

Beneficiary Change

This beneficiary change form is provided for your convenience in handling changes or corrections to the beneficiary information for your contract.

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

Things to know before you begin:

- Please review Section 6: Good order guide and definitions for detailed instructions on completing this form. This form should not be used for Custodian-Owned contracts, irrevocable beneficiary changes, controlled payout beneficiary requests, or ERISA contracts.
- Any request for a change of beneficiary revokes ALL previous beneficiary designations, both contingent and primary. **Even if you are not changing all the beneficiaries, the complete designation must be stated, including both primary and contingent beneficiaries.**
- No changes to your contract will be valid until the signed Purchase Confirmation and Acknowledgment Form (if applicable to your Contract) is on file in our Customer Service Office.
- The contract owner's signature is required for all service requests. If there is more than one owner, ALL owners must sign.
- Please use blue or black ink and please PRINT in all capital letters.
- Please follow instructions to avoid delays in processing your request.

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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Entity Name (if applicable)

Social Security Number/TIN	Date of Birth	Date of Execution of Trust	Phone Number
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Street Address	City	State	ZIP
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Email Address (optional)

Joint Owner (if applicable)

First Name	Middle Name	Last Name
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Social Security Number/TIN	Date of Birth	Phone Number	Email Address (optional)
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Street Address	City	State	ZIP
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Annuitant (if different than Owner)

First Name	Middle Name	Last Name		
Social Security Number/TIN	Date of Birth	Phone Number	Email Address (optional)	
Street Address	City	State	ZIP	

SECTION 2: Beneficiary Designation Change (All fields required)

Please review Section 6 – Good order guide and definitions prior to completing this section.

CHANGE OR CORRECTION: If requesting a change or correction to the name of an existing beneficiary, please skip this section and complete Section 3 – Existing beneficiary name correction/update.

CONTRACTS WITH JOINT OWNERS: Unless specified otherwise below, for contracts with Joint Owners, upon the death of either Joint Owner, the surviving Joint Owner will be the primary beneficiary, and all other beneficiaries will be considered contingent beneficiaries. If a death claim is filed after both Joint Owners have passed away, the death benefit will be paid to the Estate of the most recently deceased Joint Owner.

- ☐ Check here if the surviving Joint Owner should NOT be the default primary beneficiary and instead should be the primary beneficiary(ies) listed below.

EQUAL SHARES (Optional): Use the following check boxes to designate equal shares among named primary and/or contingent beneficiaries.

- ☐ Equal shares for Primary Beneficiaries: Check here for equal shares totaling 100% for all primary beneficiaries. If this box is checked, DO NOT enter a percentage for each primary beneficiary listed.
- ☐ Equal shares for Contingent Beneficiaries: Check here for equal shares totaling 100% for all contingent beneficiaries. If this box is checked, DO NOT enter a percentage for each contingent beneficiary listed.

Note: DO NOT enter a percentage in the beneficiary designation sections below if the corresponding equal shares checkbox is checked.

► Beneficiary 1

- ☐ Check here if the following designation is Per Stirpes (Note: This option may be selected for Primary and/or Contingent beneficiary designation.)

Choose one: ☐ Primary ☐ Contingent

First Name	Middle Name	Last Name		
Entity Name (if applicable)				
Street Address	City	State	ZIP	Phone Number
Date of Birth	Social Security Number	Relationship to Owner	% of Proceeds	

► **Beneficiary 2**

☐ Check here if the following designation is Per Stirpes (Note: This option may be selected for Primary and/or Contingent beneficiary designations.)

Choose one: ☐ Primary ☐ Contingent

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

Street Address	City	State	ZIP	Phone Number
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Date of Birth	Social Security Number	Relationship to Owner	% of Proceeds
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► **Beneficiary 3**

☐ Check here if the following designation is Per Stirpes (Note: This option may be selected for Primary and/or Contingent beneficiary designations.)

Choose one: ☐ Primary ☐ Contingent

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

Street Address	City	State	ZIP	Phone Number
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Date of Birth	Social Security Number	Relationship to Owner	% of Proceeds
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► **Beneficiary 4**

☐ Check if the following designation is Per Stirpes (Note: This option may be selected for Primary and/or Contingent beneficiary designations.)

Choose one: ☐ Primary ☐ Contingent

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

Street Address	City	State	ZIP	Phone Number
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Date of Birth	Social Security Number	Relationship to Owner	% of Proceeds
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SECTION 3: Existing Beneficiary Name Correction/Update

- Do not complete Section 3 if Section 2 is completed. By completing Section 2, ALL previous primary and contingent beneficiary designations are revoked, and the complete designation (including name corrections/updates) must be stated. Section 3 should be completed if the **only** change is a correction/update to the name of an existing beneficiary.

Correction to name of existing Beneficiary (Please provide previous and new names in the sections below):

Previous Name

First Name	Middle Name	Last Name

New/Corrected Name

First Name	Middle Name	Last Name

Reason for name change/correction

SECTION 4: Signature(s) (Required for all requests)

FOR CALIFORNIA RESIDENTS ONLY: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I, the Contract Owner referenced in Section 1, hereby request the Company, subject to the provisions of my Contract, process the changes indicated on this form. My request for a change of beneficiary revokes ALL previous beneficiary designations, both primary and contingent. **Even if I don't change all the beneficiaries, the complete designation must be stated, including both primary and contingent beneficiaries.**

Owner Signature/Authorized Signer	*Title (if applicable)	Date (mm/dd/yyyy)
		

Owner First Name (printed)	Middle Name	Last Name

Joint Owner Signature/Authorized Signer (if applicable)	Date (mm/dd/yyyy)
	

Joint Owner First Name (printed)	Middle Name	Last Name

*If you are signing on behalf of another individual or entity, please indicate your title, status or position (e.g., Trustee, Attorney-in-Fact, Guardian, Conservator, Executor, Administrator, etc.) following your signature and provide required documentation.

SECTION 5: Please submit this entire form.

Fixed Annuities:

Brighthouse Financial
PO Box 4262
Clinton, IA 52733-4262

Variable Annuities:

Brighthouse Financial
PO Box 4261
Clinton, IA 52733-4261

Fax:

(877) 246-8424

Customer Service Center:

(800) 882-1292

Email: bhrequests@brighthousefinancial.com

SECTION 6: Good Order Guide and Definitions

This section-by-section guide is intended to assist you in filling out the Beneficiary Change form.

► SECTION 1: Contract Information

- Contract number(s) must be provided in order to process all requests.
- Joint Owner information only needs to be filled out if applicable.
- Annuitant information only needs to be filled out if different than the Owner information.

► SECTION 2: Beneficiary Designation Change

- Please provide the requested information for all beneficiaries for your contract in SECTION 2. Missing information can lead to delays in processing your request.
- If a beneficiary is a minor, additional information may be required at the time the claim is submitted. Selecting a Custodian for each minor under the Uniform Transfers or the Uniform Gifts to Minors Acts (UTMA or UGMA) may help speed up the payment process. To name a Custodian under UTMA/UGMA for a minor beneficiary please complete the entity line of the beneficiary designation as shown below (all other information within the beneficiary designation section will need to be completed with just the minor's information):
 - (Name of Custodian) as Custodian for (Name of Minor) Under the State of (State name where minor resides) UGMA/UTMA.
- Certain transfers made upon the death of an individual are subject to Generation Skipping Transfer Tax. Brighthouse Financial may be required under Federal law to withhold (or deduct) a portion of the death benefit payable and remit such to the IRS. You should consult your tax advisor regarding your personal situation.
- If additional space is required, please provide the necessary information (in the same format SECTION 2 on a separate piece of paper that includes the Owner's dated signature).
- **Percentages for all like beneficiary share classes must total 100% (i.e., percentages for Primary Beneficiaries must total 100% and percentages for Contingent Beneficiaries must total 100%.**
- Per stirpes means that proceeds will be distributed to a beneficiary's legal descendants (children born of or legally adopted by the beneficiary) in the event the beneficiary is not living at the time in which the death claim becomes payable.

► SECTION 3: Existing Beneficiary name Correction/Update

- This section should only be completed in the event that an existing beneficiary's information needs to be corrected or updated.
- DO NOT use this section to add or remove a beneficiary. That information should be provided in SECTION 2.

► SECTION 4: Signature(s)

- Owner and Joint Owner (if applicable) signatures are required in order to process all requests.
- If signing on behalf of a person or entity, proof of authorized signers is required to be submitted if not already on file. This includes, but is not limited to, trust paperwork, corporate resolutions and Power of Attorney paperwork.
- Please include all applicable titles with each signature (i.e., Trustee, Conservator, Attorney-in-Fact, etc.).