

Indiana State Teachers Association (ISTA)

Enrollment Form [Financial Freedom Account (Non-Exclusive) Variable Annuity]

1 Participant

I am an employee of _____ and on behalf of the Employer I am requesting enrollment
Name of Employer

as a participant of the _____ 403(b)
Name of Employer/Plan

_____ (State) Program funded by the Financial Freedom Account, a Variable Annuity of Metropolitan Life Insurance Company, New York, New York, based on the information set forth below.

Name (First, Middle Initial, Last)		Marital Status	Date of Birth
Street Address		Social Security #	
City, State, ZIP Code		Occupation	
Home Telephone #	Work Telephone #	Are you Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Specify Citizenship: <input type="checkbox"/> U. S. A. <input type="checkbox"/> Other _____		

2 Primary and Contingent Beneficiary(ies)

Beneficiary Type	Name (First, Middle Initial, Last)	Relationship to Participant	Social Security #
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

3 Contribution

(a) I elect to contribute \$ _____ or _____ % (percentage) of my compensation to the plan each pay period until such time I revoke or amend my election. I certify that I have signed a separate *Salary Reduction Agreement* with my employer for employee salary reduction contributions. (Roth 403(b) contribution information should be entered separately below.)

Roth Employee Salary Reduction [403(b) Only]: \$ _____ × _____ per year

Expected First Year Contribution: Employee \$ _____ Employer \$ _____

(b) Anticipated date first contribution will be received _____

4 Employer/Plan Name

Check One: Existing Group: Employer Group # _____

New Group – If new group, complete form #403B-PARTREQUEST-PPA/EPPA/FFA (09/02) and the following:

(a) Employer _____

(b) Plan Name (If different) _____

(c) Address _____

(d) Employee I.D. # (If other than Social Security #) _____ Campus # _____

(e) Participant's Date of Employment (ERISA only) _____ Plan Participation Date _____

Participant Name _____

5 Investment Objective and Allocation

(a) Describe Your Investment Objective (Choose one.)

- Preservation of Capital Income Growth & Income Growth Aggressive Growth

(b) Optional Automated Investment Strategy. [Items (a) and (c) must be completed.]

Equity GeneratorSM

Each month an amount equal to the interest earned in the Fixed Interest Account is transferred to either:

Select one type: MetLife Stock Index Division BlackRock Aggressive Growth Division

(c) Allocations

Indicate the percentage of your initial contribution to be allocated to each funding choice. Percentages must be in whole numbers. This allocation will apply to future contributions unless you make a change. You may change your allocation at any time. **(Total of both columns must equal 100%.)**

Funding Options

%	Fixed Interest Account/Fixed Account
%	Fidelity VIP Money Market
%	American Funds Bond Fund
%	BlackRock Bond Income
%	Fidelity VIP Investment Grade Bond
%	Lehman Brothers Aggregate Bond Index
%	PIMCO Inflation Protected Bond
%	PIMCO Total Return
%	Western Asset Management U.S. Government
%	Western Asset Management Strategic Bond Opportunities
%	Lord Abnett Bond Debenture
%	American Funds Growth Fund
%	American Funds Growth - Income Fund
%	BlackRock Diversified
%	BlackRock Large Cap Core
%	BlackRock Large Cap Value
%	BlackRock Legacy Large Cap Growth
%	Davis Venture Value
%	FI Large Cap
%	FI Value Leaders
%	Fidelity VIP Equity-Income
%	Fidelity VIP Growth
%	Janus Forty
%	Jennison Growth
%	Legg Mason Partners Aggressive Growth
%	Legg Mason Value Equity
%	Met/Franklin Income
%	Met/Franklin Mutual Shares
%	MetLife Stock Index
%	MFS® Total Return
%	MFS® Value
%	Oppenheimer Capital Appreciation
%	Social Balanced
%	T. Rowe Price Large Cap Growth
%	Harris Oakmark International
%	Julius Baer International Stock

Funding Options

%	Met/Templeton Growth
%	MFS® Research International
%	Morgan Stanley EAFE® Index
%	Oppenheimer Global Equity
%	BlackRock Aggressive Growth
%	FI Mid Cap Opportunities
%	Harris Oakmark Focused Value
%	Lazard Mid Cap
%	MetLife Mid Cap Stock Index
%	Neuberger Berman Mid Cap Value
%	Social Mid Cap Growth
%	T. Rowe Price Mid Cap Growth
%	American Funds Global Small Capitalization Fund
%	BlackRock Strategic Value
%	Franklin-Templeton Small Cap Growth
%	Loomis Sayles Small Cap
%	Met/AIM Small Cap Growth
%	Russell 2000® Index
%	T. Rowe Price Small Cap Growth
%	Clarion Global Real Estate
%	RCM Technology

Portfolios That Invest in Exchange Traded Funds

%	Cyclical Growth & Income ETF
%	Cyclical Growth ETF

MSF Asset Allocation Portfolios

%	MetLife Conservative Allocation
%	MetLife Conservative to Moderate Allocation
%	MetLife Moderate Allocation
%	MetLife Moderate to Aggressive Allocation
%	MetLife Aggressive Allocation

MIST Asset Allocation Portfolios

%	American Funds Moderate Allocation Portfolio
%	American Funds Balanced Allocation Portfolio
%	American Funds Growth Allocation Portfolio

MIST Fund of Funds

%	Met/Franklin Templeton Founding Strategy
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Total of both columns must equal 100%.

Participant Name _____

6 Financial Disclosure

- I met with the participant in a personal consultation to discuss the participant's enrollment in the plan, which may be funded by an annuity and/or mutual fund. Please complete section 6.
 - I did not meet with the participant in a personal consultation to discuss the participant's enrollment in the plan. For ERISA plans only, skip to section 7. All others complete section 6.
- (1) Sum of Estimated Annual Income \$ _____
(Note: Consult IRC 408A for income limits when contributing to a Traditional IRA, Roth IRA or converting from a Traditional IRA to a Roth IRA)
- (2) Sum of Estimated Liquid Net Worth \$ _____
(Note: Liquid Net Worth is liquid assets, those that can be turned into cash quickly and easily, less liabilities. Include in Liquid Net Worth, the amount of this investment. Exclude from liquid net worth your personal property, personal residence, real estate, business equity, home furnishings and autos.)
- (3) Total Existing Assets - what is the total value of all your existing assets including investments, real estate, bank accounts, and personal property.
- \$0 - \$500,000
 - \$500,000 - \$1,000,000
 - \$1,000,000 - \$5,000,000
 - \$5,000,000 +
- (4) What is the total face value of all existing life insurance holdings? \$ _____
- (5) Tax Bracket _____ %
- (6) Is the **source** of funds a MetLife or MetLife Securities, Inc. policy, account or contract? Yes No
- (7) Tax Market of funds used to purchase this annuity (if applicable, choose all that apply)
- Non-Qualified SEP 401(a) 403(b) Traditional IRA SARSEP
 - 401(k) 403(b)(7) Roth IRA SIMPLE IRA 403(a) KEOGH Other
- (8) Prior Investment Experience (Choose all that apply and indicate your years of experience)
- Stocks _____ years Mutual Funds _____ years Certificate of Deposit (CD) _____ years None
 - Bonds _____ years Money Markets _____ years Other: _____ years Annuities _____ years
- (9) How many years remain before you plan to take a significant disbursement from this account? (Significant should be defined as more than 10% of the account balance in any year.)
- less than 5 years
 - 5 to 9 years
 - 10 or more years
- (10) Do you anticipate making a withdrawal, other than pursuant to a systematic withdrawal plan, before you attain age 59½?
- Yes No
- (11) Was Asset Allocation Questionnaire/Worksheet used? Yes No
- If yes, what was the client's overall risk tolerance resulting from asset allocation questionnaire:
- Conservative
 - Conservative to Moderate
 - Moderate
 - Moderate to Aggressive
 - Aggressive

6 Financial Disclosure - (continued)

- (12) Describe risk tolerance applicable to this contract. (How would you categorize yourself as an investor?) (Choose one.)
- Conservative – Generally wants minimal risk by limiting exposure to high-risk investments while still seeking some growth
 - Conservative to Moderate – Generally can tolerate some moderate risk in a portion of your investment while allocating a significant amount of your investment in lower risk options
 - Moderate – Generally can tolerate some short-term market volatility by balancing higher risk options with lower risk options
 - Moderate to Aggressive – Generally comfortable with market volatility in short term but seeks to soften the sharp swings in market value with some lower risk options
 - Aggressive – Generally not concerned with extreme price fluctuations in the market and seeks highest growth potential
- (13) Describe the Owner’s investment objective of this contract
- Preservation of Capital – seeks income and stability, with minimal risk
 - Income – seeks current income over time
 - Growth & Income – seeks capital appreciation over long term combined with current dividend income
 - Growth – seeks capital appreciation over long term
 - Aggressive Growth – seeks maximum capital appreciation over time by investing in speculative and/or high risk securities
- (14) Number of Dependent(s) _____ Age(s) _____
(includes spouse, children or other persons living with you that you support)
- (15) Who is the Owner’s Employer? (SEP/SIRA only) _____
- (16) Is the Proposed Owner a member of the military services or a dependent of a member of the military services?
 Yes No
If “Yes”, please leave the *Important Information for Members of the Military Services and their Dependents* with the Proposed Owner.
- (17) Purpose of Annuity Contract: (Choose one.)
- Income – Primary purpose is to satisfy income needs in the future through annuitization or withdrawals.
 - Estate Planning – Primary purpose is to transfer wealth to beneficiaries upon death.
 - Wealth Accumulation – Primary purpose is long term accumulation of value without express desire for “retirement income” or “estate planning”.
 - Retirement Planning – Primary purpose is long term accumulation of value specifically to meet or supplement income needs upon retirement.
 - Other _____
- (18) What is the Owner’s citizenship? USA or Other _____
If “Other” selected above, please answer the following:
- | | | |
|---|------------------------------|-----------------------------|
| Does the Owner reside in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Owner work in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Owner own a home or property in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Owner own a business in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Owner have a United States bank account? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does Owner have any known ties to a foreign political official (immediate family, in-law, former spouse, or close associate)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- (19) Are Owner(s) or an immediate family member associated with an FINRA member firm? Yes No

7 Signatures

I hereby represent my answers to the above questions are correct and true to the best of my knowledge and belief. I have received the current prospectus for the Financial Freedom Account, and all required fund prospectuses. I understand that as required by law the Financial Freedom Account restricts distribution of my 403(b) contributions and earnings on them until I am 59½, except under certain special situations. This does not restrict tax free transfers to other funding vehicles. **I also understand that my 403(a) and 403(b) contributions and earnings may be restricted as defined in the plan documents.**

I understand that all values provided by the contract, which are based on the investment experience of the separate account, are variable and are not guaranteed as to the amount.

I understand that I should notify Metropolitan Life Insurance Company if any information contained in this application should change.

I have received "Making an Informed Decision," MetLife's disclosure form describing the features of deferred variable annuities, and have been informed of these features and the other information disclosed in this form regarding my proposed annuity purchase.

It is conceivable that certain optional death benefits and living benefits could have adverse tax consequences. Consult your own tax advisor prior to purchase.

I understand that certain tax rules regarding designated Roth 403(b) contracts are not clear and that the Company has the right to allocate benefits, credits and charges between the designated Roth account and the non-Roth account under this Contract or Certificate using a method it deems reasonable based on existing tax guidance.

Under penalties of perjury, I certify that (a) the Social Security Number shown on this form is my correct number, and (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding or (ii) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or (iii) the IRS has notified me that I am no longer subject to backup withholding and (c) I am a U.S. person (including a U.S. resident alien). (Note that you must cross out item (b) above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.)

Location where signed _____
City & State where signed

8 _____
Signature of Participant Date

Report of Sale (To be completed by Marketing Representative/Manager)

- A Financial Freedom Account prospectus, and all required fund prospectuses, as applicable, was delivered to the Participant.
- I have reviewed the financial situation of the Participant as disclosed, and believe that a multifunded annuity contract would be suitable.
- I have delivered the Producer Compensation Disclosure form (only applicable for business sold by MetLife, NEF, MLR and P&C producers).
- I have delivered to the Proposed Owner "Making an Informed Decision," MetLife's disclosure form describing the features of deferred variable annuities.
- Based on information available from the participant, I believe this enrollment is appropriate and suitable.

Signature of Representative _____ Date

Printed Representative Name (First, Middle Initial, Last)	State License I. D. #
<input type="checkbox"/> District Agency Index # Or <input type="checkbox"/> Social Security # (Required)	Representative Agency Telephone #

STATEMENT OF MANAGER/REGISTERED PRINCIPAL: I have reviewed this application as well as all submitted supplemental material. I believe this sale to be appropriate and suitable for the client based upon this review and the facts and circumstances known to me.

Approved _____
Signature of Managing Director (or authorized Registered Principal) Date

Contract/Certificate #

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FORM DATE: April 2008

Metropolitan Life Insurance Company
New York, New York

Compensation Disclosure Notice

MetLife and its affiliated insurance companies and broker-dealers are committed to helping you select an appropriate product based on your financial needs and stated investment objectives.

Your MetLife sales representative (“Representative”) is an employee of a MetLife Company or a sales representative associated with MetLife’s New England Financial® distribution channel.

Your Representative is authorized to offer and sell products to you that are issued or distributed by Metropolitan Life Insurance Company or certain of MetLife’s affiliated insurance companies and broker-dealers (each, a “MetLife Company” and, together, the “MetLife Companies”).* Products from the MetLife Companies include fixed life insurance and annuities, property, casualty, and health insurance, variable annuities, and variable life insurance (“MetLife Products”). Your Representative also may be authorized to offer you certain products, including insurance, annuities, and mutual funds, issued by companies other than the MetLife Companies (“non-MetLife products”).

Your Representative acts on behalf of the MetLife Companies in connection with the offer and sale of MetLife Products to you. He or she acts on behalf of a company other than MetLife in connection with the sale of non-MetLife products. Your Representative also may service your mutual funds, securities or insurance products on behalf of the company issuing the product.

Your Representative is compensated by a MetLife Company for sale, renewal and servicing of MetLife Products and certain non- MetLife products. This compensation includes base commissions and other forms of compensation that may vary from product to product and by the amount of the purchase payment made by you. You should be aware that the amount of his or her compensation may increase in part based upon the relative amount of MetLife Products that he or she sells during a set period. He or she also is eligible for additional cash compensation (such as medical, retirement and other benefits) and non-cash compensation (such as conferences and sales support services) based on his or her sales of MetLife Products and overall sales and productivity. Your Representative may also receive compensation for the sale, renewal and servicing of non-MetLife products directly from the issuing company.

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* The following are the MetLife Companies whose products your Representative may be authorized to sell: Metropolitan Life Insurance Company, Metropolitan Property and Casualty Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan Group Property and Casualty Insurance Company, Metropolitan Lloyds Insurance Company of Texas, Economy Fire & Casualty Company, Economy Preferred Insurance Company, Economy Premier Assurance Company, First MetLife Investors Insurance Company, MetLife Investors USA Insurance Company, MetLife Investors Insurance Company, MetLife Insurance Company of Connecticut, New England Life Insurance Company, General American Life Insurance Company, Texas Life Insurance Company, MetLife Securities, Inc., Walnut Street Securities, Inc., New England Securities, Corp. and Tower Square Securities, Inc. For more information, please refer to www.metlife.com.

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LEAVE WITH APPLICANT