

Brighthouse Shield Level SelectorSM or Brighthouse Shield Level SelectorSM 3-Year Required Minimum Distribution (RMD)

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

Things to know before you begin

- The RMD program is based on information relating to this contract only. If you are referencing multiple contracts, please complete a separate Required Minimum Distribution (RMD) form for each request.
- This form is only applicable to IRA and inherited contracts.
- For Automated RMD Options - Shield Options and the Fixed Account (*if applicable*) must be liquidated pro-rata, based on allocations at the time of processing.
- For distributions during the IRA Owner's life, if your spouse is named as the sole beneficiary AND he/she is more than 10 years younger than you, your Required Minimum Distribution will be based on a joint life expectancy.
- Withdrawal or surrender requests in which the money has already been received in your bank account cannot be returned.

SECTION 1: Contract information

Annuitant

First name	Middle name	Last name
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Contract Owner (If different from Annuitant)

First name	Middle name	Last name
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Contract number	Owner's date of birth	Spouse's date of birth	Daytime phone number
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Owner Social Security # / TIN	Previous year-end account value (only needed if Brighthouse Financial did not hold the assets on December 31 of the previous year)
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SECTION 2: Required Minimum Distribution (RMD) payment options

A. Automated RMD Options – Brighthouse Financial will calculate your RMD amount and distribute the payments based on the frequency selected below. You will continue to receive a reminder letter each year in January as required by the IRS, regardless of your instructions for future years.

Automated **Annual** payments to be processed on the following date each year*:
Month _____ Day _____

*If this date has passed for the current year, the RMD will be processed upon receipt of the request, and then scheduled for the selected date in future years.

Automated **Quarterly** payments to begin on _____ (Date must be 1st through 28th of month)

Automated **Monthly** payments to begin on _____ (Date must be 1st through 28th of month)

B. One-time RMD Options - Brighthouse Financial will process your RMD as of the date that the request is received.

A one-time RMD payment for the **current tax year** (for IRAs, the RMD must be taken on or before December 31st):

Please calculate my RMD amount or Withdrawal \$ _____

A one-time first RMD payment for the **previous tax year** (only available for the first RMD taken by the IRA Owner after turning age 70½ and must be taken on or before April 1st of the following year):

Please calculate my RMD amount or Withdrawal \$ _____

B-1. Source of withdrawal (For one-time RMDs only - Must use whole percentages only.)

If no source is indicated, the withdrawal will be made from each Shield Option and, if applicable, Fixed Account in the proportion that it bears to the total Account Value.

Shield Option _____ Percentage _____ %

Shield Option _____ Percentage _____ %

Shield Option _____ Percentage _____ %

Shield Option _____ Percentage _____ %

SECTION 3: Income tax withholding election

The taxable portion of each nonperiodic payment is subject to federal tax withholding, unless you elect not to have tax withheld. You may change your election at any time and as often as you wish. Nonperiodic distributions are subject to withholding at a rate of 10%. If you have not provided your correct Taxpayer Identification Number, you cannot elect out of withholding.

If you do not have enough federal income taxes withheld from your distribution(s), you may be responsible for paying estimated tax directly to the Internal Revenue Service. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Certain states require withholding of state income tax when federal income tax withholding applies. If you are a resident of one of these states and do not elect out of federal withholding, we will withhold state income tax based on the state's rules. Additionally, certain states may impose estimated tax rules and tax penalties. You should consult with your tax advisor to determine whether any of these states may impose similar estimated tax rules and tax penalties and whether those apply to you.

If you do not make an election, we will automatically withhold the appropriate federal and state taxes.

Choose one:

I elect NOT to have Federal, and State if applicable, Income Tax withheld from these distributions.

I request Federal, and State Income tax, if applicable, withheld from these distributions as follows:

Nonperiodic distribution - Federal _____ % (Cannot be less than 10%)

State _____ % (Cannot be less than the applicable state rate)

SECTION 4: Payment instructions

It is the Contract Owner's responsibility to inform Brighthouse Financial of any changes to banking information.

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. For one-time RMD payments, you may only select option 1 or 3 below.

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

2. New EFT instructions for Automated RMD payments only.

Note: You must attach a copy of a voided check when requesting EFT. The first payment will be sent by check to your address of record. Future payments will be sent EFT. If a voided check is not provided, a paper check will be mailed to the address of record.

Bank name	Account holder name (must match the contract ownership)		
Bank address	Bank city	State	ZIP
Bank account number	Bank ABA routing number		

Type of Account:

- Checking (A photocopy of a voided check is required, unless Electronic Payments are being sent to a previously established EFT account. If the contract has joint owners, both names must appear on the voided check.)
- Savings (A bank statement or pre-printed deposit slip, containing EFT information and account registration, is required. If the contract has joint owners, both names must appear on the documents.)

3. 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 5: Signature(s)

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

Sign Here	Signature of Contract Owner	Title <i>(if applicable)</i>	Date <i>(mm/dd/yyyy)</i>
	_____	_____	_____

SECTION 6: How to submit this form - Contact information

Mail:

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

Express mail only:

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

Fax:

877-547-9666