

Annuities**Annuity Claim Affidavit**

Use this form to help us determine the payee(s) of claim proceeds under the terms of an annuity contract.

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

Things to know before you begin:

- The person completing this form is the "Affiant".
- If you are a surviving child of the deceased, include yourself in the appropriate section below.
- After our review of this form, we will send a claim form to the appropriate party/parties.
- We may require additional documentation after the review of the claim is complete.
- Please complete this form to the best of my ability, and have your signature witnessed by a notary public.

SECTION 1: Contract Information**Contract Number**

Deceased Information

First Name	Middle Name	Last Name		
Address		City	State	ZIP
Date of Death				

SECTION 2: About Affiant (The person completing this form.)

First Name	Middle Name	Last Name		
Address		City	State	ZIP
Relationship to Deceased	Phone Number			

SECTION 3: Names of Children ("Children" includes natural and legally adopted children.)

1. First Name	Middle Name	Last Name		
Address		City	State	ZIP
Date of Birth	Date of Death (if applicable)	Phone Number		

2.	First Name	Middle Name	Last Name
Address		City	State ZIP
Date of Birth	Date of Death (if applicable)	Phone Number	
3.	First Name	Middle Name	Last Name
Address		City	State ZIP
Date of Birth	Date of Death (if applicable)	Phone Number	
4.	First Name	Middle Name	Last Name
Address		City	State ZIP
Date of Birth	Date of Death (if applicable)	Phone Number	
5.	First Name	Middle Name	Last Name
Address		City	State ZIP
Date of Birth	Date of Death (if applicable)	Phone Number	
6.	First Name	Middle Name	Last Name
Address		City	State ZIP
Date of Birth	Date of Death (if applicable)	Phone Number	

SECTION 4: Certifications and Signatures

The undersigned, _____ (print name), being duly sworn, hereby deposes and says, the persons named above are

1. the children of _____ and _____, or
2. the children of the marriage of _____ and _____,

and that no child belonging to the class checked above has been excluded.

The information provided is accurate to the best of my knowledge, and I acknowledge and understand that the Company will rely upon the information in this affidavit to identify the beneficiary(ies) entitled to payment of a death benefit under the above contract(s).



Affiant Signature

Date (mm/dd/yyyy)

Sworn to and subscribed before me this _____ day of _____ in the year _____ (yyyy)



Notary Public Signature

My commission expires (mm/dd/yyyy)

Notary Stamp or Seal



SECTION 5: Please submit this entire form.

Fixed Annuities:

Brighthouse Financial
PO Box 4259
Clinton, IA 52733-4259

Variable Annuities:

Brighthouse Financial
PO Box 4258
Clinton, IA 52733-4258

Overnight Mail:

Brighthouse Financial
MSC: 049006-MR-1
1315 19th Ave NW
Clinton, IA 52732

Fax: (877) 319-2495

Customer Service Center: (833) 208-3018