

**IN THE CIRCUIT COURT OF JEFFERSON COUNTY, ALABAMA**

CITY OF BIRMINGHAM RETIREMENT  
AND RELIEF SYSTEM, Individually and  
On Behalf of All Others Similarly Situated,

Plaintiff,

vs.

METLIFE, INC., *et al.*

Defendants.

Case No. CV-2012-902101

**PROOF OF CLAIM  
AND RELEASE**

**I. GENERAL INSTRUCTIONS**

1. To recover as a Member of the Class based on your claims in the above-captioned action (the "Action") you must complete and, on page 5 hereof, sign this Proof of Claim and Release. If you fail to file a properly addressed Proof of Claim and Release, your claim may be rejected and you may be precluded from any recovery from the Net Settlement Fund created in connection with the proposed settlement of the Action.

2. Submission of this Proof of Claim and Release, however, does not assure that you will share in the proceeds of settlement in the Action.

3. YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE POSTMARKED ON OR BEFORE APRIL 6, 2017, ADDRESSED TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ON PAGE 6 BELOW

4. If you are NOT a Class Member, as defined in the Notice of Proposed Settlement of Class Action ("Notice"), DO NOT submit a Proof of Claim and Release form.

5. If you are a Class Member, you will be bound by the terms of any judgment entered in the Action, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE FORM, UNLESS YOU FILE A REQUEST FOR EXCLUSION AS EXPLAINED IN THE NOTICE.

**II. DEFINITIONS**

1. "Defendants" means, collectively, MetLife, Inc., C. Robert Henrikson, William J. Wheeler, Peter M. Carlson, Sylvia Mathews Burwell, Eduardo Castro-Wright, Cheryl W. Gris , R. Glenn Hubbard, John M. Keane, Alfred F. Kelly, Jr., James M. Kilts, Catherine R. Kinney, Hugh B. Price, David Satcher, Kenton J. Sicchitano, Lulu C. Wang, Goldman, Sachs & Co., Citigroup Global Markets Inc., Credit Suisse Securities (USA), LLC, Barclays Capital, Inc., Deutsche Bank Securities, Inc., J.P.Morgan Securities, LLC, Merrill Lynch, Pierce, Fenner & Smith Incorporated, Morgan Stanley & Co. LLC, UBS Securities LLC and Wells Fargo Securities LLC.

2. "Released Defendants' Parties" means (1) each and all of the Defendants as well as ALICO Holdings LLC and American International Group, Inc.; (2) each of their respective family members (for individuals) and each of their direct and indirect parent entities, subsidiaries, related entities and affiliates; and (3) for any of the entities listed at (1) or (2), their respective past and present general partners, limited partners, principals, shareholders, investors (however denominated), joint ventures, members, officers, directors, managers, managing directors, supervisors, employees, contractors, consultants, auditors, accountants, financial advisors, professional advisors, investment bankers, representatives, insurers, trustees, trustors, agents, attorneys, professionals, predecessors, successors, assigns, heirs, executors, administrators, and any controlling person thereof, in their capacities as such.

3. All capitalized terms not otherwise defined herein shall have the meanings set forth in the Stipulation and Agreement of Settlement dated October 28, 2016 (the "Stipulation").

### III. INSTRUCTIONS

1. Use §IV, Part A of this form entitled "Claimant Information" to identify each purchaser or acquirer who was the beneficial owner of a MetLife CEU that is the subject of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF THE PURCHASED OR ACQUIRED METLIFE CEUs UPON WHICH THIS CLAIM IS BASED.

2. All joint purchasers must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of Persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The last four digits of the Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

3. Use §IV, Part B of this form entitled "Schedule of Transactions in MetLife CEUs" to supply all required details of your transaction(s) in the CEUs. PLEASE INCLUDE INFORMATION RELATING ONLY TO TRANSACTIONS IN METLIFE CEUs -- ticker symbol "MLU", CUSIP No. 59156R116 -- WHICH SHOULD NOT BE CONFUSED WITH SHARES OF METLIFE, INC. COMMON STOCK. (MetLife CEUs and shares of MetLife common stock are different securities for purposes of this Settlement). If you need more space or additional schedules, attach separate sheets (or make additional copies of the transaction schedule at §IV, Part B below) giving all the required transaction information in substantially the same form. Print the beneficial owner's name, and the last four digits of their Social Security or Taxpayer Identification number (see ¶2 above), on each additional sheet (if any).

4. On the schedules, provide all of the required information with respect to all of the following: (a) the number of MetLife CEUs you purchased or acquired during the period March 3, 2011 through July 5, 2012, inclusive (the "Class Period"); (b) the number of MetLife CEUs you sold during the Class Period; and (c) the number of MetLife CEUs (if any) that you held as of the close of trading on July 5, 2012. Failure to report all required information for all such transactions may result in the rejection of your claim. List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list, and provide supporting documentation.

5. Copies of confirmations or other documentation of your transactions in MetLife CEUs should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

6. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate the amount of claim. In some cases where the Claims Administrator cannot perform the calculation accurately or at a reasonable cost to the Class with the information provided, the Claims Administrator may condition acceptance of the claim upon the production of additional information and/or the hiring of an accounting expert at the claimant's cost.

7. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All claimants MUST submit a manually signed paper Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must visit the settlement website at [www.MetLifeCEUSecuritiesLitigation.com](http://www.MetLifeCEUSecuritiesLitigation.com) to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

8. Sign the Release of Claims and Certification at Part C (Note: If a claimant is subject to back-up withholding by the IRS, the text of paragraph 10 of Part C must be crossed out before signing).

Official  
Office  
Use  
Only

IN THE CIRCUIT COURT OF  
JEFFERSON COUNTY, ALABAMA

Case No. CV-2012-902101

Must Be Postmarked  
or Received No Later  
Than April 6, 2017

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**IV. PROOF OF CLAIM AND RELEASE**

Please Type or Print in the Boxes Below  
Do NOT use Red Ink, Pencil, or Staples

**PART A: CLAIMANT IDENTIFICATION**

Last Name	M.I.	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name (Co-Beneficial Owner)	M.I.	First Name (Co-Beneficial Owner)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA		
<input type="text"/>		
Account#/Fund# (Not Necessary for Individual Filers)		
<input type="text"/>		

Last Four Digits of Social Security Number or Taxpayer Identification Number<sup>1</sup>

Contact Person (if Claimant is not an individual)

Telephone Number (Primary Daytime)

Telephone Number (Alternate)

 —  — 

Email Address

**MAILING INFORMATION**

Address									
<input type="text"/>									
Address									
<input type="text"/>									
City					State		Zip Code		
<input type="text"/>					<input type="text"/>		<input type="text"/>		
Foreign Province				Foreign Postal Code			Foreign Country Name/Abbreviation		
<input type="text"/>				<input type="text"/>			<input type="text"/>		

<sup>1</sup> The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security number (SSN) for individuals or employer identification number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.

FOR CLAIMS PROCESSING ONLY	OB <input type="text"/>	CB <input type="text"/>	<input type="radio"/> ATP <input type="radio"/> KE <input type="radio"/> ICI	<input type="radio"/> BE <input type="radio"/> DR <input type="radio"/> EM	<input type="radio"/> FL <input type="radio"/> ME <input type="radio"/> ND	<input type="radio"/> OP <input type="radio"/> RE <input type="radio"/> SH	MM / DD / YYYY	FOR CLAIMS PROCESSING ONLY
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**PART C: RELEASE OF CLAIMS, CERTIFICATION AND SIGNATURE**

A. I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever waive, release, discharge, and dismiss each and every one of the Released Defendants' Parties with respect to any and all of the Released Claims, as those terms are defined in the accompanying Notice.

B. I (we) hereby acknowledge that as of the Effective Date, I (we): (i) shall be deemed to have, and shall have, fully, finally, and forever waived, released, relinquished, and discharged all Released Claims against the Released Defendants' Parties; and (ii) shall forever be enjoined from prosecuting any Released Claims against any of the Released Defendants' Parties.

By signing and submitting this Proof of Claim, the claimant(s) or the person(s) who represents the claimant(s) certifies, as follows:

1. that I (we) have read and understand the contents of the Notice, the Plan of Allocation and the Proof of Claim, including the releases provided for in parts A and B immediately above;
2. that the claimant(s) is a (are) Class Member(s), as defined in the Notice, and is (are) not excluded from the Class;
3. that the claimant has not submitted a request for exclusion from the Class;
4. that I (we) own(ed) the MetLife CEUs identified in this Proof of Claim and have not assigned the claim against the Released Defendants' Parties to another, or that, in signing and submitting this Proof of Claim, I (we) have the authority to act on behalf of the owner(s) thereof;
5. that the claimant has not submitted any other claim covering the same purchases, acquisition, sales, or holdings of MetLife CEUs and knows of no other person having done so on his/her/its behalf;
6. that the claimant submits to the jurisdiction of the Court with respect to his/her/its claim and for purposes of enforcing the releases set forth herein;
7. that I (we) agree to furnish such additional information with respect to this Proof of Claim as the Claims Administrator or the Court may require;
8. that the claimant waives the right to trial by jury, to the extent it exists, and agrees to the Court's summary disposition of the determination of the validity or amount of the claim made by this Proof of Claim;
9. that I (we) acknowledge that the claimant will be bound by and subject to the terms of any judgment that may be entered in the Action; and
10. that the claimant is NOT subject to backup withholding under the provisions of Section 3406(a)(1)(C) of the Internal Revenue Code because (a) the claimant is exempt from backup withholding or (b) the claimant has not been notified by the IRS that he/she/it is subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified the claimant that he/she/it is no longer subject to backup withholding. *If the IRS has notified the claimant that it is subject to backup withholding, please strike out the language in the preceding sentence indicating that the claim is not subject to backup withholding.*

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HERewith ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Joint Claimant, if any



THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY FIRST-CLASS MAIL, POSTAGE PREPAID, **POSTMARKED BY APRIL 6, 2017** ADDRESSED AS FOLLOWS:

MetLife, Inc. CEU Securities Litigation Settlement  
c/o KCC Class Action Services  
P.O. Box 30248  
College Station, TX 77842-3248  
Phone: 1-877-368-9232  
[www.MetLifeCEUSecuritiesLitigation.com](http://www.MetLifeCEUSecuritiesLitigation.com)

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by April 6, 2017 and if a postmark is indicated on the envelope and it is mailed First Class, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to fully process all of the Proof of Claim forms. Please notify the Claims Administrator of any change of address.

#### **REMINDER CHECKLIST**

1. Please sign the above release and certification. If this Proof of Claim is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only copies of acceptable supporting documentation.
3. Please do not highlight any portion of the Proof of Claim or any supporting documents.
4. Do not send original securities certificates or other original documentation. These items cannot be returned to you by the Claims Administrator.
5. Keep copies of the completed Proof of Claim and documentation for your own records.
6. The Claims Administrator will acknowledge receipt of your Proof of Claim by mail, within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Claims Administrator toll free at 1-877-368-9232.
7. If your address changes in the future, or if this Proof of Claim was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
8. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the above address or at 1-877-368-9232, or visit [www.MetLifeCEUSecuritiesLitigation.com](http://www.MetLifeCEUSecuritiesLitigation.com).

