

Metropolitan Life Insurance Company

Compensation Disclosure Statement

For policy year beginning _____ and ending _____

Customer Name _____

Policy Number _____

Name and address of the agents, brokers or other persons to whom commissions, fees or other compensation were paid

Name					
Address		City	State	Zip	
Commissions Paid			Fees Paid or Other Compensation		
Coverage	Amount	Purpose	Coverage	Amount	Purpose
		Subtotal			Subtotal

Name					
Address		City	State	Zip	
Commissions Paid			Fees Paid or Other Compensation		
Coverage	Amount	Purpose	Coverage	Amount	Purpose
		Subtotal			Subtotal

Name					
Address		City	State	Zip	
Commissions Paid			Fees Paid or Other Compensation		
Coverage	Amount	Purpose	Coverage	Amount	Purpose
		Subtotal			Subtotal

Name					
Address		City	State	Zip	
Commissions Paid			Fees Paid or Other Compensation		
Coverage	Amount	Purpose	Coverage	Amount	Purpose
		Subtotal			Subtotal

Total amount of Commissions paid	Total amount of Fees paid or Other Compensation

Footnotes: