

Policy disbursement request form

This form is used to request a withdrawal from your annuity contract.

Brighthouse Life Insurance Company
Brighthouse Life Insurance Company of NY

Things to know before you begin:

- The Owner’s signature is required in Section 6 of this form for all service requests. If there is more than one Owner, all Owners must sign. Please use black ink.
- The signature of the Owner’s spouse is required under certain types of qualified plans and in community property states.
- Mark the box for the type of disbursement you are requesting.
- Please read the Income Tax Withholding Election section carefully and indicate a withholding election.



Withdrawal or surrender requests in which the money has already been received in your bank account cannot be returned.

SECTION 1: Contract information

Annuity contract number

Annuitant

First Name	Middle name	Last name
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Owner

First Name	Middle name	Last name
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Social Security number or TIN	Phone number
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SECTION 2: Payment information

I hereby request that the company, subject to the provisions of my policy, process the following transaction. Please be aware that withdrawing more than your guaranteed withdrawal amount, called “*excess withdrawals*”, may permanently reduce your future guaranteed withdrawal amounts. If you are considering making an excess withdrawal but are uncertain as to how it will affect your future guaranteed withdrawal amounts, we encourage you to contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess withdrawal.

Partial withdrawal

- Net** partial withdrawal \$ _____ subject to withdrawal/surrender charge and interest adjustment, if any, as described in the policy. *(Your check will be for the amount requested. Your policy value will be reduced by this amount plus any applicable withdrawal charges and federal/state tax).*
- Gross** partial withdrawal \$ _____ subject to withdrawal/surrender charge and interest adjustment, if any, as described in the Policy. *(Your check will be for the amount requested less any applicable withdrawal charges and federal/state tax. Your policy value will be reduced by the amount requested.)*
- Maximum amount not subject to withdrawal/surrender charge and interest adjustment, if any, as described in policy.

Total withdrawal/Full surrender

Florida residents only

1. Will the surrender proceeds be used to fund or purchase another life insurance policy or annuity contract? Yes No

2. Did your insurance agent recommend (*advise*) you to surrender your annuity contract? Yes No

Note: If you answered "No" to Question 1 above and "Yes" to Question 2 above, the state of Florida requires that we first provide you with important disclosure information. We are unable to send your proceeds via EFT or wire. We will promptly send you a check.

SECTION 3: Special instructions or remarks

Check box if this withdrawal is to satisfy a Required Minimum Distribution under federal tax law.

SECTION 4: Alternate payment instructions (*Optional*)

Choose one:

A check will be sent to the address on record if Electronic Funds Transfer or Alternate Payee is not selected below

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

2. Check for the benefit of (FBO) the contract owner

Alternate payee name (*Bank, Brokerage Firm, etc.*)

Bank address	City	State	ZIP
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Account number (*if applicable*)

SECTION 5: Income tax withholding election

Please Note: If neither of the below withholding elections is chosen, under current Federal Income Tax law Brighthouse Financial is required to withhold 10 percent of the taxable portion of annuity distributions for Federal Income Taxes. In some states, your distribution may also be subject to state income tax withholding requirements. In certain states, we may be required to withhold state income tax if we withhold federal income tax from your distribution. Certain states may also require you to make estimated tax payments.

Choose one:

I elect to have federal and state, if applicable, income tax withheld from these distribution(s). (*This must be listed as a percentage only, NOT as a dollar amount.*)

Federal _____ % State _____ % Owner's state of residence _____

I elect NOT to have federal, or state if applicable, income tax withheld from these distribution(s).

SECTION 6: Acknowledgement and authorization

It is certified that neither the Policy nor any interest in the Policy specified above is assigned or pledged as collateral to any other person or corporation and that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against the Owner and/or Owner's Spouse (*if Owner's Spouse's signature is required below*), and that neither of them is under guardianship or any legal disability, except as follows: (*Give dates and particulars of any exceptions. Write "None" if no exceptions.*)

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.

First name	Middle name	Last name	
Sign Here	Signature of Contract Owner	Title (<i>if applicable</i>)	Date (<i>mm/dd/yyyy</i>)
First name	Middle name	Last name	
Sign Here	Signature of Joint Owner	Title (<i>if applicable</i>)	Date (<i>mm/dd/yyyy</i>)

Note: If you are signing on behalf of another individual or entity, please indicate your title, position or status (*e.g., Trustee, Attorney-in-Fact, Guardian, Conservator, Executor, Administrator*) following your signature and call our Policy Service Office for additional document requirements.

Notice: The tax law provides that deferred annuities issued after October 21, 1988 by the same insurance company or an affiliate in the same calendar year to the same owner, are combined for tax purposes. As a result, a greater portion of your withdrawals may be considered taxable income than you would otherwise expect. In addition, please note that no agent or representative of the company is authorized to alter, change or waive any of the terms or conditions of this form or to bind the company by any statement or representation as to the availability of a withdrawal, if any, under this contract. The company suggests that you consult your own attorney, accountant or tax advisor for information relating to federal and state income tax liabilities that may be incurred as a result of a withdrawal.

SECTION 7: How to submit this form

Please submit this entire form by mail or fax.

Regular mail:

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

Overnight mail only:

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

Fax:

877-547-9666