

## Nursing care withdrawal request

This form is to be used to exercise the Nursing Care Rider Waiver of Withdrawal Charge only if this provision has been approved in his/her state. A separate Nursing Care Withdrawal form must be completed for each annuity contract. In addition, a new Nursing Care Withdrawal form is required every time the rider is utilized.

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

### Things to know before you begin

- The Contract Owner or Joint Owner must be confined to a qualifying institution for at least 90 consecutive days or confined for a total of at least 90 days if there is no more than a 6-month break in the confinement and the confinements are for related causes.
- The first confinement must begin on or after the first Contract Anniversary.
- The Withdrawal request and satisfactory proof of confinement must be received by Brighthouse Financial while the Contract Owner or Joint Owner is confined, or within 90 days immediately following confinement.
- Nursing Home and/or Hospital confinement must be prescribed by a licensed physician and be medically necessary.
- If changes to the Contract Ownership, other than a Spousal Beneficiary Continuation have occurred since the Issue Date, Withdrawal Charges will not be waived.
- The age of the Contract Owner or Joint Owner must be less than the maximum Nursing Home or Hospital Confinement Rider Issue Age at the time of Contract Issue.
- If a Withdrawal Charge has or will be waived for Nursing Home or Hospital Confinement under the terms of the Rider, Purchase Payments can no longer be made under the Contract.

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## SECTION 1: Contract information

Contract number

\_\_\_\_\_

### Owner information

First name	Middle name	Last name
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Street address

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City	State	ZIP
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Social Security number or TIN	Phone number
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### Joint owner information (if applicable)

First name	Middle name	Last name
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Street address

City

State

ZIP

Social Security number or TIN

Phone number

Annuitant

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## SECTION 2: Requirements – Documents to be forwarded to Brighthouse Financial

1. This form, completed and signed by the Contract Owner(s)
2. A letter from each Nursing Home and/or Hospital on their letterhead confirming that the Owner is or was confined and the dates of confinement. The letter must include confirmation that each Nursing Home and/or Hospital is a state licensed facility and include its state license number. (License number not required in WA.)
3. The Medical Questionnaire below must be completed and signed by the attending Physician.

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## SECTION 3: Withdrawal request (Check one)

**Total withdrawal/Full surrender**

**Florida residents only**

1. Will the surrender proceeds be used to fund or purchase another life insurance policy or annuity contract?  Yes  No
2. Did your insurance agent recommend (*advise*) you to surrender your annuity contract?  Yes  No

**Note:** If you answered "No" to Question 1 above and "Yes" to Question 2 above, the state of Florida requires that we first provide you with important disclosure information. We are unable to send your proceeds via EFT or wire. We will promptly send you a check.

**Partial withdrawal**

Please process a partial withdrawal in the amount of: \$ \_\_\_\_\_

### Payment instructions

Choose One (Optional)

Note: A check will be sent to the address on record if Electronic Funds Transfer or Alternate Payee is not selected below.

**1. Electronic Funds Transfer (EFT) to a pre-authorized bank account already on file**

**2. Check for the benefit of (FBO) the contract owner**

Alternate Payee name (Bank, Brokerage Firm, etc.)

Alternate Payee address

City

State

ZIP

Account number (if applicable)

## SECTION 4: Medical questionnaire to be completed by attending physician

Name of Patient

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The above named patient has authorized Brighthouse Financial to obtain medical information in order to evaluate his/her request for a waiver of Withdrawal Charge under his/her Annuity Contract. Please answer the following questions and submit the completed and signed form to the address in the "How to Submit this Form" section below.

1. Is this patient confined in a medical care facility which is providing in-patient care because of a physical limitation which prohibits daily living in a non-institutional setting?  Yes  No
2. Did you or another physician prescribe or authorize the confinement and deem it medically necessary?  Yes  No
3. Provide the name(s) of the facility to which the patient was confined and the confinement dates.

Name of Facility	License number	Address	Confinement began	Confinement ended

Nursing Home(s) and/or Hospital(s) meet the following definition:

1. A Skilled Nursing Facility, Intermediate Care Facility, or Residential Care Facility located in the United States or its territories; licensed according to the laws of the jurisdiction in which it is located; provides continuous 24 hour a day nursing services under the supervision of a RN or LPN; and maintains a daily record of each patient; or
2. A Hospital located in the United States or its territories and licensed by the jurisdiction in which it is located; supervised by a staff of licensed physicians; provides nursing services 24 hours a day under the supervision of a R.N.; operates primarily for the care and treatment of sick and injured persons as inpatients for a charge; and has access to medical and diagnostic facilities.

By my signature, I attest to the fact that this information is correct and that the patient is not a member of my immediate family.

Name of attending physician (Please print)		Physician's state license number	
Office address			
Daytime phone number		Best time to contact you	
<b>Sign Here</b>	Signature of Physician	Date (mm/dd/yyyy)	

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## SECTION 5: Special instructions

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## SECTION 6: Federal income tax status and withholding

**NOTE: If neither of the below withholding elections is chosen, under current federal income tax law Brighthouse Financial is required to withhold 10 percent of the taxable portion of annuity distributions for federal income taxes.** State income tax may also be withheld, if applicable.

Check one:

I elect to have federal and state, if applicable, income tax withheld from these distributions.

Federal \_\_\_\_\_ %      State \_\_\_\_\_ %      Owner's state of residence \_\_\_\_\_

I elect NOT to have federal and state, if applicable, income tax withheld from these distributions.

Note: Even if you elect not to have income tax withheld from a distribution, you are liable for payment of income tax on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. Additionally, a 10 percent federal tax penalty may be assessed against distributions if the Owner is under age 59 ½. You should consult your tax advisor regarding your personal situation.

## SECTION 7: Required signature(s)

**Sign  
Here**

Signature of Owner

Title, if applicable

Date (mm/dd/yyyy)

**Sign  
Here**

Signature of Joint Owner *(if applicable)*

Title, if applicable

Date (mm/dd/yyyy)

**NOTE:** If the Contract Owner is unable to sign, a Power of Attorney or Attorney in Fact document or court-certified Letters of Guardianship/Conservatorship must accompany this request.

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## SECTION 8: How to submit this form

**Mail:**

Brighthouse Financial  
P.O. Box 10366  
Des Moines, IA 50306-0366

**For Express mail only:**

Brighthouse Financial  
4700 Westown Parkway, Ste. 200  
West Des Moines, IA 50266

**Fax:**

877-547-9666