

Annuities

Trust Look-Through Treatment Certification

This form is used only by a beneficiary who is a trust under an IRA and is interested in obtaining Look-Through Treatment under Treasury Regulation 1.401(a)(9)-4.

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

Things to know before you begin:

A Trust that receives look-through treatment must meet certain legal requirements as described in Treasury Regulation 1.401(a)(9)-4.

- The trust must be valid under state law – legally formed under state law, properly signed and executed as a trust and notarized.
- The trust must be irrevocable or by its terms become irrevocable upon the death of the original owner.
- The underlying beneficiaries must all be identifiable as being eligible to be designated beneficiaries. Beneficiaries can be a class (e.g., "my children" or "my grandchildren") but must ultimately be identified to claim benefits. All Trust beneficiaries must be living, identifiable persons (e.g., NOT corporations, estates, or charities), in order for the Trust to be administered as a look-through trust. A classification such as "whoever the trustees decide to make distributions to" is not acceptable language.
- Agree to provide the trust documentation only if requested by the Company.
- Provide this in good order form and any requested documents by October 31st of the year following death.
- 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: Deceased Owner Information

Contract Number

Deceased Owner

First Name	Middle Name	Last Name

Date of Birth	Date of Death

Designated Beneficiary

Trust Name	Trust Date (mm/dd/yyyy)

SECTION 2: Trust Information

Trust Name	Date Trust was Executed

Trust Address	City	State	ZIP

Tax ID Number	State where situated

SECTION 3: Trust Beneficiary Information

In order to satisfy applicable look-through requirements, the Trustee must provide all required documentation, including beneficiary information requested in Section 3 of this form, by October 31st of the year following the IRA contract owner's death.

Note: Generally, applicable Treasury Regulations require the determination of beneficiary information as of September 30th of the calendar year following the calendar year of the IRA contract owner's death.

Trust Beneficiary 1

First Name	Middle Name	Last Name	
Address	City	State	ZIP
Date of Birth (mm/dd/yyyy)			

Trust Beneficiary 2

First Name	Middle Name	Last Name	
Address	City	State	ZIP
Date of Birth (mm/dd/yyyy)			

Trust Beneficiary 3

First Name	Middle Name	Last Name	
Address	City	State	ZIP
Date of Birth (mm/dd/yyyy)			

SECTION 4: Intent of Trustee

Please indicate which of the following transactions describes the Trustee intent:

- ☐ Use the proceeds from an alternate carrier to establish a Brighthouse Financial Inherited IRA. Complete and submit the following:
 - An Inherited IRA Election Form.
 - All applicable new business requirements.
- ☐ Use the proceeds from a Brighthouse Financial annuity death claim to establish a Brighthouse Financial Inherited IRA. Complete and submit the following:
 - All Brighthouse Financial death claim requirements.
 - The Trustee Certification for Death Benefits Form.
 - An Inherited IRA Election Form.
 - All applicable new business requirements.
- ☐ Use the proceeds from a Brighthouse Financial annuity death claim to establish an Inherited IRA at an alternate carrier by completing a direct transfer. Complete and submit the following:
 - Section 7 completed by the accepting alternate carrier.
 - The Trustee Certification for Death Benefits Form.

- All Brighthouse Financial death claim requirements.
 - Any additional requirements for the alternate carrier. If there is more than one alternate carrier each carrier must sign and accept and they must all be submitted with this form.
- ☐ Use a portion of the proceeds of the Brighthouse Financial annuity death claim to establish a Brighthouse Financial Inherited IRA and request a portion of the proceeds as lump sum distribution. Complete and submit the following:
- All Brighthouse Financial death claim requirements.
 - The Trustee Certification for Death Benefits Form.
 - An Inherited IRA Election Form.
 - All applicable new business requirements.
- ☐ Use a portion of the Brighthouse Financial death claim proceeds to establish an Inherited IRA at an alternate carrier and request a portion of the proceeds as a lump sum distribution. Complete and submit the following:
- Section 7 completed by the accepting alternate carrier. If there is more than one alternate carrier each carrier must sign and accept and they must all be submitted with this form.
 - The Trustee Certification for Death Benefits Form.
 - All Brighthouse Financial death claim requirements.
 - Any additional requirements for the alternate carrier.

SECTION 5: Look-Through Certification and Acknowledgments

The undersigned Trustee(s) do hereby certify and affirm the following statements:

1. The Trust is a valid Trust under state law or would be a valid Trust if it were funded.
2. The Trust is either irrevocable or will (based on its terms) become irrevocable upon the death of the IRA Owner or employee whose assets are funding the Trust.
3. The Trust beneficiaries who benefit because of the Trust's interest in the IRA contract are living, identifiable persons named on the current Trust documents.
4. To the best of my/our knowledge, the beneficiaries (including all contingent and remainder beneficiaries) listed on this form are correct, complete and final.
5. I/We agree to provide a copy of the original Trust documents to the Company if requested.
6. The trust is responsible for ensuring that distributions are taken from the Inherited IRA in order to satisfy IRS required minimum distribution under the Internal Revenue Code of 1986, as amended, ("the Code") including Section 401(a)(9) of the Code and applicable Treasury Regulations. This includes the requirement to take the first required minimum distribution no later than December 31st of the year following the year of the IRA contract owner's death. All required documentation needed to establish trust look-through status must be provided no later than October 31st of the year following the year of the IRA contract owner's death in accordance with Treasury Regulation 1.401(a)(9)-4 as defined at the top of this form.
7. I/We acknowledge that the Company's treatment of the named Trust as a look-through trust under the Treasury Regulations is solely based on my/our certification as Trustee(s) that look-through treatment is appropriate and in compliance with the Trust document and applicable law(s). This includes, but is not limited to, using the designated beneficiary's life expectancy and funding new inherited IRA contracts for the benefit of the Trust's beneficiary(ies).
8. I/We acknowledge that the Company is not responsible for any negative tax consequences.
9. I/We, and not the Company, bear responsibility and liability for ensuring that actions resulting from the certification, instruction and information that I/we provide to the company will be compliant with the provisions of the Trust and applicable law. No Trustee or custodial duties or responsibilities transfer to the Company through the certification or any related action.
10. I/We acknowledge and agree that I/we, and not the Company, retain responsibility and liability for ensuring that any Trust provisions that could be affected or impacted by the information on this form will continue to be operated in a valid and compliant manner, if applicable. I/We agree that I/we, and not the Company, will be responsible for and will monitor and approve the claim process to ensure that the claim process is compliant with trust provisions and applicable law.

SECTION 6: Trustee Signature(s)

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.

Trustee 1

First Name	Middle Name	Last Name
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Address	City	State	ZIP
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Trustee 1 Signature	Title (e.g. Trustee)	Date (mm/dd/yyyy)
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Trustee 2

First Name	Middle Name	Last Name
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Address	City	State	ZIP
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Trustee 2 Signature	Title (e.g. Trustee)	Date (mm/dd/yyyy)
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Trustee 3

First Name	Middle Name	Last Name
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Address	City	State	ZIP
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Trustee 3 Signature	Title (e.g. Trustee)	Date (mm/dd/yyyy)
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Trustee 4

First Name	Middle Name	Last Name
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Address	City	State	ZIP
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Trustee 4 Signature	Title (e.g. Trustee)	Date (mm/dd/yyyy)
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SECTION 7: Acknowledgment and Signature(s) of Accepting Company

Brighthouse Financial, its parents, subsidiaries and affiliates are collectively referred to herein as the "Transferring Company".

1. We, the undersigned Accepting Company, understand:
 - a) the assets being transferred are proceeds from an Individual Retirement Annuity Contract ("IRA Annuity") death benefit payout;
 - b) the deceased Owner and Owner's date of birth is as listed above; and
 - c) the designated beneficiary of the IRA Annuity contract is the trust listed above.
2. We, the undersigned Accepting Company:
 - a) agree to be the trustee/custodian/issuer of an Individual Retirement Annuity or Annuity ("IRA") for the designated beneficiary which is the Trust listed above;
 - b) understand that the Transferring Company is not expressing any opinions or making any representations regarding whether the trust satisfies the trust look-through requirements.



Accepting Company Signature

Title

Date (mm/dd/yyyy)

SECTION 8: 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