

U.S. Retail Life Operations

Dividend/Rider withdrawal and dividend option change request

Use this form to request a dividend withdrawal or a withdrawal from a rider on your policy *(not for use with Universal Life or Variable Universal Life policies)*.

Brighthouse Life Insurance Company of NY
Brighthouse Life Insurance Company
New England Life Insurance Company

Things to know before you begin

- Please complete this form in its entirety to avoid any delays in processing. If you need assistance in completing this form, please call your financial professional, sales office, or the appropriate number listed under How to Submit This Form.



If premiums are being paid through the use of policy values, this request could result in the need to make additional out-of-pocket premium payments.

SECTION 1: About the Owner

Policy Number _____

Type of Owner: Individual or Trust/Business Entity

If Individual or Co-Owner:

First Name	Middle Name	Last Name
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Phone Number	Social Security Number	E-Mail Address
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Co-Owner First Name	Middle Name	Last Name
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Phone Number	Social Security Number	E-Mail Address
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If Trust/Business entity Owner:

Name of Trust	Date Executed
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Name of Business Entity	Tax ID Number of Trust/Business Entity
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Trust/Business entity contact person:

First Name	Middle Name	Last Name
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Contact Phone Number	E-Mail Address
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Please provide the address where your proceeds should be sent:

Number and Street/Post Office Box

City	State	Zip	Should we use this address for all future correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 2: About the Insured

First Name	Middle Name	Last Name
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SECTION 3: About the withdrawal requestDividend Withdrawal Request: Maximum Amount Available Specific Amount \$ _____ *Rider Withdrawal Request (*Insert name of Rider*) _____ Maximum Amount Available Specific Amount \$ _____ ***If there is not sufficient value to meet the specific dollar amount, the largest amount available will be withdrawn.***Payment Options:** Please select one of the following methods of payment: **A. Pay by check.** **B. Apply withdrawal to pay premiums as detailed below:**

	Policy 1	Policy 2
Policy Number		
Number of Premiums to Pay		
Due Date of First Premium		
Additional Funds Submitted to be applied		

If amount withdrawn exceeds amount to be applied, the excess will be sent by check. If available value is insufficient, this may result in a delay in processing.

 C. Apply withdrawal to pay loans as detailed below:

	Policy 1	Policy 2
Policy Number		
Amount to Pay Loan Interest		
Amount to Pay Loan Principal		
Additional Funds Submitted to be applied		

If amount withdrawn exceeds amount to be applied, the excess will be sent by check. If available value is insufficient, this may result in delay of processing.

Special Instructions:

SECTION 4: About change of dividend option

Request for Change of Dividend Option - Social Security Number and withholding election is required for all Dividend transactions.

Please check the appropriate box(es)

- Use future Dividends to Reduce my Premium. If you select this option, that part of the dividend not needed to pay the premium will be used to purchase paid-up additional insurance if available, unless another choice is indicated below:
 - Dividends with Interest
 - Applied to Purchase Paid-Up Additional Insurance
 - Loan Principal
 - Loan Interest
 - Cash
- Use future Dividends to Purchase Paid-Up Additional Insurance
- Let future Dividends Accumulate with Interest
- Use future Dividends to Pay Loan Principle
- Use future Dividends to Pay Loan Interest. *This Option is not available on all policies. Please review your policy or contact your financial professional for more information.*
- To receive Future Dividends in Cash
- Used to Purchase Term and Paid-Up Insurance under the Flexible Term Rider. *This option is not available on all policies. Review your policy or contact your financial professional for more information if you wish to change to this dividend option.*

Note: Please note that your Life Insurance Policy may offer other options not listed above. Enter other option elections in Special Instructions.

Request for Dividend Balance Transfer

- Transfer existing Dividend Balance to Additional Insurance, subject to Company approval.
- Transfer existing Additional Insurance to have Dividends Accumulate with Interest.

Special Instructions:

Important: Complete this entire form, including your Social Security Number certification and signature/title.

SECTION 5: About Income Tax withholding

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash withdrawal value and pay it to the IRS unless you tell us in writing not to withhold tax. Some states also require us to withhold state income tax if we withhold federal tax.

You are responsible for paying income tax on the taxable portion of the payment, even if we do not withhold taxes. In making your decision about withholding taxes, you should consider that penalties under the estimated income tax rules may apply if your withholding and estimated income tax payments are not sufficient.

- Check here if you **do not** want us to withhold federal and state income tax
(This choice is void if we do not have your social security or Tax ID number or if you reside outside of the U.S.)

SECTION 6: Certification and signature

Under penalties of perjury I certify:

- 1) The number shown in this document 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 or dividends, or (c) the IRS has notified me that I am not subject to backup withholding.
(if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest of dividends on your tax return, you must cross out and initial this item.)
- 3) I am a U.S. Citizen or other U.S. person, and;
- 4) I am not subject to FATCA reporting because I am a U.S. person and the account is located within the United States.

(If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out the last two certifications and complete appropriate IRS documentation, e.g. IRS Form w-9BEN for individuals, which can be found on the IRS website)

The Internal Revenue Service does not require your consent to any provision of this document other than the above certifications required to avoid backup withholding.

SECTION 7: Signature(s)

Signature Requirements

All Owners must sign this form. Any Irrevocable Beneficiary or Collateral Assignee must sign this form.

Please sign as shown below:

- | | |
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| A Partnership | The full name of the firm should be printed with the signature of all general partners <i>(not limited partners)</i> . |
| A Sole Proprietorship | The full name of the business should be printed with the signature of the owner followed by the word "owner." |
| A Trust | Signatures, followed by the word "Trustee," of all required Trustees. Also submit a Trust Certification, which is available from your financial professional, sales office, or the appropriate number listed under How to Submit This Form. |
| A Corporation | The signature and title of one officer <i>(other than the Insured)</i> . |
| An Individual acting on behalf of the Owner | The full name of the Owner's fiduciary or agent and the legal documentation of the authority to act <i>(e.g., power of attorney, guardianship papers, etc.)</i> . |

Print Name of Individual Signing - First	Middle	Last
Signed at City		State
Signed at Date		Date
Sign Here Signature of Owner	Title <i>(If you are acting in a representative capacity)</i>	
Print Name of Individual Signing - First	Middle	Last
Signed at City		State
Signed at Date		Date
Sign Here Signature of Co-Owner	Title <i>(If you are acting in a representative capacity)</i>	

For Sales Office Use Only	Sales Office/Agency Number - Representative ID	Date
Sales Representative Name	_____	
First	Middle	Last

SECTION 8: How to submit this form

Return pages 1 through 4 of the completed form to the address or fax number listed below for the Company that issued the policy. If policies are issued by more than one Company, return the completed form to any Company that issued at least one of the policies.

Issuing Company	Contact Phone Number	Fax Number	Contact Address
Metropolitan Life Insurance Company	1-800-638-5000	1-401-827-2225	PO Box 336 Warwick RI 02887-0336