

Annuities

Annuity Beneficiary Claim Form – Qualified

This form is used to request death benefit proceeds when a contract Owner or Annuitant passes away.

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

Claim Instructions and requirements checklist

- Please print all information in black or blue ink and then sign and date on the signature page of this form.
- Please note: We reserve the right to request additional information we may deem necessary to settle the claim.
- **Requirements for ALL beneficiary claims**
 - ☐ Each beneficiary must submit a separate claim form. Faxed and emailed claim forms are acceptable.
 - ☐ A copy of or original death certificate is required (one per decedent). If the total death benefit value across ALL contracts for the deceased is greater than \$500,000 we require an original certified death certificate to be mailed in. We must have an original death certificate if the deceased passed away outside the United States.
- **Additional requirement where an estate is a contract beneficiary**
 - ☐ Claim options for an estate are limited to Options A, C2 (if available) and E1 – Another Company Court-certified executor's appointment or letters of testamentary are required.
 - ☐ A new Tax ID Number should be obtained for the estate. The decedent's Social Security Number cannot be used.
 - ☐ A title must be included with your signature in Section 8.
- **Additional requirement for a trust as a contract beneficiary**
 - ☐ Claim options for a trust are limited to A, C2 (if available), E1. Please note: If the Tax ID number for the trust is the same as the deceased's Social Security Number, a new Tax ID number must be provided for the trust.
 - ☐ The Brighthouse Financial Trustee Certification for Death Claim Benefits form is required.
 - ☐ A title must be included with your signature in Section 8.
 - ☐ If included in your claims kit, the Generation Skipping Transfer Questionnaire must be completed and returned. This form may still be required even if not included at a later time.
 - ☐ Schedule R-1 of form 706 or waiver affidavit may also be required based on how the questionnaire is completed.
- **Additional requirement where the beneficiary is a minor, or has been appointed a conservator**
 - ☐ We will advise you in writing if you are required to provide Court-certified letters of guardianship or conservatorship for the minor's estate and a Brighthouse Financial Certification of Guardian/Conservator form.
 - ☐ A title must be included with your signature in Section 8.
- **Additional requirement where a corporation or charity is a contract beneficiary**
 - ☐ Claim options for a corporation or charity are limited to Options A or C (if available).
 - ☐ A copy of the corporate resolution (with corporate seal affixed) reflecting the authorized signer(s) is required, as well as the corporate secretary's statement of authenticity.
 - ☐ A title must be included with your signature in Section 8.
- **Additional requirement for Custodial Owned contracts where a Spousal Continuation is elected**
 - ☐ Complete Section 2, Option B with surviving spouse information.
 - ☐ Surviving spouse must sign in Section 8.
 - ☐ Complete Section 2, Option C with Custodial Information.

- ☐ Authorized Custodian must sign in Section 8. If you are signing on behalf of another individual, please list your title or position (e.g., Trustee, Executor, etc.).
- Please complete the entire form to avoid delays in processing your request.
 - **New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value for each such violation.

Annuity Contract Number(s)

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SECTION 1: Deceased Owner/Annuitant Information

Decedent

First Name	Middle Name	Last Name
Street Address		City
		State
		ZIP
Social Security Number/TIN	Date of Death (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)
Marital Status: ☐ Single ☐ Married ☐ Widow/Widower ☐ Separated ☐ Divorce		

SECTION 2: To Be Completed by Each Beneficiary/Executor/Trustee (*Owner information, if claim is payable to surviving owner*)

Option A: Complete only if an individual is the beneficiary.

If you, the beneficiary, are a natural person, please complete the fields below.

Printed Name – First Name	Middle Name	Last Name
Relationship to Decedent*	Social Security Number	Date of Birth
		Gender ☐ Male ☐ Female
Citizenship: ☐ U.S. citizen ☐ Resident Alien ☐ Non-Resident Alien		
Mailing Address	City	State
		ZIP
Phone Number	Email Address	
If the above address is a P.O. Box, please also provide a street/physical address for our records:		
Street/Physical Address	City	State
		ZIP

If the beneficiary has had a name change – We will require proof of the name change, such as marriage certificate, divorce decree or other court-issued document showing the change of name.

***If decedent's resident state is PA AND relationship to decedent is a spouse AND there was a pending divorce at the time of death, please check here.** ☐

Option B: Spousal Continuation on a Custodian held contract.

Please complete the fields below as the surviving spouse.

Printed Name – First Name		Middle Name	Last Name	
Relationship to Decedent	Social Security Number	Date of Birth	Gender ☐ Male ☐ Female	
Citizenship: ☐ U.S. citizen ☐ Resident Alien ☐ Non-Resident Alien				
Mailing Address		City	State	ZIP
Distributor Account Number	Phone Number	Email Address		
If the above address is a P.O. Box, please also provide a street/physical address for our records:				
Street/Physical Address		City	State	ZIP

Option C – Complete only if an entity is the beneficiary

If you are acting as a custodian, trust, estate or other entity as beneficiary, please complete the fields below. Please add only one permanent address below for tax reporting purposes.

Printed Entity Name

Tax ID Number (The decedent's Social Security Number cannot be used.)		Trust Date (mm/dd/yyyy)	
Print name of Trustee, Executor, Custodian responsible for claiming funds			
First Name	Middle Name	Last Name	
Mailing Address		City	State ZIP
Phone Number	Email Address		
If the above address is a P.O. Box, please also provide a street/physical address for our records:			
Street/Physical Address		City	State ZIP

SECTION 3: Settlement Options

Instructions: Please make a selection from Options A through E. You may want to consult your tax adviser before making an election. If you are choosing different settlement options for different contracts, please complete a separate beneficiary claim form for each.

- ☐ **OPTION A: Single payment, lump sum distribution** – As a designated beneficiary under the contract(s), I wish to receive the entire amount of my portion of the death proceeds as a single payment. We may be required to report any distribution on Form 1099R for the calendar year of payment. Consult with your tax adviser regarding taxation of the distribution. Please choose a tax withholding election amount in Section 4 and tell us how you want to receive your payment in Section 5 before returning this form.

- ☐ **OPTION B: Spousal continuation of ownership** – As spouse of the decedent and as the sole designated primary beneficiary under the contract(s), I wish to continue the contract(s), as outlined in the current prospectus or contract (as applicable), as the new contract owner. All automated programs have been terminated due to a death and a new form will need to be completed and submitted to restart any program. Please contact customer support for these forms. **Not available for 403(b) or 401 contracts.**

Maturity Date deferral options – Check and complete one of the following deferral options. Your new maturity age or date may not exceed the maximum, we will automatically defer to the maximum age allowed. If no deferral option is elected, we will automatically defer to the maximum age allowed. The new maturity date must be at least 180 days in the future. If the maturity date elected is not 180 days in the future, we will default to the maximum age allowed.

☐ Defer to owner age: _____

☐ Defer to specific date: _____
(The maturity date will be set to the date specified, if no later than the maximum allowed.)

☐ Defer to maximum age.
(The maturity date will be set to the contract anniversary following age, unless your contract requires it to be the first of the month following this age.)

- ☐ **OPTION C: Beneficiary continuation (C1) OR 10-year deferral (5-year deferral non-natural beneficiaries) (C2)** – As a designated beneficiary under the contract(s), you may defer receipt of the death proceeds in the annuity contract up to 12/31 of the 10th anniversary of the date of the decedent's death (12/31 of the 5th anniversary of the date of decedent's death for a non-natural beneficiary such as a trust or estate).

If the decedent's contract is one of the following contract series names which contains a non-spousal continuation death benefit provision, and you elect Option C, the information in section C1 is applicable to your claim.

- Access, Asset Manager, BluePrint, Pioneer Annuistar, Prime Builder, Registered Gold Track, Scudder Advocate, T-Annuity, T-Flex, Universal Annuity and Universal Select.
- For any other fixed annuity or variable annuity contracts, please refer to section C2 below.

Please note:

- Not available for 401 contracts and 403(b) contracts.
- The Required Beginning Date ("RBD") is the date Required Minimum Distributions ("RMD") must begin for the owner/participant. RBD means April 1st of the calendar year following the calendar year the owner/participant reaches their RMD "applicable age" as defined under federal tax law (e.g., depending on date of birth, age 70½, 72, 73, or 75). Refer to IRS Publication 590-B and consult your tax adviser.
- For Roth IRA contracts, the owner is considered to die before their Required Beginning Date (RBD) regardless of age at death.
- Non-natural beneficiaries may only elect Option C2 if the owner/participant died prior to RBD. If a non-natural beneficiary elects Option C2 they are limited to C2 5-year deferral. A trust must remain active (i.e., not be terminated, invalid or revoked) and an estate must remain open (i.e., not closed) during the deferral period until the final payment instructions are submitted requesting payment in a single sum. See Option C2 below.

C1 – Beneficiary contract continuance (Not available to non-natural beneficiaries and not available to individual beneficiaries other than as described below for the products listed above): As a designated beneficiary under the contract(s) who is either (1) the spouse of the original deceased owner ("decedent"), or (2) a designated beneficiary who is not more than ten years younger than the decedent, I wish to leave the money in the existing contract(s). I understand that I may be required to take yearly RMD withdrawal distributions over life expectancy, in accordance with the requirements of applicable federal tax law. By completing this form, I understand that it is my responsibility to ensure compliance with the RMD rules under federal tax law and that I should consult my own tax adviser.

You will have the right to designate beneficiaries and request partial withdrawals of your share of the death proceeds, but no additional purchase payments can be made. The death proceeds will be subject to investment risk.

C2 – 10-year deferral (5-year deferral for non-natural beneficiaries):

Not available if deceased owner/participant died on or after RBD.

As a designated beneficiary under the contract(s), I wish to defer receipt of my portion of the death benefit proceeds for up to ten years. On or before 12/31 of the year containing the 10th anniversary of the deceased's death (12/31 of the 5th anniversary of date of decedent's death for a non-natural beneficiary such as a trust or estate), you will be required to submit a new beneficiary claim form with your final payment instructions, and you will receive the entire death benefit payment in a single sum. If the contract is a variable annuity contract, the entire account balance will remain in the investment allocation in effect on the date of death, and the will be subject to investment risk, until the death benefit is made (this may or may not impact your death benefit amount). You will not be able to designate beneficiaries and if you die prior to the end of the applicable deferral period the proceeds of the annuity contract will be payable to your estate.

You are responsible for complying with the RMD rules. Consult your tax adviser and/or legal advisers for advice.

- ☐ **OPTION D: Annuity Payments** – As a designated beneficiary under the contract(s), I wish to receive my portion of the death proceeds as a stream of periodic payments.

Please note:

- Not available to non-natural beneficiaries.
- Lifetime Income options are only available for a beneficiary who is the spouse of the deceased owner/participant or an individual beneficiary who is not more than 10 years younger than the owner/participant. If selecting the Lifetime Income option, the Life Only Acknowledgement Form must be submitted with this claim form.
- The option for "Income for a Guaranteed Period" of up to 9 years may be available for any individual designated beneficiaries. Federal tax law requires that all distributions must be made by 12/31 of the year containing the 10th anniversary of the death of the owner/participant.
- To exercise this option, generally annuity payments must commence by December 31st of the year following the year of the decedent's death and your portion of the death benefits proceeds must be at least \$2,000.
- Please refer to the contract for an explanation of the income types. The income types available to you may vary according to the product and qualified status of the contract. Such options may also be limited due to the requirements of applicable federal tax law. You are responsible for complying with the RMD rules. You should consult with your tax and/or legal advisers for advice.
- Please enclose one the following as proof of your date of birth for life options: Copy of driver's license, birth certificate, or passport.
- Not available for 401 contracts.

Select an allocation type:

Note: If no option is selected, the fixed payment option will apply.

- ☐ Fixed ☐ Variable

Select an income type:**Income payments based on your life – this option is limited to the spouse of the owner/participant or an individual beneficiary not more than 10 years younger than the owner/participant.**

- ☐ Lifetime Income (Beneficiaries may not be designated. Do not complete section 6 below.)
- ☐ Lifetime Income with Cash Refund.
- ☐ Lifetime Income with a Guarantee Period of _____ years (5-10 Years)*

Income payments for a Guaranteed Period only.

- ☐ Income for a Guaranteed Period of _____ years (5-9 Years)*.

Other:

- ☐ Other: _____
(Please refer to the contract for other income types not listed above.)

Select an annuity payment frequency:

If no selection is made, I agree that annuity payments will be made on a monthly basis.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

*Applicable tax law requires that the guarantee period be no longer than the beneficiary's life expectancy. For deaths after 2019 for qualified contracts including IRAs, a guarantee period beyond 10 years is not allowed and Lifetime Income options are limited to a beneficiary who is the spouse of the deceased owner/participant or an individual beneficiary not more than 10 years younger than the owner/participant.

☐ **OPTION E:**

Direct Transfer/Rollover (choose either E1 or E2 below):

Not available for 401 contracts.

If you are eligible to select E1 and E2, and check a box for either E1 or E2, but subsequently provide paperwork for the other option; we will consider your claim election to be in good order and the claim option consistent with the paperwork submitted will apply. For example, you check E1, but submit application for Individual Retirement Account under E2, we will consider your claim to be in good order and the election to be E2.

☐ **E1: Direct transfer/rollover to an Inherited Individual Retirement Account (IRA)**

Transfer/Rollover the money into an inherited IRA at (Choose one):

☐ Brighthouse Financial

- To open this account, contact an agent or representative who is appointed to do business on behalf of Brighthouse Financial and is licensed in your state of residence.
- A completed Brighthouse Financial Annuity application, Inherited IRA Election form and all other required paperwork must be submitted along with this claim form.
- Only available for individual beneficiaries (a 10-year option is available for individual beneficiaries and a "life expectancy stretch" option with payments over life expectancy also is available for individuals who are a spouse beneficiary or other individual beneficiaries not more than 10 years younger than the decedent.
- **Not available for estates.**
- **Not available for trusts** unless the trust is a look through trust described under Treas, Reg. § 1.401(a)(9)-4, meeting an exception under applicable federal tax law permitting distributions over the oldest beneficiary life expectancy, and you have provided the Brighthouse Financial Trustee Certification for Death Claim Benefits form and the Trust Look-Through Treatment Certification.

☐ Another Company

- Please submit a letter of acceptance and transfer paperwork from the new (receiving) company or ask them to send it directly to us. Please request the receiving company to provide us with delivery instructions. The receiving company may need additional information from you to complete this request.
- Please provide the name of the company where money is to be transferred and the account number (if known).

Company Name

Account Number

Submit this claim form and the required paperwork in good order as soon as possible. In general, your payment must be made on or before December 31 of the year after the year of the deceased's death.

☐ **E2: Direct transfer/rollover to an Individual Retirement Account (IRA)**

This option is only available if you are the spouse beneficiary of the deceased. If you provide all the appropriate information.

Transfer the money into: (Choose one)

☐ A new IRA at Brighthouse Financial

- To open this account, contact an agent or representative who is appointed to do business on behalf of Brighthouse Financial and is licensed in your state of residence.

- A completed Brighthouse Financial Annuity application and all other required paperwork must be submitted along with this claim form.

☐ Another Company

- Please submit a letter of acceptance and transfer paperwork from the new (receiving) company or ask them to send it directly to us. Please request the receiving company to provide us with delivery instructions. The receiving company may need additional information from you to complete this request.
- Please provide the name of the company where money is to be transferred and the account number (if known).

Company Name

Account Number

Submit this claim form and the required paperwork in good order as soon as possible. In general, your payment must be made on or before December 31 of the year after the year of the deceased's death.

Other settlement options may be available based on the product. Please consult your contract and financial professional.

SECTION 4: Income Tax Withholding Information – Required for options A and D

The taxable portion of each periodic payment and non-periodic payment (e.g., lump sum distribution) is subject to federal tax withholding, unless you elect not to have tax withheld. Non-periodic distributions are generally subject to withholding at a default rate of 10% ("Default Withholding") if you do not attach IRS Form W-4R or check the Do Not Withhold box below. Periodic annuity payments are subject to wage withholding (see Withholding Election for Annuity Payments below). If you have not provided your correct taxpayer identification number or the IRS notifies us that such number is incorrect, we will treat this election as invalid and will withhold taxes by using Default Withholding.

Distributions of taxable amounts are subject to ordinary income taxes. Distributions from Roth IRAs are generally considered not taxable, and no withholding is taken as a default unless you specifically request withholding. Distributions from qualified employer plans like a 401, 457 or 403(b) may be considered eligible rollover distributions and mandatory Default Withholding of 20% will apply. Distributions to Non-U.S. Persons for tax purposes (also called a nonresident alien) are subject to up to 30% federal tax withholding unless you provide a valid IRS Form W-8BEN (or other appropriate Form W-8) and a lower rate of withholding applies under the applicable income tax treaty. Distributions delivered outside the United States and its possessions to a US citizen or resident are not permitted to elect out of withholding. Default Withholding will apply, even if you request us not to withhold.

If you do not have enough federal income taxes withheld from your taxable distribution, you may be responsible for paying estimated tax directly to the IRS. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

You may use this Form to make an election for state income tax withholding. Certain states require withholding of state income tax when federal income tax withholding applies. If you are a resident of one of these states and do not elect out of federal withholding, we will withhold state income tax based on your state's rules. If you reside in a state that does not require income tax withholding on taxable distributions, but allows you to voluntarily request such withholding, then we will not withhold for state income tax unless you make an election for state income tax withholding. If you reside in a state that does not have a state income tax, we will not withhold for state income tax and your state income tax withholding election will not be processed. Some states require that we withhold for state income tax even if you elect no withholding on this form. Additionally, some states may require their state specific form to opt out of withholding or request withholding. If we do not receive the state specific form, we will withhold at the applicable state rate. For example, to opt out of state income tax withholding, residents of Michigan must provide state form MI W-4P, residents of Minnesota must provide state form W-4MNP, and residents of Connecticut must provide state form CT-W4P.

You should consult your own qualified tax adviser for information relating to any federal and state income tax liabilities including the appropriate withholding election to make on this form.

Withholding Election for Non-Periodic Payments – the federal and state withholding election below is for use with OPTION A

FEDERAL WITHHOLDING ELECTION

Please indicate one of the following – if none is selected Default Withholding will apply. Attach IRS Form W-4R only if you elect the option “Attach IRS Form W-4R” below.

- ☐ **Do Not Withhold federal tax from my taxable distribution.** (My election is void if I have not provided my correct taxpayer identification number or if I am not a current resident of the United States.)
- ☐ **Default Withholding** - withhold federal tax from my taxable distribution using a 10% rate (or applicable withholding rate required under tax law, if higher).
- ☐ **Withholding Percentage Greater than 10%** - withhold federal tax from my taxable distribution at the following rate of ____%. (Must be greater than the applicable withholding rate required under tax law).
- ☐ **Attach IRS Form W-4R** – I authorize federal income tax to be withheld from my distribution based upon IRS Form W-4R. I understand that if no IRS Form W-4R is attached and this box is selected, that Default Withholding will apply.

STATE WITHHOLDING ELECTION

Please indicate one of the following – if none is selected, we will withhold state income tax based on your state’s required default, if any.

- ☐ **Do not withhold state income tax from my taxable distribution** (if allowed by my state of residence).
- ☐ **Withhold Flat Dollar Amount or Percentage** - withhold a flat dollar amount or percentage from the taxable portion of each income payment for state taxes (if allowed by my state of residence). If the amount entered results in withholding of an amount that is less than the minimum amount required by your state, then we will withhold the minimum amount required by your state. If you check this box and do not provide a dollar amount or percentage, we will assume you are requesting no withholding.

\$ _____ Or _____ % State of Residence _____

Withholding Election for Annuity Payments – the federal and state withholding election below is for use with Annuity Payments only OPTION D

We will withhold federal income tax from your taxable payments as if your filing status is single with no adjustments in Steps 2 through 4 of Internal Revenue Service (IRS) Form W-4P (**Default Withholding**) if you do not Attach IRS Form W-4P or check the Do Not Withhold box. For a Roth IRA, we will not withhold federal income tax unless you specifically request withholding by attaching an IRS Form W-4P. If you do not have enough federal income taxes withheld from your income payments, you may be responsible for paying estimated tax directly to the IRS. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. IRS Form W-4P is available at www.irs.gov. You may provide us with your completed IRS Form W-4P by attaching it to this form. You may also mail it to the address on this form. Your election will remain in effect until you change or revoke it by filing a new election, and you may change your election at any time and as often as you wish. Such change will take effect once the form is received and processed. If you have not provided the correct taxpayer identification number or the IRS notifies us that such number is incorrect, we will treat this election as invalid and will withhold taxes by using Default Withholding. This will remain in effect until appropriate documentation is provided. Default Withholding will apply, even if you check the Do Not Withhold box below, if you provide a delivery address outside the U.S. or its possessions and you are a U.S. citizen or resident alien. If you are not a U.S. person for tax purposes (also called a nonresident alien) you are subject to up to 30% federal tax withholding unless you provide a valid IRS Form W-8BEN (or other appropriate Form W-8) and a lower rate of withholding applies under the applicable income tax treaty.

FEDERAL WITHHOLDING ELECTION – For Annuity payments

Please indicate one of the following – if none is selected Default Withholding described above will apply.

- ☐ **Do Not Withhold federal income tax from my payments.** (My election is void unless I have provided my correct taxpayer identification number, or I am not a current resident of the United States.)
- ☐ **Default Withholding** – Withhold federal income tax from my income payments using Default Withholding.
- ☐ **Attach IRS Form W-4P** (I authorize federal income tax to be withheld from my income payments based upon IRS Form W-4P. I understand that if no IRS Form W-4P is attached and this box is selected, that Default Withholding will apply until a valid IRS Form W-4P is received.)

STATE WITHHOLDING ELECTION – For Annuity Payments

Please indicate one of the following – if none is selected, we will withhold state income tax based on your state's required default, if any.

- ☐ **Do not withhold state income tax from my income payments** (if allowed by my state of residence).
- ☐ **Withhold using Wage Withholding** – withhold state income tax from each income payment based on the following allowances and marital status indicated below. This option is only available in certain states.
- ☐ Single ☐ Married ☐ Married but withhold at a higher single rate
- Number of withholding allowances claimed: _____
- Optional: Please withhold an additional amount from the taxable portion of each income payment for state taxes as indicated.
- Please enter the additional amount \$ _____
- ☐ **Withhold Flat Dollar Amount or Percentage** – withhold a flat dollar amount or percentage from the taxable portion of each income payment for state taxes (if allowed by my state of residence). If the amount entered results in withholding of an amount that is less than the minimum amount required by your state, then we will withhold the minimum amount required by your state. If you check this box and do not provide a dollar amount or percentage, we will assume you are requesting no withholding.
- \$ _____ OR _____ % State of residence _____

SECTION 5: Alternate Payment Instructions – Required for options A and D

Please note: If a payment method is not selected, then a check will automatically be mailed to the beneficiary at the mailing address indicated in section 2.

The distribution check(s) is to be sent (choose one):

- ☐ **1.** To me, the beneficiary, at the mailing address indicated in section 2.

- ☐ **2.** Electronic Funds Transfer (EFT)
Bank Name _____

Bank Address _____	City _____	State _____	ZIP _____
Account Number _____	Bank ABA Number _____		

Type of Account:

- ☐ **Checking** – A photocopy of a voided check, bank statement or bank direct deposit authorization form containing account information and registration is required, unless payments are being sent to a previously established EFT.
- ☐ **Savings** – A pre-printed deposit slip, bank statement or bank direct deposit authorization form containing account information and registration is required.

► **Please note:** If you choose not to attach a voided check, bank statement or bank direct deposit authorization form you must obtain a Medallion Signature Guarantee (MSG) on this claim form. **Please Note:** If EFT verification is not provided or we receive an invalid EFT verification, we will send a claim settlement via check to the address provided in Section 2.

SAMPLE VOIDED CHECK LAYOUT

Attach a voided, pre-printed check with tape in the area below. Do not staple. Do not attach a deposit slip or a starter check.

Account Holder's Name(s) 245 Main St. Anywhere, USA 00000			
Pay To The Order Of _____			\$
			Dollars
Your Financial Institution Name Street Address City, State, ZIP		-- VOID --	
		1234	
Your Routing Transit Number	Your Account Number	Your check number	

- ☐ 3. Send a check to a different address than the one listed in section 2 of this claim form. You must obtain a Medallion Signature Guarantee (MSG) on this form. If the MSG is not returned, then a check will automatically be mailed to the beneficiary at the mailing address in section 2. Alternate Payee Name (Bank, Brokerage Firm, etc.)

Alternate Payee Address	City	State	ZIP
Account Number (if applicable)			

SECTION 6: New Beneficiary Designation – Required for options B, C1, C3 and D

Please designate one or more new beneficiaries below. Make sure the percentages for all primary beneficiaries equal 100% and percentages for all contingent beneficiaries equal 100%. **If the information you provide is unclear or if you do not complete this section in its entirety, the beneficiary will default to your estate.**

EQUAL SHARES (Optional): Use the following check boxes to designate equal shares among the 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.

Primary Beneficiary:

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

☐ Primary ☐ Contingent

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

☐ Primary ☐ Contingent

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

☐ Primary ☐ Contingent

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

SECTION 7: Alternate Contact Information and Special Requests

If there is an individual not associated with the contract you would like to authorize to be able to receive information for the purpose of resolving this claim, please provide the name and phone number of the contact person for Brighthouse Financial to contact regarding any applicable additional requirements. Additional forms may be required depending on your request.

SECTION 8: Acknowledgments, Disclosures and Certifications

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit was issued.

Alabama: Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, District of Columbia, Louisiana, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: 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 to state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho and Indiana: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND PENALTIES.

Ohio: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submit an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000), or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

US Tax Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because:
(a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA Code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. "U.S. citizen" and "U.S. person" are as defined in IRS Form W-9. If you are not a U.S. citizen or a U.S. person for tax purposes, please cross out item 3 above and complete appropriate IRS documentation such as IRS Form W-8BEN. Item number 4, FATCA Code: N/A (No FATCA Code Applicable).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Beneficiary Signature



New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Title (if applicable)

Date (mm/dd/yyyy)

If you are signing on behalf of another individual, please list your title or position (e.g., Trustee, Executor, etc.).

SECTION 9: Identity Certification (One of the following options must be provided if total death benefits for the deceased is over \$300,000.)

- ☐ I have included a photocopy of government issued photo identification reflecting the same address of record included on this form
- ☐ I have obtained a Medallion Signature Guarantee.
- ☐ My signature has been notarized below.

Medallion Signature Guarantee (MSG)

State of _____

County of _____

I, the undersigned, a Notary public in and for said County in the State aforesaid, DO HEREBY CERTIFY that _____ who is personally known to me to be the same person and acknowledged that **he/she** signed, sealed and delivered the said instrument as **his/her** free and voluntary act, for the uses and purpose therein set forth.

Given under my hand and Notary's Seal,
Notary Signature



Date (mm/dd/yyyy)

My commission expires

SECTION 10: Return this claim form and all necessary documents.

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) 251-8222

Customer Service Center: (833) 208-3018