Brighthouse FINANCIAL®
Build for what's ahead®

PROFESSIONAL

LIFE | INDEXED UNIVERSAL WITH LONG-TERM CARE

Brighthouse SmartCare®

Advisor Prep Tool

Pre-Application

- Financial Advisor (FA) reviews the Pre-Qualification Questionnaire with the client
- FA obtains a compliant, signed sales illustration, completes the required insurance disclosure, and completes firm suitability
- If replacing a cash value policy, an in-force illustration from the replacement company is required
- SBIA provides the completed Advisor Prep Tool to the Brighthouse Financial Advisor Consultant

Application

- Brighthouse Financial Advisor Consultant begins electronic application on behalf of the FA
- Brighthouse Financial Client Consultant will introduce themselves to the FA as the single point of contact for anything the FA may need
- Electronic application process is completed
- Complete necessary underwriting requirements

Ages	Labs or Exams	Medical Records	Interview	Decision
40 to 65	None	For cause	None	Within 24 hours of receipt of completed requirements
66 to 75	None	Yes	Cognitive Screening with Brighthouse Financial underwriting	Within 24 hours of completed requirements

Post-Application

- Client submits initial or single premium payment through ACH or wire with the assistance of the Brighthouse Financial Client Consultant
- If approved, a Brighthouse SmartCare® policy is issued and policy documents may be delivered electronically to the Owner and FA, as permitted by law
- The Owner, person to be insured (if different), and FA sign documents as part of the electronic application process

Let's Get Started

Your client has decided to apply for a Brighthouse SmartCare policy. Here's what is needed to begin the application process.

Fill in the fields below or print responses clearly. The information you provide will be used to start the application process.

01 Person to Be Insured

Name _____ Email address _____

Mobile number[2] _____ Date of birth _____ Place of birth (Country, State/Province) _____ SSN/Tax ID number _____

Current address _____

Firm brokerage account number, if applicable _____

☑ Male ☐ Female ☑ Smoker ☐ Nonsmoker ☐ Couples Discount

02 Policy Design

Rider Options[3]

Choose an LTC Coverage Option: ☐ Indexed ☐ Fixed Growth ☐ Level

Choose a total LTC Benefit Period: ☐ 4 years ☐ 6 years

Allocations[4]
(should total 100%)

S&P 500® Index[A] _____

Russell 2000® Index[B] _____

MSCI EAFE Index[C] _____

Fixed Account _____

Total Allocation _____

Automatic Cash Value Rebalancing

☐ I elect

☐ I decline

[2] A mobile phone number is required for security verification to initiate the e-application.

[3] Brighthouse SmartCare includes an LTC Acceleration of Death Benefit Rider (ADBR) and a choice of one Extension of Benefits Rider (EOBR). The total LTC benefit period includes both the LTC ADBR and the chosen EOBR.

[4] A minimum allocation of 10% is required for each index that is selected.

03 Payment Information

Premium Method

- ☐ 1035 Exchange
- ☐ Wire
- ☐ ACH

Name of bank

☐ Checking ☐ Savings ☐ Brokerage Account

Routing number

Account number

ACH Instructions

- ☐ Draft upon approval
- ☐ Obtain confirmation from advisor prior to drafting

Premium Mode

- ☐ Single Premium
- ☐ 2-Year Annual
- ☐ 3-Year Annual
- ☐ 4-Year Annual
- ☐ 5-Year Annual

Source of Current and Future Payments: (Check all that apply)

- ☐ Earned Income
- ☐ Savings
- ☐ Loans
- ☐ Mutual Fund/Brokerage Account
- ☐ Certificate of Deposit
- ☐ Other _____
- ☐ Money Market Fund
- ☐ Use of values in another Life Insurance/Annuity Contract

04 Advisor Information

Please attach an additional sheet if the number of Financial Professionals exceeds three.

Advisor name

Advisor email

Advisor address

Firm code

Compensation Option:

- ☐ Premium Based
- ☐ Spread

Advisor's NIPR number

State license number

Last 4 digits of SSN

Firm name

Percentage split

Advisor Information (Continued)

Advisor name

Advisor email

Advisor address

Firm code

Compensation Option:

☐ Premium Based

☐ Spread

Advisor's NIPR number

State license number

Last 4 digits of SSN

Firm name

Percentage split

Advisor name

Advisor email

Advisor address

Firm code

Compensation Option:

☐ Premium Based

☐ Spread

Advisor's NIPR number

State license number

Last 4 digits of SSN

Firm name

Percentage split

05 Information Needed for LTC

This information will be used for the LTC Personal Worksheet as required by state law. If the client refuses to answer these questions, they will need to complete and sign the LTC Letter of Intent. Please contact your Brighthouse Financial Advisor Consultant if you have any questions.

The planned premium for this Policy is: (Choose one)

☐ Single Premium of $ _____ ; or _____

☐ Initial Premium of $ _____ then $ _____ per _____ years.

What resources will you use to pay your premium?

☐ Current income from employment

☐ Other current income

☐ Money from my family

☐ Current income from investments

☐ Savings

☐ Sell investments

☐ Sell other assets

☐ Other: _____

Information Needed for LTC (Continued)

What is your household annual income from all sources? (Check one)

☐ Less than $50,000 ☐ $50,001 – $150,000
☐ $150,001 – $250,000 ☐ More than $250,000

Do you expect your income to change over the next 10 years? (Check one)

☑ No ☐ Yes, expect increase ☐ Yes, expect decrease

If you plan to pay premiums from your income, have you thought about how a change in your income would affect your ability to continue to pay the premium?

☐ Yes ☐ No ☑ N/A

Will you buy inflation protection? (Check one)

☐ Yes ☑ No

If you don't buy inflation protection, how will you pay for the difference between future costs and your daily benefit amount? (Check all that apply)

☐ From my income ☐ From savings ☐ From investments
☐ Sell other assets ☐ Money from my family ☐ Purchase Indexed Coverage Rider
☐ Other: _____

What elimination period are you considering? (For information only)

Number of days: 90
Approximate cost of care for this period: $20,532 (based on the national average)

How do you plan to pay for your care during the elimination period? (Check all that apply)

☐ From my income ☐ From my savings/investments ☐ My family will pay
☐ Other: _____

Not counting your home, about how much are all of your assets (your savings and investments) worth? (Check one)

☐ Less than $50,000 ☐ $50,001 – $150,000
☐ $150,001 – $250,000 ☐ More than $250,000

Do you expect the value of your assets to change over the next 10 years? (Check one)

☐ No ☐ Yes, expect increase ☐ Yes, expect decrease

06 Existing/Applied for Insurance and Replacement

Does the Proposed Insured or Owner have any existing or applied-for life insurance or annuities with this or any other company? (Please provide details of any existing or applied-for life insurance on the Proposed Insured only.)

Proposed Insured ☐ Yes ☐ No

Owner ☐ Yes ☐ No

Company	**Amount of Insurance**	**Date of Issue**	**Policy Number** (Existing or Applied For)	**Status**	**Replacing Y/N**
Example: Brighthouse Financial	*$50,000*	*01/01/2008*	*123456789*	*Existing*	*Y*

Please complete for each replacement taking place:

☐ Life ☐ Annuity

Reason for replacement: _____

Future premium payment status of policy being replaced:

☐ Pay limited number of premiums out of pocket, then use values in the policy

☐ The out-of-pocket premiums will be suspended or reduced. Note: Please provide a copy of the illustration

☐ Continue to pay premiums out of pocket

☐ Existing or future policy values and/or value of future dividends

☐ Premium payments will be discontinued; Policy will operate under its nonpayment of premiums option

☐ Surrender or cancel

☐ Other: _____

Policy plan type of policy being replaced:

- ☐ Permanent Life (which is not Universal Life or Variable Life)
- ☐ Endowment
- ☐ Term
- ☐ Universal Life
- ☐ Variable Life
- ☐ Fixed Annuity
- ☐ Indexed Annuity
- ☐ Variable Universal Life
- ☐ Variable Annuity

State-Specific Additional Replacement Questions

Arkansas Replacements
(Please complete all below or provide a current in-force illustration)

Life planned premium: _____

Mode of payment: _____

Annuity annual payment, if applicable: _____

Contract value: _____

Total number of years subject to Surrender Charges: _____

Current year Surrender Charge: _____

Total number of years remaining on Surrender Charges: _____

Current Cash Surrender Value: _____

Death Benefit Amount: _____

Current Interest Rate: _____

Current Guarantee Period: _____

Guaranteed Minimum Accumulation Rate or Interest Rate: _____

Are free withdrawals available? ☐ Yes ☐ No

If yes, annual Free Withdrawal Amount or percentage: _____

Florida and Georgia Replacements
Does the client wish to receive a Comparative Information Form from the proposed company and the existing Insurer or Insurers?

☐ Yes ☐ No

Kansas Replacements
Amount of cash value affected by this replacement.

_____

Massachusetts Replacements
Does the client wish to receive yield indices for cash value policies being replaced?

☐ Yes ☐ No

Call the sales desk at **(855) 861-5300** for more information.

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Not available in all states.

Long-term care (LTC) benefits provided by riders to the policy are intended to provide qualified long-term care insurance under Internal Revenue Code Section 7702B(b). Although benefits paid under a rider are intended to be income tax free as accident and health benefits under a qualified long-term care insurance contract, benefits may be taxable in certain circumstances. For example, benefits may be taxable when the aggregate LTC benefit payments received under a rider and other policies or riders exceed the Internal Revenue Code section 7702B(d)(2) per diem limitation. Clients should consult with an attorney or qualified tax advisor before purchasing Brighthouse SmartCare and when exercising any right to receive LTC benefits under any rider included with the policy. The policy's death benefit and policy values will be reduced as a result of any LTC ADBR payment.

All policy values will be reduced and any LTC rider will be terminated if a terminal illness benefit payment is made under the policy. Clients should consult a tax advisor to determine the current tax consequences before requesting any terminal illness benefit payment.

Any discussion of taxes is for general information purposes only, does not purport to be complete or cover every situation, and should not be construed as legal, tax, or accounting advice. Clients should confer with their qualified legal, tax, and accounting advisors as appropriate.

Brighthouse SmartCare®, an Indexed Universal Life Insurance Policy on Policy Forms ICC18-5-70 and 5-70-18, with a Long-Term Care Acceleration of Death Benefit Rider on Policy Forms ICC18-3ACCLTC1 and 3ACCLTC1-18, including the option to elect an Extension of Benefits Rider on Policy Forms ICC18-3EOB1, ICC18-3EOBIC1, or ICC18-3EOBIP1, and 3EOB1-18, 3EOBIC1-18, or 3EOBIP1-18, is issued by, with product guarantees that are solely the responsibility of, Brighthouse Life Insurance Company, Charlotte, NC 28277 ("Brighthouse Financial"). All guarantees, including optional benefits, are subject to the claims-paying ability and financial strength of the issuing insurance company. Each issuing insurance company is solely responsible for its own financial condition and contractual obligations. Brighthouse SmartCare has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued.

• Not a Deposit • Not FDIC Insured • Not Insured by Any Federal Government Agency
• Not Guaranteed by Any Bank or Credit Union • May Lose Value

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