

Life insurance change of Beneficiary - Short form

Use this form to change the Beneficiary where the Owner is the Insured and the new Beneficiary is an individual.

For policies not owned by the Insured or for other Beneficiary arrangements, please complete the Life Insurance Change of Beneficiary form.



Brighthouse Life Insurance Company of NY
Brighthouse Life Insurance Company

New England Life Insurance Company

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Things to know before you begin

- 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, attach a separate page. Provide the requested information including the Beneficiary type (Primary or Contingent) and the percentage 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.

Definitions

- Insured: The person who is insured by the policy(ies) and upon whose death the Beneficiaries will receive the proceeds of the claim.
- Primary Beneficiary: This is the person(s) you select to receive life insurance proceeds after your death.
- Contingent Beneficiary: This is the person(s) you select to receive life insurance proceeds after your death if no Primary Beneficiaries survive you.

SECTION 1: About the Insured

Policy numbers

1	2	3	
First name	Middle name	Last name	
Date of birth (<i>mm/dd/yyyy</i>)	Social Security number	Phone number	
Address	City	State	ZIP

SECTION 2: About individual Beneficiaries

- You must name at least one (1) Primary Beneficiary.
- You cannot name the same person as both a Primary and a Contingent Beneficiary.
- Use the proceeds % field to tell us how you want us to distribute the proceeds. To distribute them 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.

Primary individual Beneficiaries *(To distribute proceeds equally, leave "Proceeds %" blank)*

Title	First name	Middle name	Last name			Proceeds %
Address			City	State	ZIP	
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured		
Title	First name	Middle name	Last name			Proceeds %
Address			City	State	ZIP	
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured		
Total proceeds <i>(If percentages are assigned, the total for all named Primary Beneficiaries must be 100%)</i>						100%

Contingent individual Beneficiaries *(To distribute proceeds equally, leave "Proceeds %" blank)*

Title	First name	Middle name	Last name			Proceeds %
Address			City	State	ZIP	
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured		
Title	First name	Middle name	Last name			Proceeds %
Address			City	State	ZIP	
Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security number	Phone number	Relationship to Insured		
Total proceeds <i>(If percentages are assigned, the total for all named Contingent Beneficiaries must be 100%)</i>						100%

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

Yes, I want to include 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 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.

Reserved for Administrative Office Clarifications Only

SECTION 3: General provisions

- All Beneficiary designations are revocable unless otherwise designated.
- The Company may rely on an affidavit from the Executor of the Insured's estate 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 at the Insured's death no designated Beneficiary, and, if provided for, no Issue of a designated Beneficiary, is living, I designate payment be made to the Executors or Administrators of the Estate of the Insured.

SECTION 4: Signature requirements

- For an individual acting on behalf of the Owner, their full name and supporting legal documentation such as power of attorney, guardianship papers, etc. is required.
- If the Insured resides in Massachusetts, their signature must be witnessed by a disinterested person over age 18 who is not being named as Beneficiary.

My signature below indicates that I have read and agree to the terms and General provisions included with this form.

Owner - First name	Middle name	Last name	
<div style="display: flex; align-items: center;"><div style="background-color: #00a0e3; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">Sign Here</div>Signature of Owner</div>		Title	Date (mm/dd/yyyy)
Witness - First name	Middle name	Last name	
<div style="display: flex; align-items: center;"><div style="background-color: #00a0e3; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">Sign Here</div>Signature of Witness</div>			Date (mm/dd/yyyy)

Irrevocable Beneficiary signature

- If an irrevocable Beneficiary was previously named, they must sign and date below.
- If more than one irrevocable Beneficiary was previously named, each additional irrevocable Beneficiary must sign, date and print their full name on a separate page.

First name - <i>Print full name</i>	Middle name	Last name	
<div style="display: flex; align-items: center;"><div style="background-color: #00a0e3; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">Sign Here</div>Signature of Irrevocable Beneficiary</div>			Date (mm/dd/yyyy)

SECTION 5: How to submit this form *please send this form and any additional document(s) and/or page(s) you created to:*

Issuing Company	Contact Phone Numbers	Fax Number	Contact Address
Brighthouse Life Insurance Company Brighthouse Life Insurance Company of NY	1-800-882-1292	1-877-246-8424	For Non-Variable Life Policies Brighthouse Financial P.O. Box 4363 Clinton, IA 52733-4363 For Variable Life Policies: Brighthouse Financial P.O. Box 4301 Clinton, IA 52733-4301
New England Life Insurance Company	1-800-388-4000	1-401-827-3156	P.O. Box 392 Warwick, RI 02887-0392
New England Life Insurance Company EEA COLI Products Only	1-888-458-2654	1-877-203-4970	Brighthouse Financial NEF EEA COLI P.O. Box 4270 Clinton, IA 52733-4270