

Annuity beneficiary claim

This form is used to request death benefit proceeds when a contract Owner or Annuitant passes away.

Claim instructions and requirements checklist

- Please print all information in black or blue ink, and then sign and date on the signature page of this form.
- Please note: We reserve the right to request additional information we may deem necessary to settle the claim.
- **Requirements for ALL beneficiary claims**
 - Each beneficiary must submit a separate claim form. Faxed claim forms are acceptable.
 - A copy of or original certified death certificate is required (one per decedent). If the total death benefit value across ALL contracts for the deceased is greater than \$300,000 we require an original certified death certificate to be mailed in. We must have an original certified death certificate if the deceased passed away outside the United States.
 - State Notice and Consent form, if required by the decedent's state of residence. (This may be applicable in IN and OH for deaths occurring prior to 1/1/2013.)
 - Please contact the Department of Revenue for the decedent's state of residence to determine if this is required.
 - If the beneficiary is a resident of Michigan, a Michigan State Withholding form is required (MI W-4P).
- **Additional requirement where an estate is a contract beneficiary**
 - Court-certified executor's appointment or letters of testamentary is required.
 - A new Tax ID number should be obtained for the estate. The decedent's Social Security number can't be used.
 - A title must be included with your signature in Section 8.
- **Additional requirement where a trust is a contract beneficiary**
 - A Brighthouse Financial trustee certification for death claim benefits form is required.
 - Please note: If the Tax ID number for the trust is the same as the deceased's Social Security number, a new Tax ID number must be provided for the trust.
 - A title must be included with your signature in Section 8.
- **Additional requirement where the beneficiary is a minor, or has been appointed a conservator**
 - Court-certified letters of guardianship or conservatorship for the minor's estate is required.
 - A Brighthouse Financial certification of guardian/conservator form is also required.
 - A title must be included with your signature in Section 8.
- **Additional requirement where a corporation or charity is a contract beneficiary**
 - A copy of the corporate resolution (with corporate seal affixed) reflecting the authorized signer(s) is required, as well as the corporate secretary's statement of authenticity.
 - A title must be included with your signature in Section 8.
- **Additional requirement when the claim form is signed by a power of attorney**
 - A complete, current copy of the power of attorney document is required.
 - A Brighthouse Financial certification of attorney-in-fact form is also required.
 - A title must be included with your signature in Section 8.

Annuity contract number(s)

Please list all annuity contract/certificate numbers on which claim is being made:

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SECTION 1: Deceased Owner/Annuitant information

First name | Middle name | Last name

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Legal Residence

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City | State | ZIP

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Marital Status Single Married Widow/Widower Separated Divorced

SECTION 2: Beneficiary information (*Owner information, if claim is payable to surviving owner*)**Option A - Complete only if an individual is the beneficiary.**

If you, the beneficiary, are a natural person, please complete the fields below.

Printed name - First name | Middle name | Last name

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Relationship to decedent* | Social Security number | Date of birth | Gender
 Male Female

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Mailing address

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City | State | ZIP | Phone number

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If the above address is a P.O. Box, please also provide a street/physical address for our records:

Mailing address

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City | State | ZIP

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If the beneficiary has had a name change – We will require proof of the name change, such as a marriage certificate, divorce decree, or other court-issued document showing the change of name.

* If decedent's resident state is PA AND relationship to decedent is spouse AND there was a pending divorce at time of death, please check here.

Option B - Complete only if an entity is the beneficiary.

If you are acting on behalf of a trust, estate, or other entity as beneficiary, please complete the fields below.

Printed Name of trust, estate, or other entity

Tax ID number <i>(The decedent's Social Security number cannot be used.)</i>	Trust date <i>(mm/dd/yyyy)</i>
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Printed name of trustee(s), executor, administrator, custodian, etc.		
First name	Middle name	Last name

Mailing address

City	State	ZIP	Phone number
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If the above address is a P.O. Box, please also provide a street/physical address for our records:

Mailing address

City	State	ZIP
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SECTION 3: Settlement options

Instructions: Please make a selection from options A through E. You may want to consult a tax advisor before making an election. If you are choosing different settlement options for different contracts, please complete a separate beneficiary claim form for each.

Please note: If the decedent had begun minimum distributions from an IRA (required at age 70½), you cannot select an option that reduces such minimum distributions each year, unless you are the spouse of the decedent.

- OPTION A: Single payment, lump sum distribution** - As a designated beneficiary under the contract(s), I wish to receive the entire amount of my portion of the death benefit proceeds as a single payment. We will report the taxable portion of the claim payment as taxable income (on Form 1099-R) for the calendar year of payment. For IRAs, the entire amount will be reported as taxable income.
- OPTION B: Spousal continuation of ownership** - As spouse of the decedent and as the sole designated primary beneficiary under the contract(s), I wish to continue the contract(s), as outlined in the current prospectus or contract (as applicable), as the new contract owner. Not available for 403(b) contracts.
- Maturity Date deferral options** - Check and complete one of the following deferral options. Your new maturity age or date may not exceed the maximum age provision by product. If multiple deferral options are elected or you choose a date that exceeds the maximum, we will automatically defer to the maximum age allowed. If no deferral option is elected, we will automatically defer to the maximum age allowed. The new maturity date must be at least 180 days in the future.
 - Defer to owner age _____
 - Defer to specific date _____
(The maturity date will be set to the date specified, if not later than the maximum allowed)
 - Defer to maximum age _____
(The maturity date will be set to the contract anniversary following this age, unless your contract requires it to be the first of the month following this age)

- I elect to terminate the Guaranteed Minimum Income Benefit I (GMIB I) Rider, if applicable to the contract (if the contract contains a later version of the GMIB, GMIB Plus, or GMIB Max Rider, this election does not apply and the rider will automatically continue).
- I elect to terminate the Earnings Preservation Benefit Rider, if applicable to the contract, and have the value added to my contract value.

- OPTION C: Non-spousal beneficiary continuation (C1) OR 5-year deferral (C2)** - As a designated primary beneficiary under the contract(s), you may defer receipt of the death proceeds in the annuity contract up to the 5th anniversary of the date of the decedent's death.

Please note:

- For Qualified contracts only, if the Owner was age 70 1/2 or older at the time of death, this option is not available.
- If electing option C, you cannot elect option D to receive annuity income payments or option E to transfer proceeds to an inherited non-qualified annuity contract after the first anniversary of the decedent's date of death (or after December 31st of the year following the year of the decedent's death for option E to transfer to a decedent IRA).
- If the decedent's contract is a Brighthouse Shield Level Selector contract or a fixed annuity with a 9 or 10-digit contract number beginning with 81, 84, 87, 88, 92, 94, 97 or 98, which contains a non-spousal beneficiary continuation death benefit provision, and you elect option C, the information in section C1 is applicable to your claim. For any other fixed annuity or variable annuity, please refer to section C2 below.

C1 - Non-spousal beneficiary continuation (Only available on Brighthouse Shield Level Selector contracts or certain fixed annuity products referenced above and if product minimums are met - not available to non-natural beneficiaries): Leave the money in the existing account for up to five years. For Qualified contracts, we will pay the money to you in a single, lump sum payment on or before 12/31 of the year after the 5th anniversary of the deceased's death. For Non-Qualified contracts, we will pay the money to you in a single, lump sum payment on or before the 5th anniversary of the deceased's death. Tax withholding will be based on your election in section 4. You will have the right to designate beneficiaries and request partial and full withdrawals of your share of the death proceeds, but no additional purchase payments can be made. The death proceeds will be subject to investment risk. If the contract is a Brighthouse Shield Level Selector contract, the portion, if any, of the account value allocated to the Shield option(s) will be subject to fluctuation in value, including possible loss of principal.

C2 - 5-year deferral: For Qualified contracts, on or before 12/31 of the year after the 5th contract anniversary of the deceased's death, or for Non-Qualified contracts, on or before the 5th anniversary of the date of the deceased's death, you will be required to submit a new beneficiary claim form with your final payment instructions and you will receive the entire death benefit payment in a single sum. If the contract is a variable annuity contract, the entire account balance will remain in the investment allocation in effect on the date of death, and the account balance will be subject to investment risk, until the death benefit payment is made (this may or may not impact your death benefit amount). You will not be able to request transfers, partial withdrawals or exercise any other contractual rights. You will not be able to designate beneficiaries and if you die prior to the 5th anniversary of the date of the decedent's death, the proceeds of the annuity contract will be payable to your estate.

- OPTION D: Annuity payments** – As a designated beneficiary under the contract(s), I wish to receive my portion of the death benefit proceeds as a stream of periodic annuity payments.

Please note:

- To exercise this option, annuity payments must commence within one year of the date of the decedent's death. For IRA and other tax-qualified contracts, payments must commence by December 31st of the year following the year of the decedent's death.
- Please refer to the contract for an explanation of the income types. The income types available to you may vary according to the product and qualified status of the contract.

- Please enclose one of the following as proof of your date of birth for life options: copy of driver’s license, birth certificate, or passport.
- If selecting the Lifetime Income Option, the Life Only Acknowledgment Form must be submitted with this claim form.
- Brighthouse Shield Level Selector is paid as fixed income payments.

Select an allocation type:

- Fixed Variable

Select an income type:

Income payments based on your life

- Lifetime income (*Designation of new beneficiaries is not applicable.*)
- Lifetime income with a guarantee period of _____ years (5 – 30 years*)

Income payments for a guaranteed period only

- Income for a guarantee period of _____ years (5 – 30 years*)

Other

- Other (*Please refer to contract for other income types not listed above*): _____

* The guaranteed period can be no longer than the beneficiary’s life expectancy.

Select an annuity payment frequency (*currently the only option available for variable annuities is monthly*):

- Monthly Quarterly Semi-annually Annually

Agent use only:			
Rep Name (<i>Print</i>)	Rep #	Sales Office #	Phone number
_____	_____	_____	_____

OPTION E: Direct transfer -

- 1) Internal direct transfer to a decedent IRA or to an inherited non-qualified annuity** (*Not available if contract is fixed or has non-natural beneficiaries, and is being transferred INTERNALLY.*)

Please note: Not all contract riders are available to continue with option E. Electing this option could terminate riders. As a designated beneficiary under the contract(s), I wish to use the proceeds of this contract to establish a decedent IRA or inherited non-qualified annuity. To establish a decedent IRA or inherited non-qualified (NQ) annuity with a Brighthouse Financial annuity, the following paperwork must be completed in addition to this form. An agent who is appointed to do business on behalf of Brighthouse Financial and licensed in your state of residence must facilitate this request.

Additional requirements for an internal decedent IRA / inherited NQ annuity	IRA	NQ*
Application for Brighthouse Financial annuity	✓	✓
Brighthouse Financial inherited IRA election Form	✓	Not applicable
Brighthouse Financial inherited non-qualified annuity contract election form	Not applicable	✓
Timeframe after date of death by which all paperwork must be submitted	Dec 31st of the year following year of death	1 year after date of death

*The inherited non-qualified (NQ) annuity option is only available on Brighthouse Shield Level Selector contracts and contracts with a 10-digit contract number beginning with 11, 15, 32 or 35.

- 2) External direct transfer to a decedent IRA (Non-Spouse) or to an IRA (Spouse ONLY), or to an inherited non-qualified annuity, with another company.**

Please Note: To transfer the death benefit proceeds to a decedent IRA or inherited non-qualified annuity at another company, the following paperwork must be completed in addition to this form.

Additional requirements for an external decedent IRA (Non-Spouse) or to an IRA (Spouse ONLY) / inherited NQ annuity	IRA	NQ
IRA transfer paperwork and letter of acceptance	✓	Not applicable
1035 exchange paperwork and letter of acceptance	Not applicable	✓
Timeframe after date of death by which all paperwork must be submitted	Dec 31st of the year following year of death	1 year after date of death

Name of company where proceeds are to be transferred

SECTION 4: Income tax withholding election - Required for options A, C1, and D

The taxable portion of each periodic annuity payment and nonperiodic payment (e.g., Lump sum distribution) is subject to federal tax withholding, unless you elect not to have tax withheld. Nonperiodic distributions are subject to withholding at a rate of 10%. Periodic annuity payments are subject to wage withholding by treating you as married, claiming three withholding allowances, unless you file an election to request withholding on a different basis. For periodic payments, you may change your election at any time and as often as you wish. If you have not provided your correct Taxpayer ID 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 choose a tax withholding option when required, we will automatically withhold 10% (20% for employer-sponsored retirement plans) Federal Income Tax (and State Income Tax if applicable) from your payment.

Choose one:

- I elect NOT to have Federal Income Tax (and State Income Tax if applicable) withheld from these distributions. (This option is not available for employer-sponsored retirement plans.)
- I elect to have 10 percent Federal Income Tax withheld (20% for employer-sponsored retirement plans), and any State Income Tax withheld (where required), from the taxable portion of my claim payment.
- I elect to have Federal, and State if applicable, Income Tax withheld from the distribution as follows:
 Federal _____% (Cannot be less than 10 percent (20% for employer-sponsored retirement plans))
 State _____% (Cannot be less than the applicable state rate)

Additional election below is for use with option D ONLY - Annuity payments.

- I elect to have withholding based on my marital status and the total number of allowances I am claiming from each periodic payment.
- Marital status Single Married
- Total allowances claimed: _____
- Optional: Please withhold an additional percentage from the taxable portion of each periodic annuity payment for federal taxes as indicated. _____ %

Note: If you provide a delivery address outside the U.S. or its possessions and you are a U.S. citizen or resident alien, you may not waive Federal Income Tax withholding and may be subject to up to 30% withholding.

SECTION 5: Payee information - Required for options A and D

Please note: If a payee option is not selected, then a check will automatically be mailed payable to the beneficiary at the mailing address indicated in Section 2.

The distribution check(s) is/are to be sent (*Choose one*):

- to me, the beneficiary, at the mailing address indicated in section 2.
- Transfer the funds directly to a bank account (*via electronic funds transfer*). You must attach a voided check to this form. If you want to transfer this money to a savings account, provide a letter from your bank with your account information. If you choose not to attach a check or provide a letter from your bank, you must complete the information below and obtain a Medallion Signature Guarantee (MSG) on this claim form.

Alternate payee name (*Bank, brokerage firm, etc.*)

Alternate payee mailing address

City	State	ZIP
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ABA routing number	Account number	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
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- Send a check to an address that is different than the one listed in Section 2 of this claim form. You must obtain a Medallion Signature Guarantee (MSG) on this form.

Name (*bank, brokerage firm, etc.*)

Mailing address (<i>street number and name, apartment or suite</i>)	City	State	ZIP
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Account number (*if applicable*)

SECTION 6: Designation of new beneficiaries - Required for options B, C1, and D

Please designate one or more new beneficiaries below. Make sure the percentages for all primary beneficiaries equals 100% and percentages for all contingent beneficiaries equals 100% If the information you provide is unclear or if you do not complete it, we will name your estate as the beneficiary.

Primary Beneficiary:

First name (<i>Entity name, if applicable</i>)	Middle initial	Last name	% of Proceeds	
Permanent street address	City	State		Zip
Phone number	Date of birth/Date of Trust	Relationship to Owner		Social Security number/ Tax ID number

Primary **Contingent**

First name (<i>Entity name, if applicable</i>)	Middle initial	Last name			% of Proceeds
Permanent street address		City	State	Zip	
Phone number	Date of birth/Date of Trust	Relationship to Owner(s)	Social Security number/ Tax ID number		

Primary **Contingent**

First name (<i>Entity name, if applicable</i>)	Middle initial	Last name			% of Proceeds
Permanent street address		City	State	Zip	
Phone number	Date of birth/Date of Trust	Relationship to Owner(s)	Social Security number/ Tax ID number		

Primary **Contingent**

First name (<i>Entity name, if applicable</i>)	Middle initial	Last name			% of Proceeds
Permanent street address		City	State	Zip	
Phone number	Date of birth/Date of Trust	Relationship to Owner(s)	Social Security number/ Tax ID number		

SECTION 7: Alternate contact information and special requests

If there is an individual not associated with the contract you would like to authorize to be able to receive information for the purpose of resolving this claim, please provide the name and phone number of the contact person for Brighthouse Financial to contact regarding any applicable additional requirements.

By signing below, you authorize Brighthouse Financial to contact this individual and release information regarding your pending claim. Please feel free to also include here any special instructions for your claim.

SECTION 8: Disclosures, certifications and signature(s)

(**Signature and date required below for ALL claims**)

The laws of the states below require Brighthouse Financial to provide the following statements:

Alabama, Arkansas, District of Columbia, Louisiana, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oregon: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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 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.)

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 of person making the claim

Signature date (mm/dd/yyyy)

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Medallion Signature Guarantee

If you are signing on behalf of another individual, please list your title or position (e.g. *Trustee, Power of Attorney, Guardian, etc.*):

* If you are signing on behalf of another individual or entity, please indicate your title or position (e.g., trustee, guardian, conservator, executor, etc.) following your signature on the line above. In the case of multiple trustees, only one beneficiary claim form is required; however, all trustees must sign and indicate their titles.

Certification of identity (One of the following options must be provided if total death benefits for the deceased is over \$300,000)

A photocopy of a valid, government-issued photo ID with the same address as the one listed in Section 2 of this claim form. *(If you are signing on behalf of a beneficiary, the addresses do not have to match.)*

A Medallion Signature Guarantee (MSG)

A notarized signature:

State of _____

County of _____

I, the undersigned, a Notary Public in and for said County in the State aforesaid, DO HEREBY CERTIFY that _____ who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she signed, sealed and delivered the said instrument as his/her free and voluntary act, for the uses and purpose therein set forth.

Given under my hand and Notaries Seal, this _____ day of _____, 20____.

Notary Public

My commission expires

SECTION 9: How to submit this form *(Please send us the entire form by mail or fax)*

Regular mail:

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

Express mail only:

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

Fax:

877-547-9666