



**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

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**For MetLife use only**

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