

Partial Cash Withdrawal Request

INSTRUCTIONS: Use this form to request a partial cash withdrawal from a Universal Life or Variable Universal Life policy. Please complete this form in its entirety to avoid any delays in processing. If you need assistance in completing this form, please call your representative, sales office, or the appropriate number listed under How to Submit This Form.

A Partial Withdrawal will lower the cash value and death benefit of your policy, may affect any policy guarantees, and may have other consequences. Please refer to your policy and/or prospectus for important information before proceeding to ensure this request is consistent with your plans.

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The Company indicated in this section is referred to as **"the Company."** Brighthouse Life Insurance Company of NY Brighthouse Life Insurance Company
 New England Life Insurance Company

Policy Number _____

SECTION I - About the Owner

Type of Owner: Individual or Trust/Business Entity

If Individual or Co-Owner:

First Name _____ Middle Name _____ Last Name _____

Phone Number _____ Social Security Number _____ E-Mail Address _____

Co-Owner First Name _____ Middle Name _____ Last Name _____

Phone Number _____ Social Security Number _____ E-Mail Address _____

If Trust/Business Entity Owner:

Name of Trust _____ Date Executed _____

Name of Business Entity _____ Tax ID Number of Trust/Business Entity _____

Trust/Business Entity Contact Person
First Name _____ Middle Name _____ Last Name _____

Contact Phone Number _____ E-Mail Address _____

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? Yes No

SECTION II - About the Insured

First Name _____

Middle Name _____

Last Name _____

SECTION III - About the Withdrawal Request**Withdrawal Request:** **Maximum Amount Available** **Specific Amount \$** _____ *

*If there is not sufficient value to meet the specific dollar amount requested, the largest amount available will be withdrawn.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 on other policies 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 IV - 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. Certain 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 our payment even if we do no withholding. In making your decision about withholding, 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.).

How to Submit this Form

Return pages 1 through 3 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 one completed form to any Company that issued at least one of the policies.

| Issuing Company | Contact Phone Number | Fax Number | Variable Universal Life Policies | Universal Life Policies |
|--|----------------------|---|---|--|
| Brighthouse Life Insurance Company Brighthouse Life Insurance Company of NY | 1-800-638-5000 | All Life Policies 1-401-827-2225 | P.O. Box 390 Warwick, RI 02887-0390 | P.O. Box 391 Warwick, RI 02887-0391 |
| New England Life Insurance Company | 1-800-388-4000 | Variable Life Policies 1-401-827-2169 Universal Life Policies 1-401-827-2188 | | |
| New England Life Insurance Company EEA COLI Products Only | 888-458-2654 | 401-821-3435 | Brighthouse Financial NEF EEA COLI P.O. Box 544 Warwick, RI 02887-0544 | N/A |