



The Life Underwriting Guide

For Permanent Insurance

LIFE | PERMANENT



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FINANCIAL
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Medical Underwriting Requirements

Brighthouse Simple Underwriting

Brighthouse Simple Underwriting is available on single-premium Brighthouse Premier Accumulator Universal LifeSM (PAUL) cases for issue ages 21–65 up to face amounts of \$2,500,00 and for issue age 66–75 up to face amounts of \$1,000,000.

Key Features

- Simple, less invasive process – no exams or labs
- Simple underwriting offer – yes or no answer
- Faster underwriting decision – generally within 24 hours following the telephone application and interview
- One call to the Policy Owner and to the Proposed Insured – we ask the questions

Medical Underwriting Requirements

Amounts ¹	Ages ²			
	21–40	40–65	66–75	76 and over
\$50,000 to \$99,999	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting, APS	Simple Paramed Urine Specimen APS ³
\$100,000 to \$1,000,000	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting, APS	Paramed + ECG Blood with Urine Specimen, APS ³
\$1,000,001 to \$2,500,000	Brighthouse Simple Underwriting	Brighthouse Simple Underwriting	Paramed + ECG Blood with Urine Specimen, APS ³	Paramed + ECG Blood with Urine Specimen, APS ³
\$2,500,001 to \$5,000,000	Paramed, Blood with Urine Specimen, APS ³	Paramed + ECG Blood with Urine Specimen, APS ³	Paramed + ECG Blood with Urine Specimen, APS ³	Paramed + ECG Blood with Urine Specimen, APS ³

¹ Amount should include total Net Amount at Risk life insurance coverage issued within the past 12 months, as well as the total Net Amount at Risk provided by optional riders and benefits, including all amounts that the Policy Owner can choose to exercise in the future, but not including Accidental Death benefits.

² Requirements are based on age at nearest birthday. The underwriting requirements listed above may not apply if there is any inforce coverage, or concurrent term application. A Prescription History Database check, motor vehicle report, public record search, and Medical Information Bureau check is ordered for all cases.

³ The APS requirement based on age and amount limits would generally apply to Proposed Insureds that had a personal exam/checkup within 24 months from the application date.

ECG: Electrocardiograph

NOTE: Based on the Proposed Insured's medical history and underwriting review, additional requirements may be ordered in addition to those listed above. An Attending Physician Statement (APS) would be ordered at ages 21–65 up to \$2,500,000 if there is cause to do so. If current paramed exam, blood, urine and ECG are required and Proposed Insured had a recent exam done at another facility, we may be able to use those results as a valid substitute.

Height and Weight Limit Table

Use the following table to determine if the Proposed Insured may qualify for coverage.

The weights shown represent the minimum and maximum allowable weight for each height.

Standard			Standard		
	Minimum	Maximum		Minimum	Maximum
4' 8"	74	174	5' 10"	115	272
4' 9"	77	180	5' 11"	118	279
4' 10"	79	186	6' 0"	121	287
4' 11"	82	193	6' 1"	125	295
5' 0"	84	199	6' 2"	128	304
5' 1"	87	206	6' 3"	132	312
5' 2"	90	213	6' 4"	135	320
5' 3"	93	220	6' 5"	139	329
5' 4"	96	227	6' 6"	142	337
5' 5"	99	234	6' 7"	146	346
5' 6"	102	241	6' 8"	150	355
5' 7"	105	249	6' 9"	154	364
5' 8"	108	256	6' 10"	157	373
5' 9"	112	264	6' 11"	161	382

Shelf Life of Underwriting Requirements

Medical and non-medical underwriting requirements are generally acceptable only for a finite period of time.

- The full blood profile, urinalysis, paramed exam, and resting ECG are generally acceptable for 12 months.
- Any Age: Prescription History Database and Motor Vehicle Reports (MVRs) are generally acceptable for six months.

A current completed Medical Supplement and/or a current completed statement of health will be required for cases where more than 60 days has elapsed from the date of the application and/or date of the Paramedical Exam or initial Medical Supplement (for cases where a Paramedical Exam is not required).

Face Amount Limits and Class Availability

The maximum face amount for PAUL is \$5,000,000. This is an aggregate total and includes current application amounts and any inforce or increase requests to existing PAUL policies.

Rating classes available for the PAUL product are Standard Nonsmoker and Standard Smoker. There are no preferred classes or table ratings available. A smoker is defined as any cigarette or tobacco substitute use within 12 months of the application, or a positive urine nicotine test.

Exclusion riders are generally not available.

Submission Guidelines

Financial Representative completes the Pre-Qualification Checklist* with the Proposed Insured and Policy Owner

If all answers are no, then proceed to the Life Express Order Ticket (EOT).*

Financial Representative completes the Life EOT

Our EOT form collects limited information.

The EOT may be accessed two ways:

1. Through eForms (<https://eforms.metlife.com/BrighthouseFinancial/welcome.do>) – Click on Individual > Life Insurance, then use the EZSearch feature to locate forms for a Universal Life product. Be sure to select “Tele-Application” as the application type before clicking “Search.”
2. Through your firm’s process to obtain carrier forms.

Complete the EOT, ensure that any forms applicable to your client’s needs that appear on the eForms EZSearch search results page are completed, and include any required signatures. Submit this completed EOT forms package (EOT, EAUTH, EHIV, replacement forms, etc.) by e-mail to paul@brighthousefinancial.com.

Give any applicable Client Forms and Disclosures to the Proposed Insured and Policy Owner.

* Neither the EOT or Pre-Qualification Checklist is an application or a binding contract.

Tele-Application Interview is preferred for all cases. After the EOT is submitted, an underwriter from Brighthouse Financial will contact the Proposed Insured and Policy Owners to complete the application information over the phone. Calling hours are Monday – Friday 7:00 a.m. to 7:00 p.m. ET.

Non-Medical Underwriting Requirements

Consumer Reports

Ordering and receipt of all reports will be completely automated between our underwriting system and the third-party vendor(s) providing the report.

Electronic Inspection Reports (EIR)	<p>Will be required as follows:</p> <ul style="list-style-type: none"> • Ages 70 and above: Financial underwriting amounts of \$500,001 and higher. • May be ordered at the underwriter's discretion depending on details of the case.
Consumer Credit Reports	<p>Will be required as follows:</p> <ul style="list-style-type: none"> • All cases over \$5,000,000 for all ages. • May be ordered at the underwriter's discretion depending on details of the case.
Business Credit Reports and Comprehensive Business Reports	<p>Will be required as follows:</p> <ul style="list-style-type: none"> • Ages 70 and above: Financial underwriting amounts of \$500,001 and higher. • May be ordered at the underwriter's discretion depending on details of the case.
Additional Types of Reports	<p>Reports such as criminal background checks and Dun & Bradstreet reports may be ordered at the underwriter's discretion utilizing the same automated process.</p>

Motor Vehicle Report (MVR)

Routine driving records will be ordered for all persons proposed for coverage. The driver's license number should be included on the EOT and each application to facilitate the collection of these records.

Financial Underwriting Requirements

Personal Financial Information Supplement Requirements

The Personal Financial Information Supplement (PFIS) is required for all Proposed Insureds, Policy Owners, and third-party Premium Payors as shown below. The age of the Proposed Insured will determine whether a PFIS is required.

Product	Age of Proposed Insured	Amount
All Products	18–69	\$2,000,001 and higher
	70 and older	\$500,001 and higher

Requests for Tax Transcripts using Form 4506-T

The 4506-T is required for:

- Amounts of \$500,001 and higher for Proposed Insureds age 70 and older, Policy Owners, and/or Payor

NOTE: IRS Form 4506-T (Request for Transcript of Tax Return) is only valid if received by the IRS within 120 days of the form's signature date.

Financial Underwriting Guidelines

These guidelines are intended to provide a general formula to calculate suggested maximum amounts of life insurance that should meet the financial needs of the Proposed Insured and/or Policy Owner. It is the underwriter's responsibility to ensure that the Ultimate Total Line of Coverage is consistent with both the Company's standards and the continuing financial independence, security, and financial objectives of the Proposed Insured and/or Policy Owner. Unique case presentation may require consultation with the Chief Underwriter.

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It is not unusual for an insurance policy to be intended to cover multiple needs, and the underwriter may be asked to consider a multi-purpose sale on a frequent basis. Needs may change over time with younger applicants having a greater need for income replacement and a lesser need for estate conservation. The underwriter will take into account the overall picture of the Proposed Insured's and/or Policy Owner's income potential, estate growth, and whether or not the case has features covered under our guidelines for future inheritance presentations.

Generally, the underwriter will consider the amounts under each need presented, and offer the amount most in keeping with the overall purpose of the Proposed Insured's and/or Policy Owner's financial plan and picture and Ultimate Total Line of Coverage.

Please note the following:

- It is the practice of the Company to prohibit the purchase of life policies with funds sourced from qualified rollovers, IRA plan distributions, or qualified plan distributions.
- It is the practice of the Company to prohibit the purchase of qualified life policies and those subject to ERISA guidelines.
- It is the practice of the Company that we do not recognize income obtained through illegal means or income that is subject to taxation that has not been appropriately reported.
- Generally, in the absence of significant unearned income, savings or other net worth, there should be a minimum household earned income of \$15,000. The limit applies to the Proposed Insured as well as to the Policy Owner if different and living in different households.
- Oil and gas rights or titles cannot be considered as an asset.
- If assets are not in the name of the Proposed Insured and/or Policy Owner (owned in ILIT, Q-Tip, NIMCRUT, or by other family members), they cannot be considered in the estate calculation.
- Jewelry, artwork, club memberships, household furnishings, collector cars, etc., will only be considered if evidence of either current insurance coverage on that item or an appraisal dated within 12 months of the application date by a recognized and accredited expert is submitted.
- Foreign assets that comprise more than 20% of net worth may require more extensive documentation.

Income Replacement Sales

Current income multiplication factors for determining the maximum amounts of insurance in force and applied for in all companies for the Proposed Insured.

Age	Times Income
40 and under	30
41-45	25
46-55	20
56-60	15
61-70	10
71-79	5
80 and over	Individual Consideration

Estate Conservation Sales

The recommended maximum face amount is generally limited to 50% of the future value of the Proposed Insured's estate.

Age	Growth Rate	Future Estate Value
18-70	7%	75% of life expectancy, to a maximum of 25 years for ages 18-70, and maximum of 10 years for ages 71-79.
71-79	5%	
80 and over	No projected growth rate or years. Face amounts should generally not exceed 50% of current net worth. Should demonstrate a clear insurable loss to support the requested face amount.	

For purposes of establishing a reasonable estate conservation need, the current anticipated estate tax (federal and state) burdens are considered, but are not the only factors we take into account. There are final expenses other than anticipated tax burdens that will be considered provided the justification of these other needs is documented. Other needs would include, but are not limited to:

- Offsetting the degradation of an individual's net worth that can occur when liquidating assets held in the estate.
- Income tax due for the deceased.
- Outstanding medical and final expenses.

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Premium Affordability

The following chart is a guideline for evaluating the appropriateness of the financial portion of the risk. Attention should always be paid to the individual nature of financial planning, the ultimate goal the Proposed Insured and/or Policy Owner wishes to meet, and the total premium outlay on all in force and applied-for life insurance products.

Net Worth	Age of Proposed Insured	Premium/Net Worth Ratio Should Not Exceed
Net Worth less than \$200,001	64 or younger	10%
	65 or older	5%
Net Worth \$200,001 – \$1,000,000*	64 or younger	15%
	65 or older	15%
Net Worth \$1,000,001 – \$1,999,999*	64 or younger	15%
Net Worth \$2,000,000 or more	At ages >70, only Free Assets may be re-allocated.	33%

REMEMBER: The Policy Owner must have an interest in the continued life of Proposed Insured. On cases where the Policy Owner is other than the Proposed Insured or a trust, we do need to verify appropriateness and/or insurable interest that the Policy Owner has in the life of the Proposed Insured. If the Premium Payor should have an interest in the continued life of the Proposed Insured, we do need to verify the appropriateness of the arrangement.

Premium affordability must be demonstrated for the total premiums payable by any Payor for the total life insurance premium on all policies covering this Proposed Insured. For example, if an adult child is paying the premiums for the Proposed Insured parent, the adult child must demonstrate they can afford to pay all premiums for any personal coverage they may have in addition to the coverage they are applying for on their parent.

Premiums for Ages 70+

Evaluating these risks requires a higher degree of scrutiny to ensure that the planned premium is appropriate in context of the overall picture of the Proposed Insured's and/or Policy Owner's financial profile. When identifying Free Assets over age 70, the Personal Financial Statement should be reviewed (if applicable based on face amount) and consider the following:

- Free Assets are generally considered those assets that can easily liquidate to pay the planned premium – cash, CDs, mutual funds, stocks/bonds, or other investments. Business assets, pensions, or other income producing assets may be considered, but the impact on the loss of income should be considered. Liquidation of assets should generally not reduce the Proposed Insured's and/or Policy Owner's income by more than 20%.
- Free Assets should not include reverse mortgages, loans, qualified annuity replacements, or any other red flag transactions.
- Free Assets cannot consist of liquidating a primary residence.
- Short Duration sales with face amounts less than \$500,001 that fall below our published Personal Financial Statement requirement will require submission of a Personal Financial Statement if the published short duration premium to net worth ratio is exceeded.

Dependency Guidelines

Household family members who do not have an income may be considered for the following amounts.

Dependent Spouse

Spouse generally means a legal marital, domestic, civil union, or common law partner.

Amount of Insurance in Force and Applied for	Coverage Needed on Non-Dependent Spouse
0-\$125,000	No Requirement
\$125,001 and over	Equal Amount

Dependent Partner or Other

Only one household family member may claim another member as a dependent.

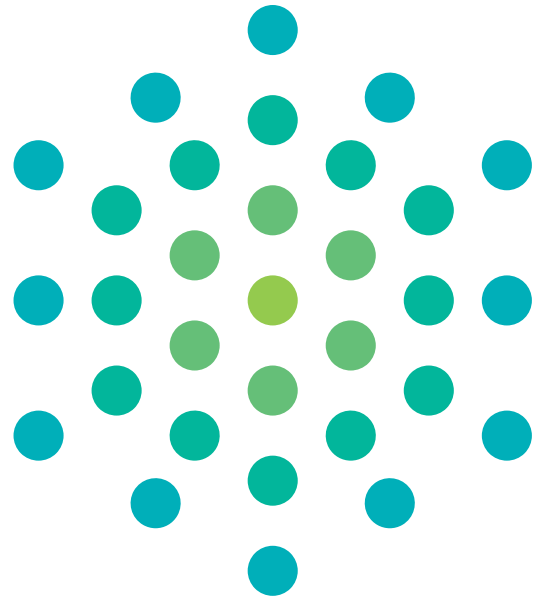
Amount of Insurance in Force and Applied for	Coverage Needed on Financially Responsible Adult Son/Daughter
0-\$125,000	Equal Amount

Disability Waiver Retention Limits

Aggregate amount in force and applied for with all Brighthouse Financial companies. Includes all disability waiver riders and benefits on individual life policies offered by the Company.

Age	Amount
18-59	\$5,000,000

Underwriting Guidelines



Foreign Risks

Proposed Insured's who exhibit a foreign risk profile present unique challenges and the need for increased due diligence. The foreign risk profile generally falls into one or more of the following categories:

- Citizens of a foreign country who reside in the United States.
- Individuals residing in a country other than the United States.
- Individuals who travel outside the United States.

The underwriting guidelines for evaluating each of these categories are presented on the following pages. However, it is important to keep in mind that some Proposed Insureds may present with histories or characteristics associated with more than one of these categories which may present additional challenges or restrictions on our ability to provide coverage. In some instances, consideration may be contingent on the availability of reinsurance.

Foreign Residents (Residing Outside the United States for More Than Six Months)

All stages of the client acquisition process (initial contact and solicitation, application, completion of requirements, and policy delivery) must be completed in the United States.

NOTE: Foreign residents are not eligible for the Brighthouse Simple Underwriting process. Please refer to the Multinational Planning Guide for full details on our foreign resident guidelines.

Non-U.S. Citizens Living in the United States

To be considered for coverage, these residents must have demonstrated significant ties to the United States and have intentions to remain permanently in the United States.

We will generally consider both permanent and temporary visa holders based on their time in the United States and country of origin. For those risks that meet the following guidelines, we would consider as United States residents and the final underwriting assessment would be consistent with the expected United States mortality level of that underwriting classification.

Permanent visa holders are considered to have effectively demonstrated significant ties to the United States, while temporary visa holders would still need to document this nexus. For the purposes of underwriting, the following visa types should be considered permanent:

- U-551 or I-551 Permanent Resident (generally referred to as “green cards” renewed every 10 years).
- CR/EB5 conditional green cards (reviewed after two years).
- LPR lawful permanent residents.
- Persons granted asylum.

Temporary visa holders residing in the United States less than six (6) months or who do not intend to remain permanently in the United States should be evaluated using Foreign Resident guidelines. Note that temporary visa holders of C08, H1B, SI, SQ, S5, S6, “T” class or “U” class, will be considered on an individual basis. Additional underwriting due diligence is required for these types to establish permanency of residence in the U.S., foreign travel risks, and additional challenges. Consultation with a Chief Underwriter is expected before submitting these risks.

We will accept individuals with the approval of the visa petition as if a visa number has been obtained provided documentation of such approval is furnished.

We will NOT accept individuals who cannot provide a valid visa or other approved government documentation demonstrating their legal residence in the United States.

NOTE: Residents of the United States for less than the last 24 months will not be eligible for the Brighthouse Simple Underwriting process.

Underwriting Requirements

Use normal underwriting guidelines for legal residents living in the United States for more than 24 months, including the Brighthouse Simple Underwriting process. For less than 24 months, use the chart below.

<6 months in U.S.	6–12 months in U.S.	13–24 months in U.S.
<p>Permanent visa holder A and B country of origin: Use 6–12 month guidelines</p>	<p>Temporary or permanent visa holder A and B country of origin</p>	<p>Temporary or permanent visa holder A, B, C, D country of origin</p>
<p>Temporary visa holder A, B, C country: Default to Foreign Resident Guidelines</p>	<p>Standard Age/Amount medical requirements apply to include, at a minimum, a paramed exam, blood with hepatitis screen, and urine for all amounts.</p>	<p>Use 6–12 month guidelines but note improved handling for C and D countries listed on page 13.</p>
<p>Any visa type D country of origin: Decline</p>	<p>Acceptable Foreign Risk Questionnaire that demonstrates realistic intent to stay in the United States (property owner, business owner, children/family in the United States). If intent to stay is not demonstrated, apply Foreign Resident Guidelines.</p> <p>Gainfully employed head of household.</p> <p>Copy of valid visa (if expiring in next six months, question regarding intent to renew. If expiring in next 90 days, request copy of renewal application).</p> <p>Enhanced Due Diligence/Anti-Money Laundering compliance.</p> <p>Tele-Application or PHI: Required for face amounts over \$1,000,000.</p> <p>For face amounts >\$250,000, age/amount financial requirements to include, at a minimum, documented evidence of tangible United States assets (investment account statements, bank statements, paystub, property tax assessments, mortgage statements, etc.).</p> <p>In addition to current age/amount guidelines, APS required ages 40–60 >= \$1 million.</p>	
	<p>D Country of Origin: Decline</p>	<p>Permanent visa holders from any country, as well as temporary visa holders from A, B, C countries, can be auto bound if above criteria is met. Temporary visa holders from D countries are not eligible.</p>

Foreign Travel

United States Permanent Residents Only (United States Citizens and Non-United States Citizens With Permanent Visas Residing in the United States)

Considerations Based On Country to Be Visited

In order to determine the appropriate underwriting consideration, each country has been classified into a risk category. The travel guidelines listed allow for liberal consideration of travel within a 12-month period without any restriction or charge for the travel risk on the policy issued.

General Considerations Regarding Travel

When reviewing a travel risk, we are primarily concerned with future travel. Information provided on an application for past travel is viewed for significant ties to the country visited or history of frequent travel to determine the likelihood of future travel to the same countries. The Proposed Insured's activities while traveling may preclude coverage availability regardless of the countries to be visited. Missionaries, politicians, public figures, government officials, journalists, and private security/police forces are generally not considered. All travel must be documented under the foreign travel question, with length of travel stated in weeks.

State-Specific Foreign Travel Underwriting Guidelines

Certain states have adopted more stringent requirements. For residents of Florida and Georgia, no adverse underwriting action is taken based on the Proposed Insured's past or future legal foreign travel. In Florida, there is an exception for travel to Afghanistan or Iraq.

For residents of Illinois, Maryland, and New York, no adverse underwriting action is taken based on the Proposed Insured's past lawful foreign travel.

Country Code

U.S. and Canadian Residents

Countries

A	<p>Up to six months of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> Standard classes available, underwritten riders considered on individual basis No extra charge for travel risk Total coverage available up to plan limit (\$5 million) Jumbo Limit 65 million <p>For travel beyond 12 weeks to six months:</p> <ul style="list-style-type: none"> Jumbo limit \$40 million Total coverage available up to plan limit (\$5 million) <p>Travel more than six months is considered as foreign resident.</p>	<p>American Samoa, Andorra, Anguilla, Antigua and Barbuda, Argentina, Aruba, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Belize, Bermuda, Brazil, British Virgin Islands, Brunei, Bulgaria, Canada, Cape Verde Islands, Cayman Islands, Chile, China, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Ecuador, Estonia, Falkland Islands, Finland, France, French Polynesia, Germany, Gibraltar, Greece, Greenland, Grenada, Guadeloupe, Ireland, Israel (Except Gaza & West Bank), Italy, Jamaica, Japan, South Korea, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malaysia, Malta, Marshall Islands, Martinique, Mexico, Monaco, Montserrat, Netherlands, Netherlands Antilles, New Caledonia, New Zealand, Northern Mariana Islands, Norway, Panama, Paraguay, Poland, Portugal (Including Azores and Madeira Islands), Qatar, Saint Helena, Saint Kitts and Nevis, Saint Lucia, Saint Martin/ Saint Maarten, Saint Pierre and Miquelon, Saint Vincent and the Grenadines, Samoa, San Marino, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Taiwan, Tokelau, Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, Uruguay</p>
B	<p>Up to 12 weeks of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> Standard classes available, underwritten riders considered on individual basis No extra charge for travel risk Jumbo limit \$40 million Total coverage available up to plan limit (\$5 million) <p>For travel over 12 weeks:</p> <ul style="list-style-type: none"> Individual consideration 	<p>Albania, Belarus, Bosnia and Herzegovina, Cook Islands, Dominican Republic, El Salvador, French Guinea, Guatemala, Honduras, Kiribati (Gilbert Islands), Kuwait, Maldives, Micronesia, Montenegro, Nauru, Nicaragua, Niue, Oman, Palau, Peru, Romania, Russia, Saudi Arabia, Serbia, Seychelles, Tonga, Turkey, Tuvalu, Ukraine, Vanuatu (New Hebrides), Venezuela, Wallis and Futuna</p>
C	<p>Up to 12 weeks of travel in a 12-month period may be considered</p> <ul style="list-style-type: none"> Standard classes available, underwritten riders considered on individual basis No extra charge for travel risk Jumbo Limit \$40 million Total coverage available up to plan limit (\$5 million) <p>For travel over 12 weeks:</p> <ul style="list-style-type: none"> Individual consideration 	<p>Algeria, Armenia, Azerbaijan, Bhutan, Bolivia, Botswana, Colombia, Egypt, Fiji Islands, Georgia, Guyana, Indonesia, Jordan, Kazakhstan, Kyrgyzstan, Macedonia, Mauritius, Moldova, Mongolia, Morocco, Namibia, Sao Tome and Principe, South Africa, Sri Lanka, Suriname, Thailand, Tunisia, Turkmenistan, Uzbekistan, Vietnam</p>
D	<p>Travel to these countries is considered on an individual case basis and generally declined</p>	<p>Any country not included in categories above</p>

NOTE: Changing global events and situations may adversely affect our ability and willingness to accept a travel risk. Individual consideration to use Brighthouse Financial retention to a limited amount is available for A, B, and C countries.

Change Underwriting



Face Amount Increase

- Available as indicated within the policy pages, up to the published maximum of \$5,000,000.
- Face amount increases are subject to underwriting. Requirements are based on the Net Amount at Risk life insurance coverage in force and applied for.

Change to Nonsmoker Rates on Inforce Business

To be considered for nonsmoker rates on inforce business, the Proposed Insured must have quit tobacco use for a minimum of 12 months. A change application with completed medical risk questions and a urine sample with negative cotinine testing is required.

If there has been a decline in the Proposed Insured's health that would result in a rating other than standard, the request will not be approved.

Administrative Guidelines

Temporary Insurance Agreement

When It's Available

The Temporary Insurance Agreement (TIA) provides for coverage should the Proposed Insured die while the application is being underwritten. Once the coverage has started, the Company will consider the health of the Proposed Insured as of the date coverage began (regardless of any health changes after that date). The death benefit/freezing of insurability will be for the amount applied for, but never more than \$1,000,000 under all temporary insurance agreements issued by Brighthouse Financial companies.

To be eligible for coverage, the Proposed Insured must never have received treatment for or been diagnosed with any of the following: cancer, HIV/AIDS, coronary artery disease, stroke, or alcohol or drug use. In addition, the application (including any exams, amendments, and supplements) must not include any material misrepresentations.

We offer two different versions of the TIA. The traditional TIA for paper applications (form number ETIA-8-16) is signed and dated only by the producer, and is left with the Policy Owner. A separate TIA (form number ETIAET-57-16 or the state specific version) is available for Tele-Application cases. It is part of our Tele-Application Forms and is signed by producer, Proposed Insured, and Policy Owners. One copy is left with the Policy Owner and one is submitted to Life Underwriting. These two TIAs are designed for use when the initial payment is collected at the time of application. For coverage to be in effect, we must receive payment of at least one-twelfth of the annual premium amount.

Assuming the above has been satisfied, coverage will begin on the latest of the following dates:

- For the traditional (paper) TIA, when a full life enterprise application is completed or the date of any required paramed exam.
- For the Tele-Application TIA, when the Tele-Application interview is completed.

The exam need not have been completed for coverage to be in effect if death is the result of an accident and occurs within 30 days of the date of the full enterprise life application or completed Tele-Application interview. Generally, coverage will be in effect: (1) until the policy applied for is in effect or is not accepted, (2) until we decline the application, (3) when we refund the premium should the Proposed Insured be ineligible for TIA coverage, or (4) 120 days from the date of the application.

Policy Owner/Beneficiary Appropriateness

The beneficiary designation should clearly reflect the purpose of the coverage. The Policy Owner's insurable interest in the Proposed Insured is defined as having a real interest in the continued life of the Proposed Insured. This can mean "love and affection" or a "lawful and substantial economic interest."

It is the policy of Brighthouse Financial not to support any form of Investor Originated Life Insurance (IOLI), including "non-recourse premium financing," Stranger Originated Life Insurance (STOLI), or Charity Originated Life Insurance (CHOLI), where the intention of the Policy Owner at the time of sale is to sell the policy to an investor, group of investors, life settlement company, or charity. If information obtained during the underwriting process indicates that the policy applied for is being purchased with the intention of selling or transferring that policy in connection with one of these arrangements, Brighthouse Financial will not issue the policy.

Customer Identity Verification

Brighthouse Financial relies on its distributors to verify customers' identities in accordance with applicable laws and regulations.

Policy Issue and Effective Date Guidelines

Payment With Application

- When payment is collected with an application, the policy effective date will match the date of issue unless a specific date or save age date is requested.

Cash on Delivery (COD) Applications

- Upon issue, the policy effective date will match the date of issue. When the premium is received and applied, the effective date will automatically update the date on the policy to the current date, and no backdated premiums are required. A letter and a reprint of the policy specification pages, indicating the new policy effective date, will be mailed to the Policy Owner.
- If a specific date or save age is requested, the policy effective date will not change when the initial premium is applied.

Helpful Reminders

- Policies cannot be issued on cases where the application date is more than 180 days old.
- Be mindful of the Proposed Insured's date of birth. Brighthouse Financial uses an "age nearest" issue age, meaning that the Proposed Insured's issue age will be changed if the updated policy effective date is more than six months after their most recent birthday.
- If there is an age change, premium cannot be applied, and the policy will need to be reissued to save age.
- Policies are not issued with effective dates on the 29th, 30th, or 31st, and will automatically be updated to the first of the following month.

Post-Issue and Policy Delivery Requirements

All life insurance policies require a delivery receipt:

- If delivered in person, a copy of the signed receipt must be returned to Brighthouse Financial.
- If delivered via mail, the “Policy Mailed” section of the receipt must be completed, signed, and returned along with the green certified mail receipt confirming delivery to the Policy Owner.

If we have not received a signed delivery receipt 14 days after the case is placed, we will notify the producer that the receipt is outstanding. Subsequent notices will be sent for all outstanding post issue requirements up until a total of 70 days after the placing date. If we do not receive the required materials, we will cancel the policy and reverse the commission.

Additional Items:

- Altered amendments will not be accepted.
- If there has been a change in the Proposed Insured’s health, the policy cannot be delivered, and a Chief Underwriter should be contacted for consultation.

Policy State and Application Forms

The application and policy state are generally based on the state of residence of the Policy Owner. There are circumstances when an alternate policy issue state may be appropriate (e.g., Policy Owner lives or is domiciled in a state other than the Proposed Insured’s state). HIV Informed Consent Forms, if needed, are based on the Proposed Insured’s residence state.

Policy State and Application Guidelines

For new business: The application is generally based on the Policy Owner’s current residence state.

For changes to existing inforce policy: The application is based on the original issue state of the policy regardless of the current residence of the Policy Owner.

You must be licensed and appointed in the state in which the application is signed and the risk-resident state, if different.

The following 22 risk-resident jurisdictions require that the representative be licensed and appointed in the jurisdiction where the Proposed Insured resides at the time the application is written: Alabama, Alaska, Arizona, Colorado, Florida, Georgia, Idaho, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Mississippi, New Hampshire, New Mexico, North Carolina, Oklahoma, Puerto Rico, South Carolina, South Dakota, and West Virginia.

Enterprise Authorization Form must be signed by the Proposed Insured.

Military Personnel

Our long-standing policy is to support our men and women in the military. We will continue to accept Proposed Insureds for life insurance who are members of the United States Armed Forces.

This policy extends to Proposed Insureds that are in the active military or military reserve services, including those in National Guard Units and those who have received orders to report to trouble spots or areas of combat. The amount of coverage may be limited according to pay grade.

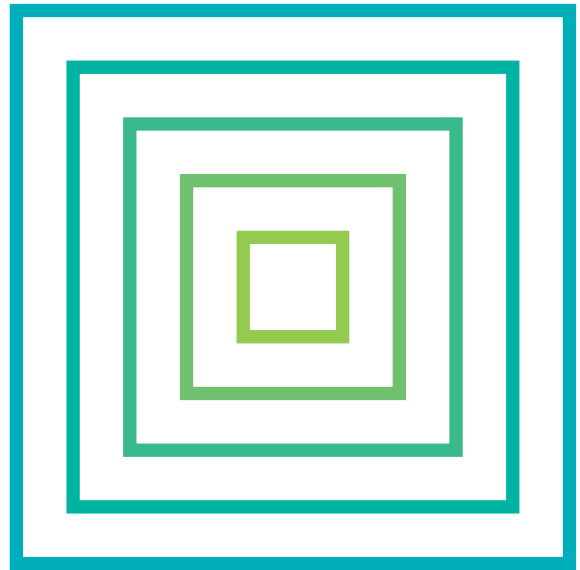
The solicitation, application, all underwriting requirements, and policy delivery must be completed in the United States.

NOTE: Check with Brighthouse Financial on the availability of any riders. Our life insurance policies generally do not include any war restrictions or exclusion clauses.

NOTE: Proposed Insureds involved in the following military Special Forces may not be considered for insurance:

- Army Rangers
- Delta Force
- U.S. Army Special Forces
- Navy SEAL or Navy Special Warfare Development Group
- Marine Corps Force Reconnaissance
- Air Force Special Forces

Life insurance coverage is not available to civilians employed by private military contractors who are working in or with an assignment to a war zone.



Contact Information

For questions about the Personal History Interview (PHI) or to schedule a PHI for your client, please call **800-828-3815**.

For questions about Tele-Application (TeleApp) interviews, please call **877-498-0657**.

The toll-free number for clients to call to complete the PHI is **800-828-3815**.
You may also send Policy Change inquiries to nblife@brighthousefinancial.com

Like most insurance policies, Brighthouse Financial policies contain charges, limitations, exclusions, termination provisions and terms for keeping them in force. Contact your financial representative for costs and complete details.

Brighthouse Premier Accumulator Universal Life is issued by, and its product guarantees are solely the responsibility of, Brighthouse Life Insurance Company on Policy Form 5-39-17, and, in New York only, by Brighthouse Life Insurance Company of NY ("Brighthouse Financial") on Policy Form 5-39-17-NY. MetLife is a registered service mark of Metropolitan Life Insurance Company (with its affiliates "MetLife"), and is used under license to Brighthouse Services, LLC, and its affiliates. Brighthouse Financial and MetLife are not affiliated and product guarantees are not backed by MetLife.

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- Not Guaranteed By Any Bank Or Credit Union • May Lose Value

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