

Advisor Prep Tool

Pre-Application

- Financial Advisor (FA) reviews the Pre-Qualification Questionnaire with the client
- FA initiates and completes firm suitability
- Covr provides the completed Advisor Prep Tool to Brighthouse Financial Underwriting

Application

- Brighthouse Financial Underwriting will conduct the phone interview with the client to complete the application
- Brighthouse Financial Client Consultant will introduce themselves to the FA as the single point of contact for anything the FA may need
- Application is completed once Covr returns all required signed documents to Brighthouse Financial
- Complete necessary underwriting requirements

Ages	Labs or Exams	Medical Records	Interview	Decision
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

- Brighthouse Financial Client Consultant will reach out to Covr for offer acceptance
- Upon offer acceptance, Brighthouse Financial will process the ACH for initial or single premium payment
- If approved, a Brighthouse SmartCare® policy is issued and policy documents may be delivered by mail to the Owner and Covr, as permitted by law
- The Owner, person to be insured (if different), and FA sign documents as part of the delivery process

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) _____ SSN/Tax ID number _____

Current address _____

Firm brokerage account number, if applicable _____

Male Female Smoker Nonsmoker Couples Discount

Proposed Insured's preferred time to call:

Please provide three options of dates and times for Brighthouse Financial to call:

Monday – Thursday from 8 a.m. – 7 p.m. ET, Friday 8 a.m. – 4 p.m. ET, Saturday 8 a.m. – 11 a.m. ET.

1 _____ 2 _____ 3 _____ Time Zone _____

Notes: _____

02 Policy Design

Rider Options¹

Choose an LTC Coverage Option: Indexed Fixed Growth Level

Choose a total LTC Benefit Period: 4 years 6 years

Allocations²

(should total 100%)

S&P 500[®] Index^A _____

Russell 2000[®] Index^B _____

MSCI EAFE Index^C _____

Fixed Account _____

Total Allocation _____

Automatic Cash Value Rebalancing

I elect

I decline

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

² A minimum allocation of 10% is required for each index that is selected.

03 Payment Information

Premium Method

- 1035 Exchange
- Wire
- ACH

ACH Instructions

- Draft upon approval
- Obtain confirmation from advisor prior to drafting

Premium Mode

- Single Premium
- 2-Year Annual
- 3-Year Annual
- 4-Year Annual
- 5-Year Annual

Name of bank

Checking Savings Brokerage Account

Routing number

Account number

Source of Current and Future Payments: (Check all that apply)

- Earned Income
- Mutual Fund/Brokerage Account
- Money Market Fund
- Savings
- Certificate of Deposit
- Use of values in another Life Insurance/Annuity Contract
- Loans
- Other _____

04 Advisor Information

Please attach an additional sheet if the number of Financial Professionals exceeds three.

Advisor name

Advisor email

Advisor address

Firm code

Compensation Option:

- Premium Based
- Spread

Advisor's NIPR number

State license number

Last 4 digits of SSN

Firm name

Percentage split

Advisor Information (Continued)

Advisor name	Advisor email	
Advisor address	Firm code	Compensation Option: <input type="checkbox"/> Premium Based <input type="checkbox"/> Spread
Advisor's NIPR number	State license number	Last 4 digits of SSN
Firm name		Percentage split

Advisor name	Advisor email	
Advisor address	Firm code	Compensation Option: <input type="checkbox"/> Premium Based <input type="checkbox"/> Spread
Advisor's NIPR number	State license number	Last 4 digits of SSN
Firm name		Percentage split

05 Information Needed 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?

- | | |
|--|--|
| <input type="checkbox"/> Current income from employment | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Other current income | <input type="checkbox"/> Sell investments |
| <input type="checkbox"/> Money from my family | <input type="checkbox"/> Sell other assets |
| <input type="checkbox"/> Current income from investments | <input type="checkbox"/> Other: _____ |

Information Needed for LTC (Continued)

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

06 Existing/Applied for Insurance and Replacement

Please list other health insurance policies you sold to the Owner or the Proposed Insured that are still in force:

Owner: _____

Proposed Insured: _____

Please list health policies sold in the last five years to the Owner or the Proposed Insured that are no longer in force:

Owner: _____

Proposed Insured: _____

Does the Proposed Insured or Owner have any existing or applied-for life insurance or annuities with this or any other company? (Please provide details of any existing or applied-for life insurance on the Proposed Insured only.)

Proposed Insured Yes No

Owner Yes No

Company	Amount of Insurance	Date of Issue	Policy Number (Existing or Applied For)	Status	Replacing Y/N
<i>Example: Bighthouse Financial</i>	<i>\$50,000</i>	<i>01/01/2008</i>	<i>123456789</i>	<i>Existing</i>	<i>Y</i>

Please complete for each replacement taking place:

Life Annuity

Reason for replacement: _____

Future premium payment status of policy being replaced:

- | | |
|---|---|
| <input type="checkbox"/> Pay limited number of premiums out of pocket, then use values in the policy | <input type="checkbox"/> Existing or future policy values and/or value of future dividends |
| <input type="checkbox"/> The out-of-pocket premiums will be suspended or reduced. Note: Please provide a copy of the illustration | <input type="checkbox"/> Premium payments will be discontinued; Policy will operate under its nonpayment of premiums option |
| <input type="checkbox"/> Continue to pay premiums out of pocket | <input type="checkbox"/> Surrender or cancel |

Other: _____

Policy plan type of policy being replaced:

- | | | |
|---|--|---|
| <input type="checkbox"/> Permanent Life (which is not
Universal Life or Variable Life) | <input type="checkbox"/> Endowment | <input type="checkbox"/> Term |
| <input type="checkbox"/> Universal Life | <input type="checkbox"/> Variable Life | <input type="checkbox"/> Fixed Annuity |
| <input type="checkbox"/> Indexed Annuity | <input type="checkbox"/> Variable Universal Life | <input type="checkbox"/> Variable Annuity |

State-Specific Additional Replacement Questions

Arkansas Replacements

(Please complete all below or provide a current in-force illustration)

Life planned premium: _____

Mode of payment: _____

Annuity annual payment, if applicable: _____

Contract value: _____

Total number of years subject to Surrender Charges: _____

Current year Surrender Charge: _____

Total number of years remaining on Surrender Charges: _____

Current Cash Surrender Value: _____

Death Benefit Amount: _____

Current Interest Rate: _____

Current Guarantee Period: _____

Guaranteed Minimum Accumulation Rate or Interest Rate: _____

Are free withdrawals available? Yes No

If yes, annual Free Withdrawal Amount or percentage: _____

Florida and Georgia Replacements

Does the client wish to receive a Comparative Information Form from the proposed company and the existing Insurer or Insurers?

Yes No

Kansas Replacements

Amount of cash value affected by this replacement.

Massachusetts Replacements

Does the client wish to receive yield indices for cash value policies being replaced?

Yes No

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 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[®], 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.

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