



DATA RIGHTS FORM

Requestor

Customer Name	
Policy number	
Address	
Phone number	
Email	

Information requested

Date of request	
Type of Request	<input type="checkbox"/> Access data <input type="checkbox"/> Add data <input type="checkbox"/> Correct data <input type="checkbox"/> Object to processing <input type="checkbox"/> Erase data <input type="checkbox"/> Withdraw consent
Reason for request	
Information requested*	

*Signed copy should be scanned and mailed from the registered email address.

By signing below, I certify that all information provided is accurate and complete.

Customer Signature

For MetLife use only

Date Received	
Received by	
Request processed by (Name and Department)	
Remarks	