



Annuities

Owner/Annuitant Change

This form used to make Owner/Annuitant changes.

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

Your Future is Bright Online!

View your contract details, access documents and request updates at brighthousefinancial.com



Mail, Fax, and Email Information

For Fixed Annuities:

Brighthouse Financial
PO Box 4363
Clinton, IA 52733-4363

For Variable, Index-Linked, and Fixed Index Annuities:

Brighthouse Financial
PO Box 4301
Clinton, IA 52733-4301

Customer Service Center:

(800) 882-1292

Fax:

(877) 246-8424

Email:

bhfrequests@brighthousefinancial.com

Important Considerations:

- The request for a change of ownership revokes ALL previous ownership designations.
- Changes to your contract may be fully taxable, subject to tax reporting, and may reduce your benefits and terminate any riders on the contract. As with all matters of a tax or legal nature, you should consult with your tax and legal advisers. Brighthouse Financial cannot provide tax or legal advice.
- We reserve the right to request additional information we may deem necessary to process your request.
- Please fill out all required sections completely. Missing information can lead to delays in processing your request.



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1. Contracts Included

Contract Number 1	Contract Number 2	Contract Number 3

2. Current Contract Information

Owner Information

☐ Check here if
this is a new
address.

Individual, Trust or Company Name			
Date of Birth/Date of Trust (mm/dd/yyyy)		Last 4 SSN / Tax Identification Number	
Street Address	City	State	ZIP
Phone Number		Email Address	

Annuitant Information (if different than Owner)

☐ Check here if
this is a new
address.

Full Name (First, Middle, Last)			
Date of Birth		Last 4 Digits of SSN	
Street Address	City	State	ZIP
Phone Number		Email Address	

2. Current Contract Information (Continued)

Joint Owner Information (if applicable)

☐ Check here if
this is a new
address.

Full Name (First, Middle, Last)			
Date of Birth		Last 4 Digits of SSN	
Street Address		City	State ZIP
Phone Number		Email Address	

3. Ownership Change

Please Note: The existing contract Owner(s) must sign in Section 7 to authorize any changes in ownership.

Name of New Owner

☐ Male ☐ Female ☐ Entity

☐ Same as
Current Owner

Individual, Trust or Company Name			
Date of Birth/Date of Trust (mm/dd/yyyy)		Social Security Number / Tax Identification Number	
Street Address		City	State ZIP
Relationship to Original Owner	Phone Number	Email Address	

Name of New Annuitant

☐ Male ☐ Female

☐ Same as
Current
Annuitant

Full Name (First, Middle, Last)			
Date of Birth		Social Security Number	
Street Address		City	State ZIP
Relationship to Original Owner	Phone Number	Email Address	

Name of New Joint Owner

☐ Male ☐ Female

☐ Same as
Current
Joint Owner

☐ Remove
Joint Owner

Full Name (First, Middle, Last)			
Date of Birth		Social Security Number	
Street Address		City	State ZIP
Relationship to Original Owner	Phone Number	Email Address	

4. Beneficiary Designation Change

Contracts with Joint Owners: Unless the box is checked below, for contracts with Joint Owners, upon the death of either Joint Owner, the surviving Joint Owner will be the primary beneficiary, and all other beneficiaries will be considered contingent beneficiaries. If a death claim is filed after both Joint Owners have passed away, the death benefit will be paid to the Estate of the most recently deceased Joint Owner.

☐ Check here if the primary beneficiary should not be the surviving Joint Owner and instead should be the primary beneficiary(ies) listed below.

Equal Shares (Optional): If one of these boxes is checked, DO NOT enter a percentage for each beneficiary listed.

☐ Equal shares for Primary Beneficiaries

☐ Equal shares for Contingent Beneficiaries

Per stirpes means that proceeds will be distributed to a beneficiary's lineal descendants (current and future children born of or legally adopted by the beneficiary) in the event the beneficiary is not living at the time in which the death claim becomes payable. Per stirpes is not applicable for trusts.

Please note: If you are using this section to elect both Primary and Contingent Beneficiaries and did not select one of the equal shares boxes above, please ensure that the percentage of proceeds allocation for each totals to 100% separately.

Beneficiary 1

☐ Primary Beneficiary

☐ Contingent Beneficiary

Individual, Trust or Company Name			
Date of Birth/Date of Trust (mm/dd/yyyy)		Phone Number	
Street Address		City	State ZIP
Last 4 SSN / Tax Identification Number		Per Stirpes	Percent (%) of Proceeds
		☐	

Beneficiary 2

☐ Primary Beneficiary

☐ Contingent Beneficiary

Individual, Trust or Company Name			
Date of Birth/Date of Trust (mm/dd/yyyy)		Phone Number	
Street Address		City	State ZIP
Last 4 SSN / Tax Identification Number		Per Stirpes	Percent (%) of Proceeds
		☐	

Beneficiary 3

☐ Primary Beneficiary

☐ Contingent Beneficiary

Individual, Trust or Company Name			
Date of Birth/Date of Trust (mm/dd/yyyy)		Phone Number	
Street Address		City	State ZIP
Last 4 SSN / Tax Identification Number		Per Stirpes	Percent (%) of Proceeds
		☐	

4. Beneficiary Designation Change (Continued)

Beneficiary 4

☐ Primary Beneficiary

☐ Contingent Beneficiary

Individual, Trust or Company Name			
Date of Birth/Date of Trust (mm/dd/yyyy)		Phone Number	Relationship to Owner
Street Address		City	State ZIP
Last 4 SSN / Tax Identification Number		Per Stirpes	Percent (%) of Proceeds
		☐	

☐ Check this box if you've attached an additional page: Please provide the necessary information in the same format as Section 4 on a separate piece of paper that includes the Owner's dated signature.

5. Maturity Date Election

Only complete if you would like to change your maturity date.

☐ Change to owner age: _____ (The maturity date will be set to the contract anniversary following this age.)

☐ Change to the Latest Maturity Date (LMD) allowed.

☐ Change to specific date (MM/DD/YYYY): _____

Your new maturity age or date may not exceed beyond the Latest Maturity Date (LMD) allowed for your contract and tax market. If you choose an age or date that exceeds the LMD, we will automatically defer to the latest LMD allowed. Your new maturity date must be at least 180 days in the future.

6. Financial Professional Change

To be completed by registered financial professional.

Financial Professional 1

First Name		Middle Name		Last Name	
Broker/Dealer Name					
Firm Street Address			City	State	ZIP
National Producer Number		Phone Number	Client Account Number		Percentage

Financial Professional 2

First Name		Middle Name		Last Name	
Broker/Dealer Name					
Firm Street Address			City	State	ZIP
National Producer Number		Phone Number	Client Account Number		Percentage

7. Acknowledgment and Signature(s)

I, the Contract Owner referenced in Section 2, hereby request that Brighthouse Financial, subject to the provisions of my contract, process the changes indicated on this form.

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.

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 balance 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 and 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 you have been notified by the IRS that your are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return. "U.S. citizen" and "U.S. person" are 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 owners must sign.

Current Owner Signature	Title (if applicable)*	Date (MM/DD/YYYY)

Current Joint Owner Signature	Title (if applicable)*	Date (MM/DD/YYYY)

Annuitant Signature	Date (MM/DD/YYYY)

New Owner Signature	Title (if applicable)*	Date (MM/DD/YYYY)

New Joint Owner Signature (if applicable)	Title (if applicable)*	Date (MM/DD/YYYY)

*If you are signing on behalf of another individual or entity, please indicate your title, status or position (e.g., Trustee, Attorney-in-Fact, Guardian, Conservator, Executor, Administrator) following your signature and provide required documentation.

Medallion Signature Guarantee

► If we are unable to verify your signature, we reserve the right to request a copy of a government issued ID or a Medallion Signature Guarantee.

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8. Custodial IRA Acknowledgments and Signatures

For changes to Custodial IRAs only (For owner changes involving a Custodian):

We, the company named and signing below (Custodian) represent:

- We are a bank within the meaning of Section 408(n) of the Internal Revenue Code of 1986, as amended; or otherwise have received an approval letter, which has not been revoked as of the date below, to act as Custodian for the type of IRA indicated in section 3 of this form.
- We currently hold, or have held, an account under which the beneficial interest is owned by the annuitant named on this form. Such account meets all the applicable requirements under the Code with respect to the type of IRA indicated on Section 3 of this form.

Receiving Custodian Signature

Signature of the individual authorized to sign on behalf of the below-named company as custodian (with title, if applicable).

► All fields required, if applicable.

Company Name		
Authorized Signer First Name	Middle Name	Last Name
Custodian Signature	Title	Date (MM/DD/YYYY)