

Annuities

Trustee Certification for Death Claim Benefits

This form is for use in situations where a trust is the beneficiary of an annuity contract and is requesting death benefit proceeds.

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

Things to know before you begin:

- Information on this form will be used to process the death claim on the contract. Submission of the appropriate beneficiary claim form is also required.
- This form is for use in situations where a trust is the beneficiary of an annuity contract issued by one of the insurance companies noted above.
- All Trustees with the power to buy, sell, manage or transfer annuity contracts on behalf of the Trust must complete and sign this form with their title.
- We will assume (unless otherwise notified in writing) that all Trustees have the authority to act alone and independently concerning the choices and instructions on this form.

SECTION 1: Contract Information

Contract Number

Deceased Owner

First Name	Middle Name	Last name
Deceased Owner Date of Birth	Date of Death	

SECTION 2: Trust Information

Designated Beneficiary – Trust Name		Date Trust was Executed	
Trust Address	City	State	ZIP
Trust Tax ID Number	State where situated		

Is the trust beneficiary interested in obtaining Look-Through treatment under Treasury Regulation 1.401(a)(9) – 4?

- ☐ Yes - Please also submit the Trust Look-Through Treatment Certification form.
- ☐ No – Please also submit the Trust Look-Through Treatment Certification form.

SECTION 3: Acknowledgment and Signature(s)

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

1. All information provided on this form is accurate and complete. The named trust is presently in effect and has not been revoked, modified or amended in any manner that would cause the representations in this certification to be incorrect.
2. I acknowledge and agree that the Company is relying exclusively on the representations in this agreement and not upon a review of the trust document, even if the trust document has been or is later provided. The Company is permitted to rely upon the representations in this document unless and until notice of any change, amendment or revocation is provided in writing and delivered to the Company.
3. I am duly authorized to act as trustee(s) under the terms of the trust provisions and/or applicable law. I have the power to exercise all rights associated with the request to elect a death claim option and request to transfer the funds to another carrier.
4. Each of the undersigned, jointly and severally, individually, and as trustee, indemnifies the Company and agrees to hold the Company harmless against all obligations, demands, losses or liabilities (including attorney's fees) that the Company incurred, suffered or paid or may incur, suffer 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, joint and severally, individually, and as trustees, indemnifies the Company's agents, officers and employees. This indemnification shall survive termination of this document or the annuity contract.
5. I have had the opportunity to consult with an attorney, to the extent necessary, before executing this document.

U.S. 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 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 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.

All trustees must complete and sign below.

Trustee 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)	
Trustee 1 Signature		Title (e.g., Trustee)	Date (mm/dd/yyyy)	

Trustee 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)		
	Trustee 2 Signature	Title (e.g., Trustee)	Date (mm/dd/yyyy)	

Trustee 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)		
	Trustee 3 Signature	Title (e.g., Trustee)	Date (mm/dd/yyyy)	

Trustee 4:

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)		
	Trustee 4 Signature	Title (e.g., Trustee)	Date (mm/dd/yyyy)	

Trustee 5:

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)		



Trustee 5 Signature

Title (e.g., Trustee)

Date (mm/dd/yyyy)

SECTION 4: 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 Address:

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

Fax: (877) 319-2495

Customer Service Center: (833) 208-3018