

Opting out of information sharing

To submit an “opt out” request for yourself, please complete this information and check the applicable boxes below:

SECTION 1: Contact information

First name	Middle name	Last name		
Date of birth (<i>mm/dd/yyyy</i>)		Social Security number		
Mailing address		City	State	ZIP

Account or Policy number(s):

Opt out of sharing between MetLife affiliates for a marketing purpose or between MetLife and an unaffiliated joint marketing partner(s):

Federal law gives you the right to limit how we share your personal information for marketing purposes among MetLife’s family of companies. “Personal information” includes information about your income, account history, or credit worthiness.

The MetLife family of companies includes businesses operating under the brand names:

MetLife® (<i>insurance and securities</i>)	General American SM
Metropolitan® (<i>insurance</i>)	Economy SM
MetLife Auto & Home®	Hyatt Legal Plans SM

Select your preferences:

- I do not want my MetLife policy/account provider to share information about me with other MetLife affiliates to market their own products to me.
- I do not want MetLife to share information about me with companies with whom it has joint marketing arrangements for those companies to market their own products to me.

By opting out, you are instructing MetLife companies not to share your personal information with their affiliates — or unaffiliated business partners as part of a joint marketing arrangement — for marketing purposes. If your MetLife policy or account is jointly owned with one or more other people, you can opt out for one or all of them.

Even if you opt out, however, any MetLife company fortunate enough to have you as a customer may continue to send you information about products or services offered by any of our affiliated or unaffiliated companies. Your agent may also continue to tell you about other products or services that may help you achieve your financial goals.

SECTION 2: How to submit this form

Mail:

MetLife Customer Privacy Center
Attn: Opt Out Form
P. O. Box 981399
El Paso, TX 79998

We're here to help

Please call us at 877-638-7684 if you have any questions or visit us at www.metlife.com/optout.

We will honor your opt out choices unless you instruct us to change them. So, if you already opted out, you do not need to act again.

If your policy or account is jointly owned, and you want to opt out for one or all of the joint owners, please complete the below section. For additional joint owners, please copy the below information on a separate piece of paper and attach to this form.

First name	Middle name	Last name	
Date of birth (<i>mm/dd/yyyy</i>)	Social Security number		
Mailing address	City	State	ZIP

Account or Policy number(s):
