



U.S. Retail Life Operations

Life Insurance Change of Beneficiary

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

Your Future is Bright Online!

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



Mail, Fax, and Email Information

Email: bhfrequests@brighthousefinancial.com

For Universal Life Policies:

Brighthouse Financial
PO Box 4363
Clinton, IA 52733-4363

For Variable Universal Life Policies:

Brighthouse Financial
PO Box 4301
Clinton, IA 52733-4301

Customer Service Center:

(800) 882-1292

Fax:

(877) 246-8424

Important Considerations:

- Completing this form replaces your existing Beneficiary designations. This form must reflect all Beneficiaries, both Primary and Contingent, who should receive the proceeds of the policy(ies) listed below.
- To name additional Beneficiaries or Trusts, attach a separate page. Provide the requested information including the Beneficiary or Trust type (Primary or Contingent) and the percentage of proceeds for each. Sign and date these page(s), making sure the date is the same as the date next to the signature on this form.
- All beneficiary designations are revocable unless otherwise designated.
- The Company may rely on an affidavit from the Owner or any other adult in determining family relationships and in identifying members of a class.
- The Company is requested to waive any policy provision requiring the endorsement of the policy.
- The Company is authorized to consider a fax or a copy of this signed form as valid as the original signed form.
- The Company is authorized to make any clarifying additions or amendments to this form.
- If the Insured dies without a surviving Beneficiary, payment will be made to the Owner, if living, otherwise payment will be made to the Owner's Estate.



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1. Policies Included

The Change of Beneficiary will apply to all policies listed below:

Policy Number 1	Policy Number 2	Policy Number 3

2. About the Owner and/or the Insured

Individual Owner Information

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

Non-Individual Owner Information

Name of Entity or Trust		
Tax ID Number	Date of Trust (if applicable)	State of Domicile

Insured Information

☐ Check here if the Owner is the same as the Insured.

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

3. About Individual Beneficiaries (If only electing Non-Individuals as Beneficiaries, skip to section 5)

- You must name at least one (1) Primary Beneficiary.
- You cannot name the same person as both a Primary and a Contingent Beneficiary.
- To distribute proceeds equally among your Beneficiaries, leave all proceeds % fields blank. If you want a specific distribution, use whole numbers (no fractions or decimals) and make sure they (and any percentages listed on separate pages) add up to 100% for Primary Beneficiaries and 100% for Contingent Beneficiaries.

Individual Beneficiaries (To distribute proceeds equally, leave all proceeds % fields blank.)

Beneficiary 1

☐ Primary Beneficiary

☐ Contingent Beneficiary

Full Name			
Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Insured	
Street Address	City	State	ZIP
Social Security Number	Per Stirpes	Percent (%) of Proceeds	
	☐		

Beneficiary 2

☐ Primary Beneficiary

☐ Contingent Beneficiary

Full Name			
Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Insured	
Street Address	City	State	ZIP
Social Security Number	Per Stirpes	Percent (%) of Proceeds	
	☐		

Beneficiary 3

☐ Primary Beneficiary

☐ Contingent Beneficiary

Full Name			
Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Insured	
Street Address	City	State	ZIP
Social Security Number	Per Stirpes	Percent (%) of Proceeds	
	☐		

Beneficiary 4

☐ Primary Beneficiary

☐ Contingent Beneficiary

Full Name			
Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Insured	
Street Address	City	State	ZIP
Social Security Number	Per Stirpes	Percent (%) of Proceeds	
	☐		

3. About Individual Beneficiaries (Continued)

Beneficiary 5

☐ Primary Beneficiary

☐ Contingent Beneficiary

Full Name			
Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Insured	
Street Address	City	State	ZIP
Social Security Number	Per Stirpes	Percent (%) of Proceeds	
	☐		

Beneficiary 6

☐ Primary Beneficiary

☐ Contingent Beneficiary

Full Name			
Date of Birth (mm/dd/yyyy)	Phone Number	Relationship to Insured	
Street Address	City	State	ZIP
Social Security Number	Per Stirpes	Percent (%) of Proceeds	
	☐		

You have the option to include all future children (born or adopted by the Insured) as Primary Beneficiaries or as Contingent Beneficiaries by checking the appropriate box below.

Do not specify a percentage in the fields above if the future children box below is checked.

Yes, I want to include all future children of the Insured as: ☐ Primary Beneficiaries ☐ Contingent Beneficiaries

Please understand:

- Checking one of these boxes requires proceeds to be divided equally among all Beneficiaries of the same group, Primary or Contingent.
- Any living child not listed at the time you complete this form will be excluded as a Beneficiary.

☐ **Payment to the Issue of a Deceased Child** (per stirpes): If a child of the Insured is a Beneficiary and that child dies before the Insured, that child's share of the proceeds will be paid to that child's living children in equal shares.

☐ **Custodian Assignment Option:** Under the Uniform Transfers or Uniform Gifts to Minor Act (UTMA/UGMA), if you choose, you may assign a Custodian for each minor you designated as a Beneficiary. To name additional Custodians, attach a separate page and provide the name of the minor and state of the minor's residence and the Custodian's name, address and phone number.

Please include just one Minor Beneficiary and Custodian per line.

(You can list the same Custodian for multiple Beneficiaries, but only one Custodian can be named per Beneficiary.)

Name of Custodian _____ as Custodian for

Name of Minor _____ under the State of _____ UTMA/UGMA

Custodian Address - Street	SSN	Phone Number
City	State	ZIP

3. About Individual Beneficiaries (Continued)

Name of Custodian _____ as Custodian for

Name of Minor _____ under the State of _____ UTMA/UGMA

Custodian Address - Street	SSN	Phone Number
City	State	ZIP

Name of Custodian _____ as Custodian for

Name of Minor _____ under the State of _____ UTMA/UGMA

Custodian Address - Street	SSN	Phone Number
City	State	ZIP

- ☐ **Simultaneous Death:** If any Beneficiary dies within 30 days after the Insured's death, the Beneficiary will be considered to have predeceased (died before) the Insured for the purpose of distributing the proceeds.

4. About Non-Individual Beneficiaries (If only electing Individuals as Beneficiaries, skip to section 5)

Option A - Testamentary Trust in the Insured's Will

I choose the Trust created in the Insured's will as my: ☐ Primary Beneficiary ☐ Contingent Beneficiary

Option B - Living (InterVivos) Trust

☐ Primary Beneficiary

☐ Contingent Beneficiary

Name of Trust	Date of Trust (mm/dd/yyyy)	State where Trust was created	
Trust Address - Street	City	State	ZIP
Trust Tax ID	Phone Number		

4. About Non-Individual Beneficiaries (Continued)

Contact Trustee - First Name	Middle Name	Last Name	
Contact Trustee Address			
City	State	ZIP	Phone Number
Social Security Number		Date of Birth (mm/dd/yyyy)	

Additional Trustee - First Name	Middle Name	Last Name	Phone Number
Social Security Number		Date of Birth (mm/dd/yyyy)	

Additional Trustee - First Name	Middle Name	Last Name	Phone Number
Social Security Number		Date of Birth (mm/dd/yyyy)	

Option C - Business Entity Beneficiary, Its Successors or Assigns

Note: When a business entity is designated as the Primary Beneficiary, no Contingent Beneficiary may be named.

☐ Primary Beneficiary

☐ Contingent Beneficiary

Name of Business Entity	Type of Entity	Tax ID Number	
Permanent Address			
City	State	ZIP	Phone Number

Option D - Insured's Estate

Note: You may select the Insured's Estate as either a Primary or Contingent Beneficiary. If you select the Insured's Estate as a Primary Beneficiary, no Contingent Beneficiary may be named.

I choose the Insured's Estate as my:

☐ Primary Beneficiary

☐ Contingent Beneficiary

5. General Provisions

By signing this form, I acknowledge that I have read, understand, and agree to the following provisions:

- The Company may rely on an affidavit of the Owner or other adult in determining family relationships and in identifying members of a class.
- The Company is requested to waive any policy provision requiring the endorsement of the policy.
- The Company is authorized to consider a fax or a photocopy of this signed form as valid as the original signed form.
- The Company is authorized to make any clarifying additions or amendments to this Change of Beneficiary form.

5. General Provisions (Continued)

- Trust Beneficiaries:
 - If the Trust fails to make claim for the policy proceeds within 12 months after receiving notification of the Insured's death, or if the Company receives satisfactory written evidence that the Trust is not in effect, payment will be made as if the Trust was not named as a Beneficiary.
 - Before making payment to any Trust, the Company reserves the right to require satisfactory written evidence that the Trust is in effect and evidence of the identity of the Trustee(s) who are qualified to act on behalf of the Trust. The Company shall be fully protected in acting in reliance upon such evidence.
 - The Company's responsibility for the payment of proceeds ends with the payment to the Trustee(s); it has no responsibility regarding any subsequent distribution.

6. Certification & Signatures

Signature Requirements

- Each Policy Owner must sign this form. If an Owner is also the Insured or a Beneficiary, they only need to sign, date, and print their name.
- If there are more than two Owners, each additional Owner must sign and print their name, date their signature, provide their address, date of birth, phone number, and social security number on a separate sheet and attach it to this form.
- Any Irrevocable Beneficiary must also sign this form.
- If any Owner lives in Massachusetts, that Owner's signature must be witnessed by a disinterested person over age 18 who is not being named as a Beneficiary. In all other states, witnessing by a disinterested adult is not required but is strongly recommended.
- Any Witness to the Owner's signature must be present when the Owner signs this form.
- If someone else is signing on behalf of an Owner, the full names of both Owner and signer must be provided. Be sure to include copies of any documents proving legal authority – such as power of attorney, guardianship papers, etc.

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.

Individual Owner(s)

By signing below, I certify that I have read and agree to the contents of this form. I am revoking any previous designation of Beneficiaries and any Settlement Option and/or Optional Income Plan election choices for the life insurance policies listed on this form.

► All owners must sign.

Owner/Authorized Signer	Title (if applicable)*	Date (mm/dd/yyyy)
Joint Owner/Authorized Signer (if applicable)	Title (if applicable)*	Date (mm/dd/yyyy)

Witness to Signature	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.