

# METLIFE FOUNDATION MATCHING GIFT PROGRAM FOR COLLEGES AND UNIVERSITIES

## Who is eligible to contribute?

- All full-time U.S. employees of Metropolitan Life Insurance Company
  - All retired employees who were full-time and whose retirement date is on or after January 1, 2001 are eligible to participate for five years from retirement date
  - All disabled employees who were full-time
  - Spouses of all of the above
- Directors of Metropolitan Life Insurance Company

## What institutions are eligible to receive a matching gift?

- Both private and publicly-supported institutions as follows:
  - Any degree-granting, two- or four-year college or university in the United States, including its graduate or professional schools. The institution must be fully accredited by one of the six nationally recognized regional accrediting agencies and be both nonprofit and non-proprietary.
- Recognized funds and associations of regionally accredited colleges and universities that have tax-exempt status, such as the United Negro College Fund, Empire State Foundation of Independent Liberal Arts Colleges, Inc., etc.
- The American College
- Any nonprofit, non-proprietary alumni fund or foundation that is certified by the chief administrative officer of the college or university. This fund or foundation must be an eligible receiving agency of the school as well as:
  - An integral part of the institution, or
  - One that will transmit all contributions directly to the institution, or
  - One that will use all contributions for the institution's present and direct benefit.

## What type of contributions are eligible?

- Cash or securities having a quoted market value. The value of securities will be determined as of the last sale or published bid price on the day the gift was made.
- Premium payments on Metropolitan Life Insurance, General American or New England Financial life insurance policies that insure the life of an eligible participant of the Matching Gift Program, where the **absolute assignee or sole owner and beneficiary of the policy is a regionally accredited United States two- or four-year college or university**. The Foundation's matching payment will not be used to pay any part of the premium.
- The cash value, up to a maximum of \$5,000, of an existing premium-paying or paid-up MetLife, General American or New England Financial policy that is **absolutely assigned on a current-date basis to a regionally accredited U.S. college or university**.

## What contributions are ineligible?

- Athletic activities, facilities and scholarships
- Pledges not yet paid
- Testamentary bequests
- Tuition or its equivalent
- Dues payable to national or local alumni groups
- Subscription fees for publications
- Repayment of loans
- Dues or gifts payable to classes, clubs or fraternities
- Premiums paid by policy loan
- Any other payment not made for the present and direct benefit of an eligible institution
- Gifts made with funds provided to the eligible individual by others for purposes of qualifying under this program.

## What are the minimum and maximum contributions?

- The **minimum** gift that the Foundation will match is **\$25**.
- The **maximum** total for individuals or families that the Foundation will match in any one year is **\$5,000**.
- The Foundation reserves the right to restrict matching gifts to any institution participating in the program at any time, regardless of the amount contributed by eligible participants.
- The Foundation's matching gifts will be on a proportionate basis if the combined total of all gifts made to all participating institutions in any one year exceeds the total sum authorized by the Foundation for the Matching Gift Program.

## How does your gift get matched?

- Complete Part A of this form and send both pages (including this guidelines page) along with your gift to the institution or organization receiving the contribution. If you question where your gift should go, contact the school to ensure its proper address. An authorized officer of the institution or organization will complete Part B and return the form to the Foundation.
- **If your gift is in the form of a life insurance policy, complete Parts A and C of this form and send the entire form to:**
  - MetLife Foundation**
  - Matching Gift Program**
  - 1095 Avenue of the Americas, 40<sup>th</sup> Floor**
  - New York, NY 10036**
- The Foundation will inform you, in writing, that your gift has been matched.
- **The Foundation will match gifts at least annually for the unrestricted use of the recipient institution.**

## Conditions

- If a matching gift is at any time found to have been generated by an ineligible individual or contribution, the Foundation will expect the return of its gift.
- The Foundation reserves the right to audit institutional records and documents pertaining to this program and to request any supporting donor documentation it considers necessary.
- The Foundation reserves the right to change the provisions of, or discontinue its Matching Gifts Program at any time and to decide all questions of interpretation which may arise in connection with the administration of the program.

**METLIFE FOUNDATION MATCHING GIFT PROGRAM FOR COLLEGES AND UNIVERSITIES**

**Part A To Be Filled In By Contributor**

(Please print or type and fill in completely)

**Complete Part A and send this entire form (including the guideline page) with your gift to the institution.**

1. Name and home address of MetLife employee or director: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employee ID number: \_\_\_\_\_

3. Contributor's name: \_\_\_\_\_

a. Relationship to employee (Check One):  Self  Spouse

4. Employment Status (Check One):  Active  Retired (Date of Retirement \_\_\_\_\_)  Disabled  Director of the Company

5. Employee's location (indicate below name of office and, where applicable, division and section)

\_\_\_\_\_  
(Office)

\_\_\_\_\_  
(Division and Section)

6. Name of Institution or organization receiving this gift: \_\_\_\_\_  
(Enter Full Name)

7. Amount of gift \$ \_\_\_\_\_ 8. Date of gift \_\_\_\_/\_\_\_\_/\_\_\_\_ (If gift of life insurance, also complete Part C)  
(\$25 minimum)

9. If securities, describe: \_\_\_\_\_ shares of \_\_\_\_\_ valued at \$ \_\_\_\_\_

10. I hereby certify that the foregoing entries are true and accurate and that this gift is my personal contribution and meets all of the conditions stated on this form, including the stipulation that neither I nor any individual designated by me has received or will accept a benefit of more than nominal monetary value in return for or as a result of this gift and/or its matching by the Foundation.

\_\_\_\_\_  
Signature of Contributor

**Part B To Be Filled In By An Authorized Officer Of The Recipient Institution**

I certify that on \_\_\_\_/\_\_\_\_/\_\_\_\_, the gift of \$ \_\_\_\_\_ was made by the individual named above and has been received by this organization and that this institution has not provided any benefit of more than nominal monetary value to the donor or to any individual designated by the donor in return for or as a result of this gift and/or its matching by the Foundation.

I further certify that this school or organization has qualified for Federal Income Tax exemption under U.S. Internal Revenue Code Section 501 (c) (3), or in the case of state schools, that the institution is an instrumentality of the State.

\_\_\_\_\_  
(Print Full Name of Certifying Officer)

\_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Address of Institution) City State Zip

\_\_\_\_\_  
(Signature of certifying officer)

(\_\_\_\_\_) \_\_\_\_\_  
(Telephone number)

**Please return entire form to: MetLife Foundation  
Matching Gift Program  
1095 Avenue of the Americas, 40<sup>th</sup> Floor  
New York, NY 10036**

**Part C Gifts of Life Insurance To Be Filled In By Contributor**

Complete Part A and C and send entire form to MetLife Foundation.

Policy Number \_\_\_\_\_  Check here if paid-up policy

Name of Insured \_\_\_\_\_ Amount of premium paid \_\_\_\_\_ Date premium paid \_\_\_\_/\_\_\_\_/\_\_\_\_

Mode of payment  Annual  Semi-Annual  Quarterly  Monthly Indicate date of assignment \_\_\_\_/\_\_\_\_/\_\_\_\_

