

Annuities**Request for Change of Financial Representative**

Brighthouse Life Insurance Company
Brighthouse Life Insurance Company of NY
New England Life Insurance Company
("Brighthouse Financial")

Things to know before you begin:

- This Request for Change of Financial Representative form is provided for your convenience in changing the financial representative authorized to service your contract.
- This form is not to be used for Custodian-Owned contracts. Please use the Owner/Annuitant Change form instead.

SECTION 1: Contract Information (Required for all requests)**Contract Number(s)**

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Owner

First Name	Middle Name	Last Name
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Phone Number	Date of Birth
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Joint Owner (if applicable)

First Name	Middle Name	Last Name
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Entity Name (if applicable)

SECTION 2: New Financial Representative Name

First Name	Middle Name	Last Name
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Broker Dealer Name

Firm Address	City	State	ZIP
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National Producer Number (NPN)	Phone Number	Client Account Number (Optional)
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SECTION 3: Signature(s)

 Owner Signature	*Title (if applicable)	Date (mm/dd/yyyy)
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Printed name of individual signing above

First Name	Middle Name	Last Name
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 Joint Owner Signature (if applicable)	*Title (if applicable)	Date (mm/dd/yyyy)
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SECTION 4: Please submit this entire form.

Fixed Annuities:
Brighthouse Financial
PO Box 4363
Clinton, IA 52733-4363

Variable, Shield, Fixed Index Annuities:
Brighthouse Financial
PO Box 4301
Clinton, IA 52733-4301

Fax:
(877) 246-8424
Customer Service Center:
(800) 882-1292

Email: bhrequests@brighthousefinancial.com