



South Carolina State Optional Retirement Program

PARTICIPATION AGREEMENT

You may use this form for one plan or arrangement.

401(a)

Check all that apply:

New Participant

Data Change

IDENTIFYING INFORMATION

SSN/ITIN: - -
Mr/Mrs/Ms First Name: Middle Initial: Last Name:
Home Address: City: State: Zip:
Home Phone: - - Date of Birth: / / Single / Married
Work Location / School: Work Phone: ()

PAYROLL INFORMATION

Effective Date: / / Annual Salary: \$
Employee Salary Reduction Per Pay: 6.50% Employer Salary Reduction Per Pay: 5.00%

INVESTMENT DIRECTION

Table with 6 columns: Funding Option Name, Ticker Symbol, Allocation (%), Funding Option Name, Ticker Symbol, Allocation (%). Lists various investment options like Gold Track Select Variable Annuity, AllianceBernstein 2010-2045 Retirement Str Adv, and American Funds EuroPacific Growth A.

BENEFICIARY INFORMATION

Primary Beneficiary: Spouse / non-spouse SSN/ITIN: Allocation: %
2nd Primary Beneficiary: Spouse / non-spouse SSN/ITIN: Allocation: %
Contingent Beneficiary: Spouse / non-spouse SSN/ITIN: Allocation: %
2nd Contingent Beneficiary: Spouse / non-spouse SSN/ITIN: Allocation: %

This form explains some important information about distribution restrictions and funding options. Please read the back of the form carefully. By signing below, you acknowledge receipt of the prospectuses, MetLife Privacy Notice, Comp Disclosure and Business Continuity.

Participant Signature: Today's Date:

ACKNOWLEDGEMENT: I have delivered the Producer Compensation Disclosure form (only applicable for business sold by MLR producers).

MetLife FSR: Michael Leonard 1900181
Print Name of Licensed & Appointed Sales Representative/DAI Signature of Licensed & Appointed Sales Representative

(Rep Signature not required for self-enrollment)

If you have questions or would like help filling out this form, please call our Participant Services Center at 1-877-948-4638)