

Annuities

Trustee/Entity Certification for Existing Annuity Contracts

Use this form when a Trust owns an annuity contract issued by an insurance listed on this form.

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

Things to know before you begin:

- This form can also be used to update Trustee Information for an existing Trust owner.
- Submit this form along with applicable paperwork for the transaction you are requesting, to validate the Trust owner.
- New information provided on this form does not change or update information on the annuity contract.
- We will accept changes based on the terms of the contract and the underwriting rules in effect when the original annuity contract was issued. In general, annuities can be owned by:
 - Grantor Trusts;
 - Non-Grantor Trusts;
 - Other Trusts created specifically to a benefit living or natural person;
- All Entity representatives with the power to buy, sell, manage or transfer annuities on behalf of the Entity must complete and sign this form.
- We will assume, unless otherwise notified in writing, that all Entity representatives have the authority to act alone and independently concerning the choices and instructions in this form.
- Do not use this form for an Employment Benefit Trust or a Trust created by a foreign country.
- Submit this form along with the Owner/Annuitant Change form to change the owner of an annuity contract to a Trust.

Definitions:

- **Trust:** A legal Entity that owns assets on behalf of a person who will benefit from the assets in the future.
- **Annuity:** A financial product in which an owner (e.g., an individual, Trust or Entity) makes one or more upfront payments to an insurance company. In return owner may choose to receive (or designate someone else to receive) a lump sum or series of payments in the future.
- **Grantor:** A person who creates a Trust and/or transfers of assets to the Trust.
- **Non-Grantor Trust:** A Trust in which the Trust itself is tax on income from the Trust.

SECTION 1: Annuitant Information

Contract Number

Annuitant

First Name

Middle Name

Last Name

Social Security Number

Date of Birth

Annuitant's Relationship to Entity



Annuitant Signature

Date (mm/dd/yyyy)

SECTION 2 : EntityType of Entity : ☐ Corporation ☐ Partnership ☐ LLC ☐ Trust ☐ Other : _____

Entity Name

Tax ID Number

Address

City

State

ZIP

State where Entity is situated (i.e., state law that applies to the Entity)

If the Entity is a Trust, please answer the questions below.

Question 1:

Is the Annuitant the Grantor, or a family member of the Grantor, who created the Trust?

☐ Yes☐ No

If no, please contact your financial professional or call our Customer Service Center at (800) 882-1292.

Question 2:

Is this Trust a Grantor Trust as defined by Section 671 et seq. of the Internal Revenue Code of 1986, as amended ("Code")?

☐ Yes.If yes, the Grantor and the Annuitant listed above must be the same. Please list name(s) and address(es) of the Grantor(s) who created the Trust.

_____☐ No**Question 3:**

Is the Tax ID number of the Trust the same as the Grantor's Social Security Number?

☐ Yes

If yes, the grantor and the Annuitant listed above must be the same.

☐ No**If both answers to Questions 2 and 3 are No, please answer Question 4 below.****Question 4:**

Are any of the Trust's Grantor(s) or Beneficiary(ies) a non-natural entity (e.g., Corporation, charity, etc.)?

☐ Yes. If yes, is this a Charitable Remainder Trust?☐ Yes. Proceed to Section 3.☐ No. If no, contact your financial professional or our Customer Service Center.☐ No. If no, we will assume this Trust exclusively benefits individuals who are not employees or service providers of the Grantor and one of the exceptions described in statement 12 of Section 3 below is applicable.

SECTION 3: Authorizations, Acknowledgments and Signature(s)

The undersigned Entity Representative(s) do hereby and affirm the following:

1. All information listed on this form is complete and accurate.
2. I agree that the Entity named here is valid, is in good standing under applicable state law and has the power to buy, sell, manage or transfer annuities on behalf of the Entity.
3. If the Entity is a Trust, I agree that the trust is currently valid and was not revoked or changed in a way that would invalidate the information on this form.
4. That to the best of my knowledge, I expect the Annuitant to live more than 12 months and that the annuity contract was not purchased simply to benefit from the Annuitant's death.
5. I agree that the Company is relying on the accuracy of the information listed on this form and not on information contained in the Entity agreements or documents. I agree that the Company may rely on this information until receiving written notice of a revocation of the Entity or change in the information provided on this form.
6. I am duly authorized to act as representative(s) under the terms of the Entity and/or applicable law. I have the power to exercise any right associated with owning an annuity contract including, but not limited to, buying, selling, managing, transferring and withdrawing funds.
7. Nothing of value (e.g., cash payments, gifts or a share of the annuity contract) was offered to the Annuitant (or anyone acting on their behalf) in exchange for changing the annuity contract's owner. If anything of value has been (or will be) paid, please describe below:

8. That this ownership change is not being made with the intent to sell or transfer the annuity contract (or the rights to its death benefits, income payments or withdrawals) to a life settlement company, investor, investor group or third party.
9. That this ownership change is not being made with the intent to sell or transfer ownership or beneficial interest in the Entity that owns the annuity contract to a life settlement company, investor, investor group or other third party.
10. I understand that changing the owner of this annuity contract to the named Entity may be considered a taxable event.
11. Each of the undersigned, jointly and severally, and as an Entity representative, indemnifies the Company and agrees to hold harmless against all obligations, demands, losses or liabilities (including attorney's fees) that the Company incurred, suffered or paid, or may incur, suffer or pay in the future because of the Company's reliance on this document and/or transactions or actions by the undersigned. By indemnifying the Company, each of the undersigned, jointly and severally, and as an Entity representative, indemnifies the Company agents, officers and employees. This indemnification shall survive termination of this form, termination of the Entity or termination of the annuity contract.
12. I, on behalf of the Entity, understand that, in general, a non-qualified annuity contract owned by an Entity (e.g., Trust) is not eligible for tax deferral. The only exceptions are: (1) if the Entity is a Grantor Trust within the meaning of Section 671 et seq. of the Code or (2) if the Entity representative was acting as a mere agent for an individual who is beneficiary of the Entity. If an exception does not apply and the Entity is subject to Federal income tax, it must include the increase in the annuity contract's value (adjusted for contributions) in its taxable income each year. In addition, I agree that the Company is not responsible for any adverse tax consequences and is not bound by any representations made that the annuity contract owner is holding the annuity contract as an agent for a natural person or that the owner is a Grantor Trust within the meaning of Section 671 et seq. of the Code. However, if the annuity contract is a Trust that uses an individual's Social Security Number as its tax identification number or is a Grantor Trust within the meaning of Section 671 et seq. of the Code, the individual (or person treated as owner of the assets of the Grantor Trust) must be listed as the Annuitant on this form.

13. That the Company will tax report to the named Entity on any annuity contract(s) issued to the Entity.
14. I have had the chance to consult with an attorney before signing this form.
15. I will inform the Company in writing of any facts that would affect or change the information of the certification (e.g., entity amendments or representative changes).

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 back 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer 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 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.

All representatives with the power to buy, sell or transfer annuities on behalf of the Entity must complete and sign below. If there are more than three representative(s), make a copy of this signature page, have the additional representatives sign it and include it at the end of this form.

Entity Representative 1:

First Name	Middle Name	Last Name		
Address		City	State	ZIP
Social Security Number	Date of Birth (Required for Online Access)	Email Address (Required for Online Access)		
Signature		Title (e.g., Trustee)	Date (mm/dd/yyyy)	

Entity Representative 2:

First Name	Middle Name	Last Name		
Address		City	State	ZIP
Social Security Number	Date of Birth (Required for Online Access)	Email Address (Required for Online Access)		
Signature		Title (e.g., Trustee)	Date (mm/dd/yyyy)	

Entity Representative 3:

First Name	Middle Name	Last Name		
Address		City	State	ZIP
Social Security Number	Date of Birth (Required for Online Access)	Email Address (Required for Online Access)		
Signature		Title (e.g., Trustee)	Date (mm/dd/yyyy)	

SECTION 4: 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) 319-2495

Customer Service Center:

(833) 208-3018