U.S. Retail Life Operations

Brighthouse FINANCIAL

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

82608873-c3bc-4233-b43f-051adaf7195d

Full policy surrender request

Use this form to request a full surrender and termination of your life insurance policy(ies).

Things to know before you begin

- Social Security or Tax ID number is required in Section 2.
- All policy owners must sign and date the form in Section 5.

Complete and return pages 1-3 of this form to avoid processing delays

SECTION 1: About your policy *(All policies listed below must have the same policy owner(s))*

Policy number	Insured first name	Middle initial	Last name
Policy number	Insured first name	Middle initial	Last name
Policy number	Insured first name	Middle initial	Last name
Policy number	Insured first name	Middle initial	Last name

SECTION 2: About the Owner *(Choose one and complete appropriate sub-section):*

☐ **Individual** *(or individuals, if the policy is co-owned)*

Owner

First name	Middle initial	Last name	Social Security number
Phone number	E-mail address		

Co-Owner

First name	Middle initial	Last name	Social Security number

☐ **A Trust, Charity, or Business Entity**

Print full name of Trust/Charity/Business Entity

Date of Trust *(mm/dd/yyyy)*	Tax ID number of Trust/Charity/Business Entity

Contact person

First name	Middle initial	Last name
Phone number	E-mail address	

SECTION 3: Full surrender, termination and payment

I request a full surrender and termination of the life insurance policy(ies) listed in **Section 1** and request payment of the proceeds by check.

Please mail this check to the following address.

Street address	City	State	ZIP

Should we use this address for all future correspondence with you? ☐ Yes ☐ No

Special Instructions:

Florida residents only:

☐ Check this box: If your insurance agent recommended (advised) you to surrender your life insurance policy and the surrender proceeds will NOT be used to fund or purchase another life insurance policy or annuity contract.
- The state of Florida requires that we first provide you with important disclosure information.
- We are unable to send your surrender proceeds via EFT or wire. We will promptly send you a check.
- Include your email address or fax number in the space provided below so we can send the important disclosure information to you.

E-mail address	Fax number

SECTION 4: About income tax withholding

Under current federal income tax law, we are required to withhold 10% of the taxable portion of the cash surrender 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 your 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 Number or Tax ID Number or if you reside outside the U.S.)

SECTION 5: Certification and signature

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.

All Policy Owner(s) must sign and date Option A or B.

- If there are more than two Owners, each additional Owner must sign, date, and provide their name and social security number on a separate page and submit with this form.
- For an individual acting on behalf of the Owner, the full name of the Owner's fiduciary or agent and supporting legal documentation is required.

Option A: Individual Owner signature(s)

Sign Here — Signature of Owner | Date *(mm/dd/yyyy)*

Print full name | Title *(if acting in a representative capacity)*

Sign Here — Signature of Co-Owner *(If applicable)* | Date *(mm/dd/yyyy)*

Print full name | Title *(if acting in a representative capacity)*

Option B: Trust/Business Entity Owner signature(s)

Before signing, see signature requirements on page 4

Sign Here — Authorized signature | Date *(mm/dd/yyyy)*

Please print full name | Title

Sign Here — Authorized signature | Date *(mm/dd/yyyy)*

Please print full name | Title

SECTION 6: Collateral Assignee and/or Irrevocable Beneficiary signature(s)

- All Collateral Assignee(s) must sign and date this form.
- Any Irrevocable Beneficiary must also sign and date this form.

Before signing, see signature requirements on page 4

Sign Here — Authorized signature | Date *(mm/dd/yyyy)*

Please print full name | Title

Sign Here — Authorized signature | Date *(mm/dd/yyyy)*

Please print full name | Title

For sales office use only

Sales office/agency number - Representative ID | Print sales representative full name | Date *(mm/dd/yyyy)*

Signature requirements

Owner type	Signature requirement
Partnership owned LLP	Signature and title of one general partner other than the insured *(not a limited partner).*
Sole proprietorship	Signature of Owner, followed by the title "Sole Owner".
Corporate/Charity	Signature and title of one authorized officer *(other than the insured)*. Most common authorized officers include: CFO, President, Vice President, Treasurer, Corporate Secretary, Principal(LLC), Managing Member (LLC), or Loan Officer *(on behalf of collateral assignee)*
Trust	Signature of all required Trustees, followed by the title "Trustee." Please submit a copy of the Trust Certification with this form.

How to submit this form Retain a copy of this completed form for your records.
Return pages **1-3** of this form to the appropriate address or fax number listed below. Please note that there may be printing on both sides of each page. We cannot process your request unless we receive all 3 pages.

Issuing Company	Contact Phone Numbers	Fax Number	Contact Address
Brighthouse Life Insurance Company Brighthouse Life Insurance Company of NY New England Life Insurance Company	1-833-208-3017	1-877-319-2495	For Non-Variable Life Policies: Brighthouse Financial P.O. Box 4262 Clinton, IA 52733-4262 For Variable Life Policies: Brighthouse Financial P.O. Box 4261 Clinton, IA 52733-4261
New England Life Insurance CompanyEEA COLI Products Only	1-888-458-2654	1-877-203-4970	Brighthouse Financial NEF EEA COLI P.O. Box 4270 Clinton, IA 52733-4270