

Metropolitan Life Insurance Company
BENEFICIARY DESIGNATION



Relating to Group Policies under the General Motors Life and Disability Benefits Program for Salaried Employees, the General Motors Life and Disability Benefits Program for Hourly Employees or the GMAC LLC Life and Disability Benefits Program

Please read the instructions on the next page before completing this form. Do not erase or attempt to make corrections; use a new form.

Employee Name: _____

Social Security No.: _____

Place an "X" in the box next to ALL Coverage(s) Currently in Force if you wish your beneficiary(ies) to receive all coverage(s) currently in force OR place an "X" next to the applicable coverage(s) below for which you wish your designation to apply.

ALL Coverages Currently in Force **OR**

Basic Life Insurance Optional Life Insurance Personal Accident Insurance Supplemental Group Life Insurance (Certain Executives Only)

I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies) (if any) and designate as primary beneficiary(ies) and contingent beneficiary(ies) (if any) in the event of the insured's death, the following:

Primary Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share%

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL: 100%**

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies) the following:

Contingent Beneficiary Designation

Full Name (Last, First, Middle Initial)	Relationship	Date of Birth	Address (Street, City, State, Zip)	Share%

Payment will be made in equal shares or all to the survivor unless otherwise indicated. **TOTAL: 100%**

Note: See Next Page for Important Information

Trust(ee) Designation (applies only if a trust has been created in an executed trust agreement)

Name of Trustee(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

and successor(s) in trust, as Trustee(s) under _____

("Title of Agreement")

Dated _____ executed by me and said Trustee(s).

MetLife shall not be responsible for the application or disposition of the insurance proceeds by said trustee(s), and the receipt by such trustee(s) shall be full discharge of MetLife's liability under the above Group Life Insurance Plan(s).

If this form is executed by the insured, it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, or if the trust is under a Last Will and Testament and no trustee under any such Last Will and Testament shall be duly appointed, the beneficiary shall be determined in accordance with the terms of the Group Certificate, and payment made in good faith shall be full discharge of MetLife's liability under the Group Certificate.

If this form is executed by the current owner (who is not the insured), it is understood and agreed, however, that if MetLife receives proof satisfactory to it that the aforesaid trust has been revoked or is not in effect at the insured's death, the beneficiary shall be the current owner, if living at the insured's death, or the current owner's estate if the current owner is not living at the insured's death, and payment to the estate's legal representative based on such proof shall be full discharge of MetLife's liability under the Group Plan(s) or certificate.

Trust(ee) (Under Will) Designation (applies only if a trust has been set forth in your Will).

If for any reason whatsoever, no Trust(ee) under any such Last Will and Testament shall be duly appointed, the beneficiary shall be determined in accordance with the terms of the Group Plan(s), and payment made in good faith shall be full discharge of MetLife's liability under the Group Plan(s) or certificate.

I reserve the right to change the designated beneficiary(ies) at any time without (his/her/their) consent.

Name of Insured or Owner (if assigned or applicant owner)

Date

Check here if signed as a legal Power of Attorney

Signature of Insured or Owner (if assigned or applicant owner)

Date

(_____) _____
Daytime Phone No. - Optional

Please Retain a Copy for Your Records

GENERAL BENEFICIARY INFORMATION

Your beneficiary designation will apply only to those Insurance Coverages which you designate by marking an "X" in the box next to the desired coverage(s). You may designate your beneficiary(ies) to receive all coverage(s) currently in force or you may select the applicable coverage(s) for which you wish your designation to apply. If you wish to have different designations for each coverage type, obtain a separate form for each designation.

If you do not designate a beneficiary for Personal Accident Insurance (except for grandfathered GM salaried retirees) or for GM Salaried or GMAC LLC Optional Life Insurance, proceeds will be payable to the beneficiary(ies) designated to receive the insured's Basic Life insurance.

The employee is the beneficiary for Dependent Life Insurance and Personal Accident Insurance for the employee's spouse and dependent children. Therefore, this form does not apply to Dependent Life Insurance or Personal Accident Insurance for the employee's spouse or dependent child.

Please type or print all information in ink. If you make a mistake, or require additional forms you can print a new beneficiary form from the MyBenefits website at <https://mybenefits.metlife.com> or you can call 1-888-LIFEGM1 (1-888-543-3461) to request a new form.

You may find the following definitions helpful in completing your Beneficiary Designation form.

Primary Beneficiary: Your primary beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds. You may have the proceeds divided among several primary beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Contingent Beneficiary: Your contingent beneficiary should be the individual(s) or organization that you wish to receive the insurance proceeds if your primary beneficiary(ies) (see definition above) predecease(s) the insured. You may have the proceeds divided among several contingent beneficiaries. To do this, you must indicate what percentage of the proceeds you would like them to receive. Your total shares must equal 100%.

Trust(ee) Beneficiary: If you plan to have the insurance proceeds distributed through a Trust, you should complete this section with the appropriate information. Your Trust(ee) will be held fully responsible for the application for and disposition of the insurance proceeds. **This section should only be used if you have a legally drawn inter vivos trust agreement or an appropriate Trust(ee) is designated under your Last Will and Testament. If you complete this section, do NOT complete the Primary or Contingent Beneficiary sections.**

An inter vivos trust is a trust established during the life of the trustor (the person who creates the trust) for the benefit of the trustor or other living persons.

INSTRUCTIONS FOR COMPLETING BENEFICIARY DESIGNATION

1. Complete the insured's Name and Social Security number at the top of the form. At the bottom of the form, print and sign the name of the insured person or owner (if assigned or owned by an Applicant Owner –salaried only), date the form and include the daytime phone number with area code.
2. Complete the Primary Beneficiary(ies) and Contingent Beneficiary(ies), if any. For each Primary and Contingent Beneficiary listed, enter the relationship (when the relationship is other than by blood or marriage, the relationship should be shown as "Non-relative"), date of birth, address(es) (permanent residence) and percentage of share (all shares must equal 100%).
3. If you wish to name a Trust(ee) as beneficiary, complete one of the two Trust(ee) Designations instead of the Primary and Contingent Beneficiary sections. If the trust is an inter vivos trust, check only the first Trust(ee) Designation box, and complete the top Trust(ee) designation. You should enter (1) the name and address of the Trust(ee); (2) the Title Agreement; and (3) the date of its execution. **NOTE: AN INTER VIVOS TRUST MUST BE A LEGALLY DRAWN AGREEMENT.**

If you wish to make a Trust(ee) under Will Designation, check only the second Trust(ee) Designation box. **NOTE: A TRUST(EE) UNDER WILL (OR TESTAMENTARY TRUST(EE) MUST BE ESTABLISHED UNDER THE LEGALLY DRAWN WILL AND TESTAMENT OF THE INSURED OR OWNER (IF ASSIGNED OR OWNED BY AN APPLICANT OWNER).**

4. The owner of the coverage should sign and date the form in the spaces provided. Make a copy for your records.
5. Send the completed form to:

GM Benefits & Services Center
Life Insurance Administration by MetLife
P.O. Box 14406
Lexington, KY 40511-4406

PLEASE NOTE

If you choose a minor, a person who is not legally competent, or an estate as beneficiary, it may be necessary to have a guardian or administrator appointed before any proceeds can be paid. This may mean delay and additional expenses for your beneficiary.

If you wish to name more beneficiaries than this form provides for or make a designation of beneficiary that this form does not cover in the step-by-step instructions, please do the following: Write the insured's name, social security number and your intended designation on a separate piece of paper, then sign and date the sheet. On the designation of beneficiary form, write "See attached sheet" on the first line in Section 1, and sign and date the bottom of the form. Staple or paperclip the handwritten sheet to the form and return both to the address listed above. An appropriate form will be prepared for your signature.

It is important that you review your beneficiary designation periodically to ensure that the beneficiary information you supplied is up to date.

You may change or revoke your beneficiary designation at any time by completing a new Beneficiary Designation form.