

# Advisor Prep Tool

## Pre-Application

- Financial Professional<sup>1</sup> (advisor) reviews the Pre-Qualification Checklist with the client
- Financial Professional initiates and completes firm suitability
- Financial Professional provides the completed Advisor Prep Tool to the Brighthouse Financial Advisor Consultant

## Application

- Brighthouse Financial Advisor Consultant begins electronic application on behalf of the Financial Professional
- Brighthouse Financial Client Consultant will introduce themselves to the Financial Professional as the single point of contact for anything he or she may need
- Electronic application process is completed
- Complete necessary underwriting requirements

<u>Ages</u>	<u>Labs or Exams</u>	<u>Medical Records</u>	<u>Interview</u>	<u>Decision</u>
40 to 65	None	For cause	None	Within 24 hours of receipt of completed requirements
66 to 75	None	Yes	Cognitive Screening with Brighthouse Financial underwriting	Within 24 hours of completed requirements

## Post-Application

- Client submits initial or single premium payment through ACH or wire with the assistance of the Brighthouse Financial Client Consultant
- If approved, a Brighthouse SmartCare® policy is issued and policy documents may be delivered electronically to the Owner and Financial Professional, as permitted by law
- The Owner, person to be insured (if different), and Financial Professional sign documents as part of the electronic application process

<sup>1</sup> The Financial Professional is the agent of record.

# Let's Get Started

Your client has decided to apply for a Brighthouse SmartCare policy. Here's what is needed to begin the application process.

Fill in the fields below or print responses clearly. The information you provide will be used to start the application process.

## 01 Person to Be Insured

Name		Email address		
Phone number	Date of birth	Place of birth (Country, State/Province)	Social Security number/Tax ID number	
Current address				
Male	Female	Smoker	Nonsmoker	Couples Discount

## 02 Policy Design

Advisor name		Advisor email		
Advisor's NIPR number	Last 4 digits of SSN	Advisor's Florida agent number		

### Rider Options<sup>1</sup>

Choose an LTC Coverage Option: Indexed Fixed Growth Level  
Choose a total LTC Benefit Period: 4 years 6 years

<b>Allocations<sup>2</sup></b> (should total 100%)	S&P 500 <sup>®</sup> Index <sup>A</sup>	ACH	<b>Automatic Cash Value Re-balancing</b>
	Russell 2000 <sup>®</sup> Index <sup>B</sup>		
	MSCI EAFE Index <sup>C</sup>		
	Fixed Account		
<b>Total Allocation</b>			Accept Decline

Is this policy replacing any other in-force life or long-term care insurance policy(ies)?

Yes No

<sup>1</sup> Brighthouse SmartCare includes an LTC Acceleration of Death Benefit Rider (ADBDR) and a choice of one Extension of Benefits Rider (EOBR). The total LTC benefit period includes both the LTC ADBDR and the chosen EOBR.

<sup>2</sup> A minimum allocation of 10% is required for each index that is selected.

If the policy is owned by someone other than the person to be insured, please complete the remaining items in this section.

Owner name

Owner email address

Owner phone number

Owner Social Security number/Tax ID number

Owner current address

## 03 Information Required for LTC

This information will be used for the LTC Personal Worksheet as required by state law. If the client refuses to answer these questions, they will need to complete and sign the LTC Letter of Intent. Please contact your Brighthouse Financial Advisor Consultant if you have any questions.

### The planned premium for this Policy is: (Choose one)

Single Premium of \$ \_\_\_\_\_ ; or  
Initial Premium of \$ \_\_\_\_\_ then \$ \_\_\_\_\_ per \_\_\_\_\_ years.

### What resources will you use to pay your premium?

Current income from employment      Current income from investments  
Other current income      Savings      Sell investments      Sell other assets  
Money from my family      Other:

### Could you afford to keep this rider if your spouse or partner dies first?

Yes      Hadn't thought about it      Doesn't apply  
No      Don't know

### What is your household annual income from all sources? (Check one)

Less than \$50,000      \$50,001 – \$150,000  
\$150,001 – \$250,000      More than \$250,000

### Do you expect your income to change over the next 10 years? (Check one)

No      Yes, expect increase      Yes, expect decrease

### If you plan to pay premiums from your income, have you thought about how a change in your income would affect your ability to continue to pay the premium?

Yes      No      N/A

### Will you buy inflation protection? (Check one)

Yes      No

### If you don't buy inflation protection, how will you pay for the difference between future costs and your daily benefit amount? (Check all that apply.)

From my income      From savings      From investments      Sell other assets  
Money from my family      Purchase Indexed Coverage Rider      Other:

**What elimination period are you considering? (For information only)**

Number of days: 90

Approximate cost of care for this period: \$20,532 (based on the national average)

**How do you plan to pay for your care during the elimination period? (Check all that apply)**

From my income      From my savings/investments      My family will pay  
Other:

**Not counting your home, about how much are all of your assets (your savings and investments) worth? (Check one)**

Less than \$50,000      \$50,001 – \$150,000  
\$150,001 – \$250,000      More than \$250,000

**Do you expect the value of your assets to change over the next 10 years? (Check one)**

No      Yes, expect increase      Yes, expect decrease

**04 Personal Financial Information**

If the Owner is different from the person to be insured, please collect information from both individuals. If they are the same, please complete the Owner column.

<b>Income</b>	Person to Be Insured	Owner
<b>Annual Earned Income Past Calendar Year (in U.S. dollars)</b>		
Salary or Draw	\$	
Bonus/Commissions	\$	
Other Earnings/Source:	\$	
<b>Total Earned Income</b>	<b>\$</b>	
<hr/>		
Spouse's Income (if applicable)	\$	
<b>Total Household Income</b>	<b>\$</b>	
<hr/>		
<b>Additional Annual Income Past Calendar Year (in U.S. dollars)</b>		
Retirement Accounts (401(k), IRA, etc.)	\$	
Deferred Compensation	\$	
Pension	\$	
Net Rentals	\$	
<b>Securities Accounts (mutual funds/bonds/stocks/money market, etc.):</b>		
Qualified (purchased with pre-tax dollars)	\$	
Non-Qualified (purchased with post-tax dollars)	\$	
<b>Annuity Payments (annuitized):</b>		
Qualified (purchased with pre-tax dollars)	\$	
Non-Qualified (purchased with post-tax dollars)	\$	
Other/Source:	\$	
<b>Total Additional Income</b>	<b>\$</b>	

## Assets, Liabilities, Expenses

	Person to Be Insured	Owner
<b>Assets (in U.S. dollars)</b>		
Cash/Checking/Savings Accounts	\$	
Retirement Accounts (401(k), IRA, etc.)	\$	
<b>Securities Accounts (mutual funds/bonds/stocks/money market, etc.):</b>		
Qualified (purchased with pre-tax dollars)	\$	
Non-Qualified (purchased with post-tax dollars)	\$	
<b>Annuities (not annuitized or generating payments):</b>		
Qualified (purchased with pre-tax dollars)	\$	
Non-Qualified (purchased with post-tax dollars)	\$	
<b>Real Estate</b>		
Primary Residence	\$	
Other Real Estate	\$	
<b>Business Equity</b>		
Generally, figures should be based on the last calendar year and generated by a qualified financial professional (CPA, CFP, etc.)	\$	
Foreign Assets	\$	
Other Assets (artwork and other personal property)	\$	
<hr/>		
<b>Total Assets</b>	<b>\$</b>	
<b>Liabilities (in U.S. dollars)</b>		
Primary Residence Mortgages/Home Equity Loans or Lines of Credit	\$	
Other Real Estate Mortgages/Home Equity Loans or Lines of Credit	\$	
Reverse Mortgages	\$	
Personal Loans	\$	
Business Loans/Notes	\$	
Other Liabilities/Types/Sources	\$	
<hr/>		
<b>Total Liabilities</b>	<b>\$</b>	
<b>Net Worth</b>	<b>\$</b>	
<hr/>		
<b>Expenses</b>		
Annual Recurring Expenses (rent, mortgage, long-term debts, utilities, alimony, etc.)	\$	

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Call the sales desk at **(855) 861-5300**  
for more information.

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**Not available in all states.**

Long-term care (LTC) benefits provided by riders to the policy are intended to provide qualified long-term care insurance under Internal Revenue Code Section 7702B(b). Although benefits paid under a rider are intended to be income tax free as accident and health benefits under a qualified long-term care insurance contract, benefits may be taxable in certain circumstances. For example, benefits may be taxable when the aggregate LTC benefit payments received under a rider and other policies or riders exceed the Internal Revenue Code section 7702B(d)(2) per diem limitation. Clients should consult with an attorney or qualified tax advisor before purchasing Brighthouse SmartCare<sup>®</sup> and when exercising any right to receive LTC benefits under any rider included with the policy. The policy's death benefit and policy values will be reduced as a result of any LTC ADBR payment.

All policy values will be reduced and any LTC rider will be terminated if a terminal illness benefit payment is made under the policy. Clients should consult a tax advisor to determine the current tax consequences before requesting any terminal illness benefit payment.

Any discussion of taxes is for general information purposes only, does not purport to be complete or cover every situation, and should not be construed as legal, tax, or accounting advice. Clients should confer with their qualified legal, tax, and accounting advisors as appropriate.

Brighthouse SmartCare<sup>®</sup>, an Indexed Universal Life Insurance Policy on Policy Forms ICC18-5-70 and 5-70-18, with a Long-Term Care Acceleration of Death Benefit Rider on Policy Forms ICC18-3ACCLTC1 and 3ACCLTC1-18, including the option to elect an Extension of Benefits Rider on Policy Forms ICC18-3EOB1, ICC18-3EOBIC1, or ICC18-3EOBIP1, and 3EOB1-18, 3EOBIC1-18, or 3EOBIP1-18, is issued by, with product guarantees that are solely the responsibility of, Brighthouse Life Insurance Company, Charlotte, NC 28277 ("Brighthouse Financial"). All guarantees, including optional benefits, are subject to the claims-paying ability and financial strength of the issuing insurance company. Each issuing insurance company is solely responsible for its own financial condition and contractual obligations. Brighthouse SmartCare has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, please refer to a basic illustration and specimen copies of the policy and riders.

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FINANCIAL<sup>®</sup> | what's ahead<sup>®</sup>

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