

Policy Loan Request

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

A loan will affect the cash value of your policy and may have consequences. Please refer to your policy or prospectus for important information (including minimum loan amounts).

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The Company indicated in this section is referred to as "**the Company**."

New England Life Insurance Company
 Brighthouse Life Insurance Company

Brighthouse Life Insurance Company of NY

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 Loan Request

Not all policies allow the borrowing of dividends or contain the Paid-up Additions/Premiums Additions/Variable Additional Insurance Rider. Please review your policy or prospectus to determine if these options are available.

Loan Request: Maximum Amount Available Specific Amount \$ _____ *

*If there is not sufficient value to meet the specific dollar amount, a loan for the largest amount available will be granted. If the loan includes dividends and/or riders, the amount(s) should be Borrowed Withdrawn

Payment Options: Please select one of the following methods of payment:

A. Pay by check.

B. Apply loan 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 loan value exceeds amount to be applied, the excess will be sent by check. If the available loan value is insufficient, this request could result in the need to make additional out of pocket premium payments.

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 loan 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 the 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.).

SECTION V - Certification and Signatures

Under the penalties of perjury I certify:

- 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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and;

(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or 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-8BEN 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 certifications required to avoid backup withholding.

Signature Requirements

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

Please sign as shown below:

- A Partnership The full name of the firm should be printed with the signature of all general partners (not limited partners).
- 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 representative, sales office, or the appropriate number listed under How to Submit This Form.
- A Corporation The signature and title of one officer (other than the insured).
- 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 (e.g., power of attorney, guardianship papers, etc.).

Signature of Owner	Title (If you are acting in a representative capacity)
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Print Name of Individual Signing - First	Middle	Last
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Signed at City	State	Date
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Signature of Co-Owner	Title (If you are acting in a representative capacity)
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Print Name of Individual Signing - First	Middle	Last
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Signed at City	State	Date
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For Sales Office Use Only	Sales Office/Agency Number/Representative ID	Date
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Sales Representative Name - First	Middle	Last
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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 the completed form to any Company that issued at least one of the policies.

Issuing Company	Contact Phone Number	Fax Number	Variable Universal Life Policies	Whole Life, Term, 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 All Other Life Policies 1-401-827-2188		
NEF Company Owned Life Insurance (COLI) EEA COLI Products only	1-732-893-3696	1-908-253-2956	Brighthouse Insurance Company NEF EEA COLI PO Box 544 Warwick, RI 02887-0544	N/A