

# Check Transmittal Form

**Instructions:** (This form must be completed for all check deposits to ensure prompt processing of the deposits.)

Please complete the required fields below and return this form, along with the checks for deposit, in a MetLife provided pre-addressed envelope or to the address below:

Retirement Plans Group – MetSelect TPA Contributions  
 MetLife  
 P. O. Box 18875  
 Newark, NJ 07191-8875

Make employer checks and participant loan payoff checks payable to: MetLife for (Plan Name). Participant rollover checks should be payable to: MetLife for (Plan Name) FBO (Participant’s Name).

Mail any supporting documentation (i.e., enrollment forms, rollover contribution request forms or letters) to:

MetLife - Daily Processing Team G2-17  
 P.O. Box 66918  
 St. Louis, MO 63166-6918

## Plan Sponsor Information

<b>Plan Name (Required):</b>	<b>Plan ID Number (Required):</b>
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## Check Information

Amount (Required)	Check # (Required)	Reason for Remittance (Required)
\$		<input type="checkbox"/> CO Contributions/Loan Repayment Pay Date _____/_____/_____
\$		<input type="checkbox"/> LP Payoff Outstanding Loan  Participant Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>Last</span> <span>First</span> </div> Participant SSN _____
\$		<input type="checkbox"/> RO Participant Rollover  Participant Name _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>Last</span> <span>First</span> </div> Participant SSN _____
\$		<input type="checkbox"/> OT Other _____

**Number of Checks attached:** \_\_\_\_\_ **Sum of all Checks:** \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature of Authorized Plan Representative

\_\_\_\_\_  
 Date Signed