

MetLife
TPD Compensation
PO Box 49509
Charlotte, NC 28277-4425



Servicing Agent Change Form

Requirements/Information:

1. All requests are on a going forward basis
2. **One policy number per form**
3. If any field is left blank, the request cannot be processed and will be returned.
4. Policy owner's signature is required if changing agencies.
5. Principal signature is accepted if staying within the same agency
6. Please fax the completed form to 855-274-7722 or email to servicing_agent_change@metlife.com

Policy Number	Insured Name	Date

New Servicing Agent Name	Agent SSN	Agency Name

If you wish to receive confirmation, please provide an email address and contact name below (Please print):

Reason for Change

Policy Owner Name or Principal Name	Signature