

Request for Accelerated Premium Option (APO)

Things to know before you begin

- Use this form to request the Accelerated Premium Option (APO).
- Please complete this form in its entirety to avoid any delays in processing.
- If you need assistance in completing this form, please call your representative, sales office, or the appropriate number listed under How to Submit this Form.

The Company indicated in this section is referred to as "the Company".

Brighthouse Life Insurance Company

SECTION 1: About the ov	/ner					
Type of Owner: Individual or Trust/Business entity		Policy number				
f Individual or Co-Owner:						
First name	Middle name	Last name				
Phone number	Social Security number	E-Mail Address				
Co-Owner						
First name	Middle name	Last name				
Phone number	Social Security number	E-Mail Address				
If trust/business entity own	er:					
Name of trust		Date executed (mm/dd/yyyy)				
Name of business entity		Tax ID number of trust/business entity				
Trust/Business entity contact	person					
First name	Middle name	Last name				
Phone number	E-Mail Address					

Please provide the on Number and street/Pos	owner's current address: t office box				
City				State	ZIP
				-	
SECTION 2: About	the insured				
First name	Middle name		Last name		
	<u> </u>				
I authorize a withdrawa Rider (Enricher®), and the above policy beginn I understand that future Dividends Accumulated situations, it may not be paying premiums in accumulated to be paying premiums in clude. Decrease in future diversity of the A loan or withdrawal for the local interest not paid.	idends. om the policy cash values. my Flex Term Rider term insura out-of-pocket. values of the dividends, the l hat year, I will pay the premiu	ridends, the Rider (Flee ary using the and that the distribution of the Flex withdrawal ment provision of the Rider (Flee and Flee and Fle	e Option to Pu ex Term Rider), ne "Accelerate e values of the Term Rider al from policy va sion of the pol	to pay the and Premium and Additional resubject to all ues and I reicy.	annual premium for Option." Insurance, the ochange. In certain may have to resume
premiums will be char	exists on my Flex Term Rider at aged to zero. If the rider was cover will end when the policy is put of	ered by a			
Any guarantee on the not paid into that rider	Flex Term Rider death benefit non that anniversary.	may be los	t if any require	ed out of po	cket premiums are
SECTION 4: Chang	ge of dividend option				
The following dividend of Premium Option:	options are not available when a	a policy's p	oremiums are	being paid l	by the Accelerated
Premium Reduction					
• Cash					
 Reduce Loan 					

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• Apply to Loan Interest

I request a Change of Dividend Option for Future Dividends to:

☐ DWI – To accumulate at such rates of interest the Company declares each year.

 $\ \ \square$ AI – To purchase paid-up additional insurance.

SECTION 5: Signatures

Signature of owner		Title (If you are acting in a representative capacity)					
Print name of individual signing First name				Last name			
Signed at city			State	Date (mm/dd/yyyy)			
Signature of co-owner			Title (If you are acting in a representative capacity)				
Print name of individual signing First name	 Middle name		Last name				
Signed at city			State	Date (mm/dd/yyyy)			
For sales office use only	resentative ID	Date (mm/dd/yyyy)					
Sales representative First name	Middle name	L	.ast name				
SECTION 6: How to submit this form							

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Fax:

All Life Policies

1-401-827-2225

Brighthouse Life Insurance Company

P.O. Box 391

Warwick RI 02887-0391

Phone:

1-800-638-5000