the Policy was lapsed.
Designated Office	Our Main Administrative Office or any other office we designate.
Expiry Date	The Expiry Date is shown on the Policy Specifications page. This is the date the Policy is terminated.
In Writing	In a written form satisfactory to us and received at our Designated Office.
Insured	The person whose life is insured under the Policy. The name of the Insured is shown on the Policy Specifications page.
Issue Age	The age of the Insured as of his or her birthday nearest to the Policy Date. The Issue Age is shown on the Policy Specifications page.
Issue Date	The Issue Date is shown on the Policy Specifications page. It is the date from which the incontestability and suicide periods for the coverage are measured.
Paid to Date	The date to which the premiums for the Policy are paid.
Policy Date	The Policy Date is shown on the Policy Specifications page. Policy years, months and anniversaries are all measured from the Policy Date.
Premiums	Premiums are payments to us. Your first premium is due as of the Policy Date. If premiums are paid on other than an annual mode, the due date is each semi-annual, quarterly or monthly anniversary as applicable.
We, Us and Our	MetLife Investors USA Insurance Company.
You and Your	The Owner of the Policy.

2. POLICY PROCEEDS

Policy Proceeds

We will pay the Policy Proceeds to the Beneficiary upon receipt of proof of the Insured's death. The Policy Proceeds are equal to:

1. The Face Amount; plus
2. Any insurance on the life of the Insured provided by a rider; plus
3. Any part of a premium paid for coverage beyond the date of death; less
4. Any premium due to the date of death.

In no event will the amount payable upon the death of the Insured be less than the minimum amount required to permit the Policy to qualify as life insurance under the applicable Federal income tax rules.

3. PREMIUMS AND GRACE PERIOD

Payment of Premiums

The first premium is due as of the Policy Date. While the Insured is living, premiums after the first premium must be paid at our Designated Office. The Policy will not be in force until the first premium is paid. If you are in possession of the Policy, and the first premium has not been paid, it will be considered that you have the Policy for inspection only.

Premiums for the Policy and for any riders are shown on the Policy Specifications page. No premium is due or payable for any period after the death of the Insured.

Payment can be at any premium mode we make available. A change in premium mode will be processed on the Paid to Date on or following the date we approve your request to change the mode.

Grace Period

There is a Grace Period of 31 days in which to pay each premium, without interest, after its due date. The insurance remains in force during the Grace Period. If the premium remains unpaid at the end of the Grace Period, the Policy will lapse as of the due date of the premium in default.

Reinstatement

You may reinstate your lapsed Policy (excluding riders) prior to the Expiry Date. Riders can be reinstated only as stated in the rider or with our consent. To reinstate, you must submit a request In Writing and the following:

1. Proof that the Insured is insurable by our standards, and
2. Payment of each unpaid premium while the Insured is living, plus interest at the rate of 6% per year compounded yearly.

The Insured must be alive on the date we approve the request for reinstatement. If the Insured is not alive, such approval is void.

The reinstated Policy will be in force from the date we approve the reinstatement application.

4. GENERAL PROVISIONS

The Contract	<p>We have issued the Policy in consideration of the Application and payment of premiums. The Policy includes the Application, any riders, and any endorsements. Together they comprise the entire contract and are made a part of the Policy when the insurance applied for is accepted. The Policy may be changed by mutual agreement. Any change must be in writing and approved by our President, Vice President or Secretary. Our representatives have no authority to alter or change any terms, conditions, or agreements of the Policy, or to waive any of its provisions.</p> <p>If we make any payment or any policy changes in good faith, relying on our records or evidence supplied to us, our duty will be fully discharged. We reserve the right to correct any errors in the Policy.</p>
Statements in Application	<p>All statements made by the Insured or on his or her behalf, or by the applicant, will be deemed representations and not warranties. Material misstatements will not be used to void the Policy or any rider or to deny a claim unless made in the Application.</p>
Claims of Creditors	<p>To the extent permitted by law, neither the Policy nor any payment under it will be subject to the claims of creditors or to any legal process.</p>
Misstatement of Age	<p>If we determine that there was a misstatement of age reflected in the Policy, the Face Amount will be the amount the most recent premium paid would have provided based on the correct information.</p>
Refund of Unearned Premiums	<p>If you ask to discontinue this Policy, we will refund the part of the premium paid for coverage beyond the policy month in which you make your request.</p>
Incontestability	<p>We cannot contest the coverage after the Policy has been in force during the lifetime of the Insured for one year from its Issue Date. This provision will not apply to any rider that contains its own incontestability clause.</p>
Suicide Exclusion	<p>If the Insured dies by suicide, while sane or insane, within one year from the Issue Date, the amount payable will be limited to the amount of premiums paid (without interest), or the reserve if greater and required by state law.</p>
Change in Risk Classification	<p>You may apply for a better risk classification by making a request In Writing to us. Proof of insurability will be required. If we approve your request, the change will take effect on the date we approve your request.</p>
Addition of Riders	<p>You may request in Writing that we add a rider to the Policy. Proof of insurability may be required. If we approve your request, the addition of the rider will take effect on the earlier of the Paid to Date or the current date.</p>

5. PERSONS WITH AN INTEREST IN THE POLICY

Owner

The Owner of the Policy is named in the Application. The Owner can be changed before the death of the Insured. The new Owner will succeed to all of the rights of the Owner, including the right to make a further change of Owner. If there is more than one Owner, all must exercise the rights of ownership by joint action. Ownership may be changed in accordance with the Change of Owner or Beneficiary provision.

The Owner may be the Insured or someone else, and may be a person, a partnership, a corporation, a fiduciary or any other legal entity. At the death of the Owner, his or her estate will be the Owner, unless a successor Owner has been named. The rights of the Owner will end at the death of the Insured, except as provided in the Beneficiary provision.

Beneficiary

The Beneficiary is the person or entity named to receive the Policy Proceeds. The initial Beneficiary is named in the Application. You can change the Beneficiary before the death of the Insured; however, an irrevocable Beneficiary cannot be changed without his or her consent. The Beneficiary can be a person, a partnership, a corporation, a fiduciary or any other legal entity. The Beneficiary has no interest in the Policy until the death of the Insured. A person must survive the Insured to qualify as Beneficiary. If no Beneficiary survives, the proceeds will be paid to the Owner.

Any payment we make will terminate our liability with respect to such payment.

Change of Owner or Beneficiary

During the Insured's lifetime, you may change the Owner and Beneficiary designations, subject to any restrictions as stated in the Owner and Beneficiary provisions. You must make the change In Writing. Once it is recorded, the change will take effect as of the date you signed the request, whether or not the Insured is living when we receive your request. The change will be subject to any assignment of the Policy or other legal restrictions. It will also be subject to any payment we made or action we took before we recorded the change. A change of Owner will void any prior Beneficiary designation.

Assignments

If you make an absolute assignment of the Policy, the assignee will be the new Owner and Beneficiary. A collateral assignment of the Policy by you is not a change of Owner or Beneficiary; but their rights will be subject to the terms of the collateral assignment. Assignments will be subject to all payments made and actions taken by us before a signed copy of the assignment form is recorded by us at our Designated Office. We will not be responsible for determining whether or not an assignment is valid.

Designation of Owner and Beneficiary

A numbered sequence can be used to name successive Owners or Beneficiaries. Co-beneficiaries will receive equal shares unless otherwise stated.

In naming Owners or Beneficiaries, unless otherwise stated:

1. "Child" includes an adopted or posthumous child;
2. "Provision for issue" means that if a Beneficiary does not survive the Insured, the share of the Policy Proceeds for that Beneficiary will go to his or her living issue by right of representation; and
3. A family relation such as "wife", "husband" or "child" means in relation to the Insured.

At the time of payment of benefits, we can rely on an affidavit of any Owner or other responsible person to determine family relations or members of a class.

6. PAYMENT OF BENEFITS

Payment	<p>Unless otherwise requested, when the Insured dies we will pay the Policy Proceeds to the Payee in one sum, which includes placing the amount in an account that earns interest. If an account is established, the Payee will be the accountholder and will have immediate access to all of the account. The proceeds may include interest as required by applicable law.</p> <p>On request, all or part of the proceeds payable in one sum at the death of the Insured can be applied to any Payment Option at the choice of the Payee. Further, with our consent, any Payee who is entitled to receive proceeds in one sum when a Payment Option ends, or at the death of a prior Payee, or when the proceeds are withdrawn, can choose to apply the proceeds to a Payment Option.</p>
Choice of Payment Options; Option Date	<p>The choice of a Payment Option and the naming of the Payee must be In Writing. You can make, change or revoke the choice before the death of the Insured. The Option Date is the effective date of the Payment Option, as chosen.</p> <p>When a Payment Option starts, a contract will be issued by us or by an affiliate that will describe the terms of the Option.</p>
Payee	<p>A Payee is a person, a partnership, a corporation, a fiduciary or any other legal entity entitled to receive the Policy Proceeds in one sum or under a Payment Option.</p> <p>If the Payee is not a natural person, the choice of a Payment Option will be subject to our approval. A collateral assignment will modify a prior choice of a Payment Option. The amount due any assignee will be payable in one sum and the balance will be applied under the Payment Option.</p>
Life Income Options	<p>Guaranteed Life Income Options are based on the age of the Payee on the Option Date. We will require proof of age. The Life Income payments will be based on the rates shown in the Life Income Tables; or, if they are greater, our Payment Option rates on the Option Date. If the rates at a given age are the same for different periods certain, the longest period certain will be deemed to have been chosen.</p>
Death of Payee	<p>Amounts to be paid after the death of a Payee under a Payment Option will be paid as due to the successor Payee. If there is no successor Payee, amounts will be paid in one sum to the estate of the last Payee to die. If a Payee under a Life Income Option dies within 30 days after the Option Date, the amount applied to the Option, less any payments made, will be paid in one sum, unless a Payment Option is chosen.</p>
Limitations	<p>If installments under an Option would be less than the Minimum Installment Amount shown on the Policy Specifications page, proceeds can be applied to a Payment Option only with our consent.</p>

7. PAYMENT OPTIONS

Single Life Income	Monthly payments will be made during the lifetime of the Payee.
Single Life Income – 10 Year Guaranteed Payment Period	Monthly payments will be made during the lifetime of the Payee with a guaranteed payment period of 10 years.
Joint and Survivor Life Income	Monthly payments will be made: <ol style="list-style-type: none">1. While either of two Payees is living, called “Joint and Survivor Life Income”; or2. While either of two Payees is living, but for at least 10 years, called “Joint and Survivor Life Income, 10 Years Certain”.
Other Payment Options and Frequencies	Other Payment Options and payment frequencies may be arranged with us.

8. LIFE INCOME TABLES

Minimum Payments under Payment Options

Monthly payments for each \$1,000 applied will not be less than the amounts shown in the following Tables. On request, we will provide additional information about amounts of minimum payments. The amounts shown below are based on an interest rate of ½ percent a year and the 2000 Annuity Mortality Table.

Single Life Income	Payee's Age	Life Income	10 Year Guaranteed Payment Period
		Unisex	Unisex
	50	\$2.22	\$2.21
	55	2.47	2.46
	60	2.79	2.78
	65	3.21	3.18
	70	3.76	3.69
	75	4.52	4.36
	80	5.58	5.20
	85	7.12	6.18
	90 & over	9.36	7.14

Joint and Survivor Life Income	Age of Both Payees	Joint and Survivor	Joint and Survivor, 10 Years Certain
		Unisex	Unisex
	50	\$1.94	\$1.94
	55	2.14	2.14
	60	2.38	2.38
	65	2.69	2.69
	70	3.09	3.09
	75	3.63	3.62
	80	4.37	4.33
	85	5.42	5.26
	90 & over	6.93	6.35

PAGE HAS BEEN INTENTIONALLY LEFT BLANK

TERM LIFE INSURANCE POLICY

Non-Participating

SERFF Tracking #:

METD-128618217

State Tracking #:

Company Tracking #:

OYT 5E-24-12

State:

Arkansas

Filing Company:

MetLife Investors USA Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name:

Term 2012

Project Name/Number:

5E-24-12 OYT/5E-24-12

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Readability (OYT).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:			
Attachment(s):			
ENB-7-07 SAMPLE.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Arkansas Certification Bulletin 11-83		
Comments:			
Attachment(s):			
AR Certification (OYT).pdf			

		Item Status:	Status Date:
Satisfied - Item:	AR Certification of Compliance		
Comments:			
Attachment(s):			
AR Certification of Compliance (OYT).pdf			

State of Arkansas

Readability Certification

Pursuant to Bulletin 14-79 and Arkansas Statute Annotated § 23-80-206 to § 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act, the Flesch Readability Ease Test has been applied to the following forms.

Form Number(s)
5E-24-12-ARCTWWY

Flesch Score(s)
56.4



Karen A. Johnson, Vice President

8/15/2012
Date

Application for Life Insurance

Company (Check the appropriate ONE.) The Company indicated in this section is referred to as "the Company".

- Metropolitan Life Insurance Company
New England Life Insurance Company
MetLife Investors Insurance Company
General American Life Insurance Company
MetLife Investors USA Insurance Company

SECTION I - About the Proposed Insured

For Additional Insureds please complete the Additional Insureds Supplement form.

Form fields for Section I: First Name, Middle Name, Last Name, Permanent Address, City, State, Zip, Country of Legal Residence, Date of Birth, E-Mail Address, Primary Phone Number, Alternate Phone Number, Preferred Time to Call, From, To, Sex, Place of Birth, Social Security or Tax ID Number, Earned Annual Income, Net Worth, U.S. Driver's License, Issuer of ID, ID Number, Issue Date, Expiration Date, Name of Employer, Employer City, State, Zip, Position/Duties.

Form fields for NON U.S. CITIZENS ONLY: Country of Citizenship, Green Card/Visa Type, Expiration Date, Country of Permanent Residence, ID Number, Years in the U.S.

SECTION II - About the Owner

Complete ONLY if the Owner is NOT the Proposed Insured.

Form fields for Section II: OWNER - TRUST / BUSINESS ENTITY (Name of Entity, Tax ID Number, Trustee / Owner State), OWNER - OTHER INDIVIDUAL (First Name, Middle Name, Last Name, Permanent Address, City, State, Zip, Country of Legal Residence, Citizenship, Social Security or Tax ID Number, Date of Birth, Phone Number, E-Mail Address, Earned Annual Income, Net Worth, Relationship to Proposed Insured, Please indicate form of ID, Issuer of ID, ID Number, Issue Date, Expiration Date, Check if ownership should revert to Insured upon Owner and Contingent Owner's deaths).



SECTION III - About the Beneficiary / Beneficiaries

For additional Beneficiaries, use Section IX - Additional Information.

Check here if the Owner is the Primary Beneficiary.

For Primary or Contingent Beneficiaries who are NOT the Owner, complete the table below.

Beneficiary Type	Name (First, Middle, Last)	Date of Birth	Relationship to Proposed Insured	Social Security Number (Optional)	Percentage of Proceeds (if not equal)
Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Check here to include all living and future natural or adopted children of the Proposed Insured as Contingent Beneficiaries. (Name all living children above.)

If a Custodian is acting on behalf of a minor Beneficiary listed above, please use **Co-Owner/Contingent Owner and UTMA Designations Supplement** form.

Federal law states that if someone with special needs has assets over \$2,000, they may lose eligibility for government benefits.

SECTION IV - About Proposed Coverage

Check the desired coverage(s).

<input type="checkbox"/> Universal Life	<input type="checkbox"/> Variable Life <input type="checkbox"/>	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Term Life
Product Name _____	Product Name _____	Product Name _____	Product Name _____
Face Amount* _____	Face Amount* _____	Face Amount* _____	Face Amount* _____
Riders and Details _____	Riders and Details _____	Riders and Details _____	Riders and Details _____
<input type="checkbox"/> Coverage Continuation (UL only)			
Disability Waiver: <input type="checkbox"/> Specified Premium _____ <input type="checkbox"/> Monthly Deduction (VUL only) _____	<input type="checkbox"/> Disability Waiver Dividend Options: <input type="checkbox"/> Paid-Up Additions _____ <input type="checkbox"/> Other, please specify: _____	Disability Waiver: <input type="checkbox"/> Convertible <input type="checkbox"/> Non-Convertible	
Death Benefit Option _____	<input type="checkbox"/> Automatic Premium Loan Requested		
Definition of Life Insurance: <input type="checkbox"/> Guideline Premium Test <input type="checkbox"/> Cash Value Accumulation Test			
Planned Premium Year 1 _____ Years 2 to _____ Years ____ to ____ _____ (UL only)	<p>i For a full list of riders and options, please consult with your Producer. Note: Some riders may require supplement forms to be completed.</p> <p><input type="checkbox"/> For Variable Life products, please complete the Variable Life Supplement form. * If Face Amount is equal to or exceeds \$1,000,000, please complete the Personal Financial Information form.</p>		

ADDITIONAL OPTIONS

One Time (Single) Payment Amount 1035 Exchange Amount Requested Policy Date Save Age

POLICY OPTIONS

Alternate Policy: Product, Face Amount and Details _____

Additional Policy: Product, Face Amount and Details _____

Group Conversion Only

Group Conversion Alternative

} Please complete the **Group Conversion Supplement** form for either choice.



SECTION V - About Existing or Applied for Insurance

Does the Proposed Insured or Owner have any existing or applied for life insurance or annuities with this or any other company? Proposed Insured Yes No
Owner Yes No

If **YES**, please provide details of any existing or applied for **Life Insurance** on the **Proposed Insured only**.

Company	Amount of Insurance	Year of Issue	Status
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For

In connection with this application, has there been, or will there be with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance? Yes No

If **YES**, complete **Replacement Questionnaire** AND any other state required replacement forms or 1035 exchange forms.

If Proposed Insured is financially dependent on another individual, indicate individual providing support:

Spouse Child Parent Other _____

Amount of insurance on individual providing support. Existing Insurance _____ Insurance Applied For _____

If Proposed Insured is a minor, are all siblings equally insured? Yes No

If **NO**, please provide details: _____

SECTION VI - About Payment Information

PREMIUM PAYOR

Proposed Insured Owner (If NOT the Proposed Insured.) Other (Complete the box below.)

Other Premium Payor Name	Social Security or Tax ID Number	Relationship to Proposed Insured or Owner	
_____	_____	_____	
Reason this Person is the Payor			

Permanent Address	City	State	Zip
_____	_____	_____	_____

PAYMENT MODE (Check the appropriate ONE.) Billing Mode: Annual Semi-Annual Quarterly
 Monthly Draft per Debit Authorization (See next page.)
 Monthly Draft per Existing Electronic Payment Number _____

Special Account: Government Allotment Salary Deduction List Bill
 If Special Account, provide Employer Group Number (EGN) or List Bill Number _____

INITIAL PAYMENT

Amount Collected with Application _____ Method of Collection:
 Initial Premium by Electronic Funds Transfer (Must be at least a monthly amount.)
 Check (Must be at least 1/12 of an annual premium.)

SOURCE OF CURRENT AND FUTURE PAYMENTS (Check **ALL** that apply.)

Earned Income Mutual Fund/Brokerage Account Money Market Fund Savings Loans
 Certificate of Deposit Use of Values in another Life Insurance/Annuity Contract Other _____



DEBIT AUTHORIZATION  Available only if the bank account holder is the Owner and/or Proposed Insured.

 All others please complete the **Electronic Payment (EP) Account Agreement** form.

The undersigned ("I") hereby authorize the Company with whom I am completing this application to initiate debit entries through Metropolitan Life Insurance Company to the deposit account designated below, at the Financial Institution named below, using the Automated Clearing House. I authorize:

1. Monthly recurring debits; AND
2. Debits made from time to time, as I authorize.

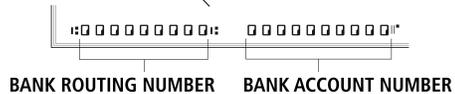
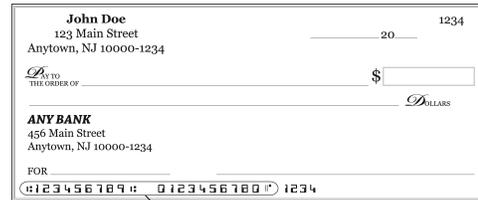
This authorization is to remain in full force and effect until the Company has received written notification from me of its termination at such time and in such manner as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

Monthly Debit Date: Issue Date of the Policy
 Debit Date on the _____ of each month

Bank Account Type: Checking Savings

Bank Routing Number _____ Bank Account Number _____

Name of Financial Institution _____



 Note: Please attach a voided check or deposit slip to Section IX - Additional Information.

We cannot establish banking services from starter checks, cash management, brokerage, or mutual fund checks. We cannot establish banking services from foreign banks UNLESS the check is being paid in U.S. Dollars through a U.S. correspondent bank (the U.S. correspondent bank name must be on the check).

SECTION VII - General Risk Questions

Use Section IX - Additional Information if necessary.

1. Within the past three years has the Proposed Insured flown in a plane other than as a passenger on a commercial airline or does he or she have plans for such activity within the next year? Yes No

 If **YES**, please complete a separate **Aviation Risk Supplement** form for the Proposed Insured.

2. Within the past three years has the Proposed Insured participated in or does he or she plan to participate in **any** of the following? Yes No

- Underwater sports - SCUBA diving, skin diving, or similar activities
- Racing sports - motorcycle, auto, motor boat or similar activities
- Sky sports - skydiving, hang gliding, parachuting, ballooning or similar activities
- Rock or mountain climbing or similar activities
- Bungee jumping or similar activities

 If **YES**, please complete a separate **Avocation Risk Supplement** form for the Proposed Insured.

3. Has the Proposed Insured **traveled** or **resided** outside the U.S. or Canada within the **past two years**; or does he or she plan to **travel** or **reside** outside the U.S or Canada within the **next two years**? Yes No

If **YES**, please provide details.

Past	Future	Duration (weeks)	Cities and Countries	Purpose
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

4. Has the Proposed Insured **EVER** used tobacco or nicotine products in any form (e.g., cigars, cigarettes, cigarillos, pipes, chewing tobacco, nicotine patches, or nicotine gum)? If **YES**, please provide details. Yes No

Product(s)	Frequency / Amount	Date Last Used



Certification / Agreement / Disclosure

Was a sales illustration provided for the life insurance policy as applied for?

Yes No

A. If **Yes**, please choose one of the following:

- An illustration was signed and **matches the policy applied for**. It is included with this application.
- An illustration was shown or provided but is **different from the policy applied for**. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- The sale was made using an illustration with Accelerated Payment.
- If illustration was **only shown on a computer screen**, check and complete the details in the box below.

An illustration was displayed on a computer screen. The displayed illustration **matches the policy applied for** but no printed copy of the illustration was provided. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery. The illustration on the screen included the following personal and policy information:

1. Gender (as illustrated) Male Female Unisex
2. Age _____
3. Rating Class (e.g. Standard Non-smoker) _____ Non-smoker Smoker
4. Product Name (e.g. GAUL) _____
5. Face Amount _____
6. Dividend Option (Whole Life only) _____

B. If **No**, please choose one of the following:

- Producer certifies that a signed illustration is **not required** by law or the policy applied for is not illustrated in this state.
- No illustration conforming to the policy** as applied for was shown or provided prior to or at the time of this application. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

Agreement / Disclosure

I have read this application for life insurance including any amendments and supplements and to the best of my knowledge and belief, all statements are true and complete. I also agree that:

- My statements in this application and any amendment(s), paramedical/medical exam and supplement(s) are the basis of any policy issued.
- This application and any amendment(s), paramedical/medical exam, and supplement(s) to this application will be attached to and become part of the new policy.
- No information will be deemed to have been given to the Company unless it is stated in this application, paramedical/medical exam, amendment(s), or any supplement(s).
- Only the Company's President, Vice-President or Secretary may: (a) make or change any contract of insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, or policy.
- Except as stated in the Temporary Insurance Agreement and Receipt, no insurance will take effect until a policy is delivered to the Owner and the full first premium due is paid. It will only take effect at the time it is delivered if: (a) the condition of health of each person to be insured is the same as stated in the application; and (b) no person to be insured has received any medical advice or treatment from a medical practitioner since the date of the application.
- If I have requested a rider that provides an acceleration of death benefit, I have received the appropriate disclosure form.
- I understand that paying my insurance premiums more frequently than annually may result in a higher yearly out-of-pocket cost or different cash values.
- **If I intend to replace existing insurance or annuities, I have so indicated in the appropriate section of the application.**
- **I have received the Company's Privacy Notice and the Life Insurance Buyer's Guide.**
- **If I was required to sign a Notice and Consent for HIV Testing, I have received a copy of that Notice.**



Fraud Warnings

Arkansas, Kentucky, Louisiana, New Mexico, Ohio, Oklahoma

Any person who knowingly and with intent to defraud any insurance company or any 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.

District of Columbia, Tennessee, Virginia, Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Taxpayer Identification Number Certification

Under penalties of perjury, I, the Owner, certify that:

- The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:
 - (a) 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**
 - (b) the IRS has notified me that I am not subject to backup withholding.
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
- I am a U.S. citizen or a U.S. resident alien for tax purposes.
(If you are not a U.S. citizen or a U.S. resident alien for tax purposes, please cross out this certification and complete form W-8BEN).

❶ **Please note:** The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signatures

If not witnessing all signatures, witness should initial next to signature being witnessed and sign below.

Signature(s) of all Proposed Insured(s)	Date	Signed at City, State
---	------	-----------------------

▶ _____

▶ _____

(age 15 or over)

☞ Please complete the **Additional Insureds Supplement** or **Child Rider Supplement** form(s) if applicable.

Signature(s) of all Owner(s) (If NOT the Proposed Insured.)	Date	Signed at City, State
--	------	-----------------------

▶ _____

▶ _____

(age 15 or over)

❶ If the Owner is a firm or corporation, include Officer's title with signature.

☞ If Co-Owner or Custodian, please complete the **Co-Owner/Contingent Owner and UTMA Designations Supplement** form.

Signature of Parent or Guardian	Date	Signed at City, State
---------------------------------	------	-----------------------

▶ _____

(If Owner or Proposed Insured is under 18, sign here. If not sign above.)

Witness to Signatures

Licensed Producer	Print Name of Producer
-------------------	------------------------

▶ _____



ARKANSAS
BULLETIN 11-83

EXHIBIT A (REVISED)

CONSENT TO SUBMIT RATES AND/OR
COST BASES FOR APPROVAL

The MetLife Investors USA Insurance Company ("Company") of Delaware Does hereby
(Company Name) (City and State)

Consent and agree

A) that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to policy form number 5E-24-12-ARCTWVWY must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

MetLife Investors USA Insurance Company
(Company Name)

By *Karen Johnson*
(Name)

Vice President
(Title or Position)

MetLife Investors USA Insurance Company
222 Delaware Ave, Suite 900, PO Box 25130, Wilmington, DE 19899

State of Arkansas

Certification

We certify compliance with Rule and Reg. 19 s 10 and all other applicable requirements of the Arkansas Insurance Department.



Karen A. Johnson, Vice President

8/15/2012

Date