



**METROPOLITAN LIFE INSURANCE COMPANY  
SPOUSE WAIVER  
FOR THE DESIGNATION OF NON-SPOUSE BENEFICIARIES**

**Please Note:** Under community property law, spouses have an ownership interest in one half of income earned or property acquired during the marriage. Therefore, spousal consent may be necessary in the event that the insured is naming someone other than the spouse as the beneficiary.

Certificate Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Group Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Number and Street City or Town State ZIP Code

Telephone Number: ( ) \_\_\_\_\_ Insured's Social Security Number: \_\_\_\_\_

Marital Status\*: ( ) Married ( ) Divorced

**\*Please Note:** If, as part of a divorce decree, the insured has been ordered to keep this Group Life Insurance in force with the former spouse as beneficiary, the former spouse must complete this or an appropriate waiver.

**AUTHORIZATION**

Please read the following section carefully. Insureds and their spouses should contact their own legal counsel for guidance pertaining to the naming of someone other than the spouse as beneficiary.

This section must be fully completed, signed by the spouse and returned to MetLife to authorize the naming of a Life Insurance beneficiary other than the spouse.

I, \_\_\_\_\_, do hereby consent to the naming of  
Name of Spouse (print or type)

\_\_\_\_\_ by \_\_\_\_\_  
Name of Beneficiary (print or type) Name of Insured (print or type)

as beneficiary. I also waive and release any and all community property rights I may have in any Life Insurance proceeds paid to \_\_\_\_\_ by MetLife.  
Name of Beneficiary (print or type)

\_\_\_\_\_  
Signature of Spouse Date

Please return this waiver with the insured's completed beneficiary designation form.