

State: Arkansas **Filing Company:** MetLife Investors USA Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Convertible and Renewable Options Rider
Project Name/Number: CRO Rider/5E-2CR1-12

Filing at a Glance

Company: MetLife Investors USA Insurance Company
Product Name: Convertible and Renewable Options Rider
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Filing Type: Form
Date Submitted: 12/28/2012
SERFF Tr Num: METD-128811653
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 5E-2CR1-12

Implementation: On Approval
Date Requested:
Author(s): Susan Patturelli, Diane Palermo, Dale Bihlmeyer
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/04/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** MetLife Investors USA Insurance Company
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General Information

Project Name: CRO Rider Status of Filing in Domicile: Pending
Project Number: 5E-2CR1-12 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: 01/04/2013
State Status Changed: 01/04/2013
Deemer Date: Created By: Dale Bihlmeyer
Submitted By: Dale Bihlmeyer Corresponding Filing Tracking Number:

Filing Description:

RE: MetLife Investors USA Insurance Company
NAIC # 241-61050 FEIN # 54-0696644
Individual Life Filing
Form: 5E-2CR1-12 Convertible and Renewable Options Rider
New Submission
State of Domicile: Delaware

The above-referenced form is enclosed for your review and approval. This is a new form that will not replace any existing forms. 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.

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

Rider Form 5E-2CR1-12 is an options rider that will be added to a one year non-renewable and non-convertible term life policy to make it renewable and convertible. The premiums for this rider for the first year will be shown on the policy specification page. The premiums after the first year for the policy and the rider will be shown on the rider specifications page. This rider has no cash value.

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.

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

Sincerely,

Susan Patturelli

Enclosures: Readability Certificate; Certification; Actuarial Memorandum; Statement of Variability; Copy of Application Form ENB-7-07 Approved on 8/3/2007.for Informational Purposes Only

Company and Contact

Filing Contact Information

Susan Patturelli, Director, IB Contract SPatturelli@metlife.com
Support

State: Arkansas **Filing Company:** MetLife Investors USA Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Convertible and Renewable Options Rider
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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: \$50.00 state filing fee is required. Delaware is our domiciliary state and requires a \$50.00 fee per form, therefore we are submitting a fee of \$50.00.
 Per Company: No

Company	Amount	Date Processed	Transaction #
MetLife Investors USA Insurance Company	\$50.00	12/28/2012	66085564

SERFF Tracking #:

METD-128811653

State Tracking #:

Company Tracking #:

5E-2CR1-12

State:

Arkansas

Filing Company:

MetLife Investors USA Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Convertible and Renewable Options Rider

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CRO Rider/5E-2CR1-12

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/04/2013	01/04/2013

SERFF Tracking #:

METD-128811653

State Tracking #:

Company Tracking #:

5E-2CR1-12

State:

Arkansas

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Disposition

Disposition Date: 01/04/2013

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	Compliance Certification		No
Supporting Document	Statement of Variability		No
Form	Convertible and Renewable Options Rider		No

State: Arkansas

Filing Company:

MetLife Investors USA Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

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Form Schedule

Lead Form Number: 5E-2CR1-12

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Convertible and Renewable Options Rider	5E-2CR1-12	POLA	Initial		50.700	5E-2CR1-12 Final.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

CONVERTIBLE AND RENEWABLE OPTIONS RIDER

MetLife Investors USA Insurance Company

This Rider is a part of the Policy if it is listed on the Policy Specifications page. A copy of the application for this Rider is attached to and made part of the Rider.

Effect on Policy This Rider changes the Policy from a one year term insurance policy to a yearly renewable term insurance policy. The Policy will be renewable beyond its Expiry Date until the Final Expiry Date. (See the Renewability provision below.) The Policy can be converted during the Conversion Period. (See the Conversion Option provision below.)

In the Incontestability and Suicide Exclusion provisions of the Policy, "one year" is changed to "two years".

When this Rider is attached, the Policy will not terminate on the Expiry Date of the Policy.

Final Expiry Date The Final Expiry Date is the date on which the Policy will terminate.

Renewability The Policy will be renewed automatically for successive periods of one year from the Expiry Date of the Policy to the Final Expiry Date shown on the Rider Specifications for Convertible and Renewable Options Rider page (called "Rider Specifications").

The Schedule of Renewal premiums section of the Rider Specifications page shows the premiums that will be due for the Policy from the Expiry Date of the Policy to the Final Expiry Date. The due date for each premium is the policy anniversary each year or, if premiums are paid on other than an annual mode, the semi-annual, quarterly or monthly anniversary as applicable.

Conversion Option During the Conversion Period shown on the Rider Specifications page, you can convert the Policy, while it is in force with all premiums due having been paid, to a new policy on another plan of insurance. The new policy will be issued:

1. By the Company or by an affiliate designated by the Company;
2. Without proof that the Insured is insurable;
3. On a plan of permanent insurance, with a level face amount, we make available on the Policy Date of the new policy;
4. With the same Insured and Face Amount as the Policy;
5. With the same underwriting class as the Policy, or the class the issuing company determines is closest to it if the class of the Policy is not offered on the new policy;
6. Subject to any assignments of this Policy and any limitations on the Policy stated in riders;
7. With a Policy Date as of the date of conversion; and
8. At the insurance age of the Insured on the Policy Date of the new policy.

The conversion is subject to payment of the first premium for the new policy, less any conversion credit.

Riders can be attached to the new policy only with the consent of the Company.

Premiums For This Rider Premiums for this Rider are due with the premiums for the Policy. Premiums for this Rider are shown on the Policy Specifications page for the first year and on the Schedule of Renewal Premiums section of the Rider Specifications page for later years. If premiums are paid on an annual mode, the due date for premiums is the policy anniversary each year. If premiums are paid on other than an annual mode, the due date is each semi-annual, quarterly or monthly anniversary as applicable.

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

If the Policy lapses prior to the Expiry Date of the Policy, this Rider can be reinstated with the Policy. If the Policy lapses after the Expiry Date of the Policy, you may reinstate the Policy and this Rider within three years after the date of lapse, or prior to the Final Expiry Date, if earlier. To reinstate, you must submit the following items:

1. A written application for reinstatement;
2. Proof In Writing that the Insured is insurable by our standards; and
3. Payment, while the Insured is living, of each unpaid premium, plus interest at the rate of 6% per year compounded yearly.

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

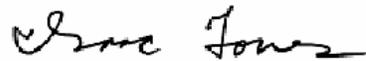
Termination

This Rider will terminate upon the earliest of:

1. The date the Policy lapses;
2. The Final Expiry Date shown on the Rider Specifications page; and
3. The date of our receipt of your request In Writing to terminate this Rider.

The Policy will also lapse if this Rider terminates and the Expiry Date of the Policy has passed.

MetLife Investors USA Insurance Company



Secretary

RIDER SPECIFICATIONS FOR CONVERTIBLE AND RENEWABLE OPTIONS RIDER

Insured [JOHN MIDDLE DOE]
Policy Number [SPECIMEN]
Coverage CONVERTIBLE AND RENEWABLE OPTIONS RIDER (CRO)
Final Expiry Date [NOVEMBER 15, 2017]
Conversion Period [POLICY YEARS 2 THROUGH 5]

SCHEDULE OF RENEWAL PREMIUMS

Policy Year	Attained Age	Term	CRO	Total Premium
2	36	\$85.00	\$228.00	\$313.00
3	37	88.00	246.00	334.00
4	38	92.00	268.00	360.00
5	39	97.00	291.00	388.00

SERFF Tracking #:

METD-128811653

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

5E-2CR1-12

State:

Arkansas

Filing Company:

MetLife Investors USA Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Convertible and Renewable Options Rider

Project Name/Number:

CRO Rider/5E-2CR1-12

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Read Cert (CRO).pdf			

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

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

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
5E-2CR1-12 Statement of Variability.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-2CR1-12

Flesch Score(s)
50.7



Karen A. Johnson, Vice President

12/28/12

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: 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	Disability Waiver: <input type="checkbox"/> Convertible <input type="checkbox"/> Non-Convertible	
Death Benefit Option _____	Dividend Options: <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Other, please specify: _____		
Definition of Life Insurance: <input type="checkbox"/> Guideline Premium Test <input type="checkbox"/> Cash Value Accumulation Test	<input type="checkbox"/> Automatic Premium Loan Requested		
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.

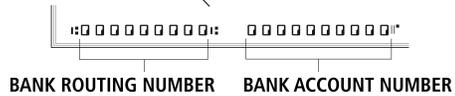
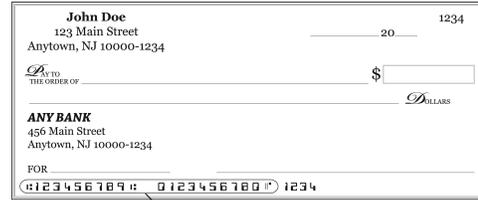
This authorization is to remain in full force and effect until the Company has received written notification from me of its termination at such time and in such manner as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

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

▶ _____



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

12/28/2012

Date

STATEMENT OF VARIABILITY

Rider Form 5E-2CR1-12*

December 28, 2012

Items not specifically defined below, but bracketed.

'John Doe' info. - varies by Insured-specific information, i.e. Insured, Policy Number

Final Expiry Date

End of Year 1 to End of Year in which Insured reaches attained Age 95

Conversion Period

End of Year 1 to End of Year in which Insured reaches attained Age 75

Schedule of Renewal Premiums

Premium rates vary by age, sex, risk class, face amount, and smoker status.

* and its state variations