



The Life Underwriting Guide

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Life Underwriting



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Medical Underwriting Requirements

Medical Underwriting Requirements

The following requirements are for traditional underwriting of life insurance applications:

Amounts ¹	Ages ²					
	15-17	18-40 ³	41-50 ³	51-55 ³	56-60 ³	61+ ³
Up to \$99,999	Non-Medical	Non-Medical	Non-Medical	Simple Paramed Urine Specimen	Simple Paramed Urine Specimen	Simple Paramed Urine Specimen
\$100,000 to \$249,999	Non-Medical	Non-Medical Blood with Urine Specimen	Simple Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$250,000 to \$500,000	Non-Medical	Simple Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$500,001 to \$999,999	Non-Medical	Simple Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$1,000,000	Non-Medical	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$1,000,001 to \$2,500,000	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$2,500,001 to \$4,999,999	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$5,000,000 to \$9,999,999	Paramed Blood with Urine Specimen	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen
\$10,000,000 and over	Paramed Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen	Paramed + EKG Blood with Urine Specimen

¹ Amount should include total Net Amount at Risk life insurance coverage issued on the proposed insured 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 policyowner can choose to exercise in the future, but not including Accidental Death benefits.

² Requirements are based on age at nearest birthday. Ages 0 through 14 are non-medical. A Prescription History Database is ordered for all cases. Joint Life Policies — Generally, we will medically underwrite each proposed insured for the greater of one-half the total policy amount requested or \$250,000. Blood and urine specimens are required for both insureds. The remaining medical requirements will be ordered on each proposed insured based on one-half the total policy amount. Consumer Report requirements, financial justification, and reinsurance, when applicable, for each proposed insured will be based on the total policy amount. The amounts of certain riders or benefits may increase the amount used for underwriting purposes.

³ If a Tele-Application is completed for proposed insureds ages 69 and below, a simple paramed is to be done in lieu of a full paramed. A full paramed exam is still required at ages 70 and up.

Note: Based on the proposed insured's medical history and underwriting review, additional requirements may be ordered in addition to those listed in the table above.

Criteria Guidelines

Elite Plus (Nonsmoker): Ages 18-75, \$250,000 and over (where available).*

Elite (Nonsmoker): Ages 18-80, \$250,000 and over (where available).*

Preferred (Smoker or Nonsmoker): Ages 18-80, \$100,000 and over.*

* For proposed insureds ages 81 and above, the best class available is Standard. No table ratings are allowed.

* Criteria noted above is a general guideline — specific age ranges, durations and face amounts may vary based on state and product guidelines.

Criteria	Elite Plus	Elite	Preferred Nonsmoker	Preferred Smoker
Height + Weight	Use Adult Height and Weight Limit Table on Page 4			
Blood Pressure				
Ages 40 and under	130/80	140/85		45/90
Ages 41-54	135/85	140/85		145/90
Ages 55-69	140/85	140/90		150/90
Ages 70 and over	140/90	145/90		155/90
	No medication within the last 12 months (under age 55)	No medication within the last 12 months (under age 41)	Current medication acceptable for all ages	
Blood and Urine Profile	Some variances qualify	Some variances qualify	Some variances qualify	
Cholesterol/Ratio				
Ages 54 and under	220/4.5	240/5.0		260/6.0 or 280/5.5
Ages 55-69	230/4.5	260/5.5 or 280/5.0		280/6.5 or 300/6.0
Ages 70 and over	150-240/5.0	150-280/5.5 or 150-300/5.0		150-300/7.0 or 150-310/6.5
	Current medication OK if acceptable level maintained for at least 12 months (all ages)		Current medication acceptable (all ages)	
Personal History <i>(Subject to documentation of good health)</i>	No FEPs No history of diabetes May be available with some history of cardiovascular disease and certain cancers		No FEPs No history of diabetes May be available with some history of cardiovascular disease and certain cancers	
Aviation Avocation Occupation Foreign Travel Residence or FEPs	Experienced private and commercial pilots with no ratable aviation activities under age 70 No ratable Avocations, Occupations or Foreign Travel Exclusion Riders acceptable where available No Foreign Residence, except Canada, No medical FEPs		Aviation, Avocation, Occupation FEPs or Exclusion Rider acceptable No ratable Foreign Travel or Foreign Residence FEPs, No medical FEPs	
Driving History	No DWI convictions within past 5 years Elite Plus — Maximum of 1 moving violation within past 3 years Elite — Maximum of 2 moving violations within past 3 years		No DWI convictions within past 5 years Maximum 3 moving violations within past 3 years	
Substance Abuse (Alcohol/Drugs)	No history or treatment in past 15 years		No history or treatment in past 10 years	
Family History <i>(Not applicable to proposed insureds age 66 and over)</i>	No death from Cardiovascular Disease or Cancer (some cancers may qualify) in parent or sibling prior to age 60 Elite Plus ages 50-65		Elite ages 40-65	Preferred Nonsmoker ages 40-65 Wellness credit not available
	A "wellness" consideration may be allowed for proposed insured to offset one early family history death due to cardiovascular disease or cancer.			
Nicotine/Tobacco	No nicotine use (any form) for past 60 months and negative nicotine test	No nicotine use (any form) for past 36 months and negative nicotine test A celebratory cigar (limited to 4 per year) with negative nicotine test	No cigarettes/tobacco substitutes in the past 24 months and negative nicotine test	Current use or within 12 months or positive nicotine test Use 13-24 months ago with negative urine test may be Standard Non Smoker

Table Acronyms: **DWI** = Driving While Intoxicated, **FEP** = Flat Extra Premium

Other medical/non-medical risks not listed above may preclude the Preferred classes. Values listed represent the maximum allowable.

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Criteria Guidelines

Standard (Nonsmoker, Smoker and Juvenile Standard).*

Criteria	Standard
Height + Weight	Use Adult Height and Weight Limit Table on Page 4
Blood Pressure	
Ages 15-39	160/90 or less
Ages 40-49	165/90 or less
Ages 50 and over	170/90 or less
	Current medication acceptable for all ages
Blood and Urine Profile	Some variances qualify
Cholesterol/Ratio	
Ages 0-44	300 or less and Ratio 9.6 or less or Over 300 and Ratio 8.0 or less
Ages 45-65	350 or less and Ratio 9.6 or less or 351-400 and Ratio 8.0 or less
Ages 66 and over	150-350 or less and Ratio 10.5 or less or 351-375 and Ratio 9.6 or less
Personal Health History	Average risk with or without an FEP, not substandard
Flat Extra Premiums (FEPs)	FEPs acceptable. Exclusion Riders acceptable where available
Driving History	Average risk with or without an FEP, not substandard
Substance Abuse (Alcohol/Drugs)	No history or treatment in past 10 years
\$125,001 and over	

* Other medical or non-medical risks not listed above may preclude consideration for the Standard class. Values listed in chart generally represent the maximum allowable.

Adult Height and Weight Limit Table

Use the following table to provide clients with an indication of the potential premium class they may qualify for. The weights shown represent the maximum allowable weight for each class.

Qualification for any classification is subject to review of all underwriting requirements.

	Elite Plus		Elite		Preferred		Standard
	M	F	M	F	M	F	
4' 8"	125	121	132	125	143	137	173
4' 9"	130	125	136	130	148	141	179
4' 10"	135	130	141	135	153	146	185
4' 11"	139	134	146	139	158	152	192
5' 0"	144	139	150	144	164	157	198
5' 1"	149	144	154	149	169	162	205
5' 2"	151	148	158	153	175	166	212
5' 3"	156	151	162	157	180	169	219
5' 4"	161	156	166	161	185	175	226
5' 5"	166	161	171	166	191	180	233
5' 6"	170	164	175	170	197	185	240
5' 7"	174	169	179	174	203	189	248
5' 8"	179	174	184	179	209	194	255
5' 9"	182	178	188	183	215	199	263
5' 10"	188	183	193	188	220	204	271
5' 11"	193	189	198	193	226	210	278
6' 0"	199	194	204	199	232	216	286
6' 1"	204	200	209	204	237	221	294
6' 2"	210	205	214	210	243	228	303
6' 3"	215	211	220	215	249	234	311
6' 4"	221	216	226	221	255	240	319
6' 5"	227	222	232	227	261	246	328
6' 6"	233	228	238	233	267	253	336
6' 7"	239	235	244	239	273	259	345
6' 8"	245	241	251	245	279	266	354
6' 9"	251	247	257	251	285	273	363
6' 10"	258	253	263	258	291	279	372
6' 11"	264	259	270	264	298	286	381

Routine Attending Physician Statement Guidelines

Ages	Check-Up within 12 Months*	Check-Up within 13-24 Months*
0-14	\$500,000 and over	Not applicable
15-50	\$2,500,000 and over	Not applicable
51-60	\$1,000,001 and over	Not applicable
61 and over	\$100,000 and over	\$100,000 and over

* In general, physicals done solely for the purposes of employment, camp, adoption, or office visits for minor complaints such as allergies, colds, rashes, back sprains, etc., should not be obtained. If you have any question on whether the APS should be obtained, please contact your Life Underwriter.

A check-up done in anticipation of completion of an application for insurance will not satisfy this APS requirement. Underwriting may also order an APS at its discretion or for cause.

Routine Medical Care/ Standard of Care

Generally, the definition of **Standard of Care** would be appropriate evaluation and testing as indicated by the age, gender, general health, and family history of the insured as well as other factors deemed pertinent by the proposed insured's care provider; this includes gender and age appropriate cancer screenings. The Company will review Standard of Care guidelines for the United States and foreign entities as appropriate and update when necessary. For details on current Standard of Care guidelines, please contact a Chief Underwriter.

Shelf Life of Underwriting Requirements

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

- For ages 69 and below: The full blood profile, urinalysis, examination, telephone interview/ personal history interview, and resting EKG are generally acceptable for 12 months.
- Age 70 and above: The full blood profile, urinalysis, examination, and telephone interview/ personal history interview are generally acceptable for six months. A resting EKG is 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).

Non-Medical Underwriting Requirements



Telephone Surveys And Consumer Reports

Personal History Telephone Interview (PHI)

High Net Worth Interviews	Will be completed on all applications with financial underwriting amounts of \$5,000,001 or higher. In addition, at age 70 and above for amounts of \$1,000,001 through \$5 million inclusive, a routine PHI will be scheduled.
Third Party Verification Interviews	Will be completed on all applications with financial underwriting amounts of \$5,000,001 or higher to verify the financial information provided by the client.
Business Beneficiary Interviews	<p>Will be required as follows:</p> <ul style="list-style-type: none"> • Ages 18-69: Financial underwriting requirements of \$5,000,001 and higher. • Ages 70 and higher: Financial underwriting amounts of \$500,001 and higher. • May be ordered at the underwriter's discretion depending on details of the case. <p>Note: On those cases involving a business owner or purpose, a PHI Business Beneficiary Report will be required.</p>
Non U.S. Citizens Living in the U.S.	Will be completed on all applications with financial underwriting amounts of \$1,000,000 or greater.
Non-Resident Aliens	Will be completed on applications with financial underwriting amounts of \$5,000,001 or higher, if a tele-application has not been completed.

Based on the proposed insured's non-medical or medical risk factors, the underwriter may request a tele-interview for cause. Based on individual circumstances, the interview will be limited to the specific risk factors that require additional clarification to be appropriately considered.

Note: We make every effort to contact your client only once during the underwriting process.

Consumer Reports

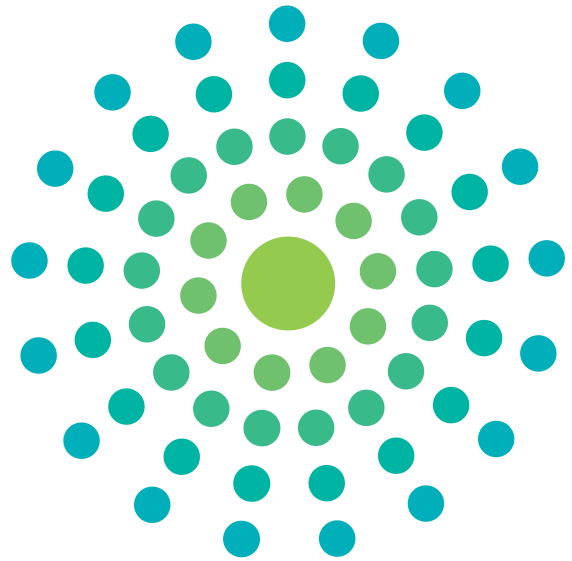
Ordering and receipt of all reports will be completely automated between our underwriting system and the third party vendor(s) providing the report.

Electronic Inspection Reports (EIR)	Will be required as follows: <ul style="list-style-type: none">• Ages 18-69: Financial underwriting requirements of \$5,000,001 and higher.• Ages 70 and higher: 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	Will be required as follows: <ul style="list-style-type: none">• All cases over \$5 million for all ages.• May be ordered at the underwriter’s discretion depending on details of the case.
Business Credit Reports and Comprehensive Business Reports	Will be required as follows: <ul style="list-style-type: none">• Ages 18-69: Financial underwriting requirements of \$5,000,001 and higher.• Ages 70 and higher: 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	Reports such as criminal background checks and Dun & Bradstreet reports may be ordered at the underwriter’s discretion utilizing the same automated process.

Motor Vehicle Records (MVR)

Routine driving records will be ordered for all persons proposed for insurance age 16 and over. The driver’s license number(s) should be included on 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 insureds, owners, and third party premium payors as shown below. For third party payors, the age of the insured, or owner if different, will determine whether a PFIS is required for a payor.

Product	Age	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 suggested at the same amounts as the Personal Financial Information Supplement (PFIS). IRS transcripts are ordered routinely as follows, required for:

- Amounts of \$10,000,001 and higher for applicants age 18-69.
- Amounts of \$500,001 and higher for applicants age 70 and older.

It is highly encouraged to continue to submit the 4506-T when the PFIS is required to avoid having to go back to client if the form is needed for cause.

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 your clients. 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 insured. Unique case presentation may require consultation with the Chief Underwriter.

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 insured's income potential, estate growth and make-up, and whether or not the case has features covered under our guidelines for Future Inheritance presentations.

Generally, the underwriter will consider the amounts available to the insured under each need presented, and offer the amount most in keeping with the overall purpose of the insured's financial plan and picture, and Ultimate Total Line of coverage. Stacking the total of each proposed need is generally not appropriate.

Please note the following:

- 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, or savings or other net worth, there should be a minimum household earned income of \$15,000. The limit applies to the insured as well as to the 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 client (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, 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.
- Expenses associated with a business in probate.

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Premium Affordability

The following charts are 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 insured wishes to meet, and the total premium outlay on all inforce and applied for life insurance products.

Income Guidelines for Recurring Premium Structures

Income* or Net Worth	Age of Insured	Premium/Income Ratio Should Not Exceed	
		Universal Life Whole Life	Term Provider Universal Life Variable Universal Life
Income less than \$50,000 OR Net Worth less than \$200,000	64 or younger	10%	10%
	65 or older	5%	5%
Income \$50,001–\$100,000 OR Net Worth \$200,001–\$500,000	64 or younger	15%	15%
	65 or older*	10%	10%
Income \$100,001–\$150,000 OR Net Worth up to \$1,999,999	64 or younger	20%	20%
	65 or older*	15%	15%
Income over \$150,000 OR Net Worth \$2,000,000 or more	64 or younger	25%	20%
	65 or older*		15%

* Income generally includes verifiable annual earned and unearned income of the applicant.

REMEMBER: Premium payor should have an interest in the continued life of insured. On cases where the payor/owner is other than the insured, or a trust, we do need to verify appropriateness and/or insurable interest of the arrangement. Premium suitability must be demonstrated for the total premiums payable by any payor for the total life insurance premium on all policies. For example, if an adult child is paying the premiums for the insured parent, the adult child must demonstrate s/he can afford to pay the premiums for their personal coverage in addition to the coverage they are applying for on their parent.

Short Duration Premium Plans

Any short duration premium must fit within the context of the insured's larger and comprehensive financial plan, and cannot be accepted in isolation.

Short Duration Premium Plans

Net Worth	Age of Insured	Premium/N.W. Ratio Should Not Exceed
Net Worth less than \$200,000	64 or younger	10%
	65 or older	5%
Net Worth \$200,001–\$500,000	64 or younger	15%
	65 or older	10%
Net Worth \$1,000,001–\$1,999,999	No age restriction	25%
Net Worth \$2,000,000 or more	At ages > 70, only free assets may be reallocated	33%

Note: Short Duration is generally defined as 10 or less premium-paying years or a maximum of ½ Life Expectancy. PAUL products are Short Duration Premiums Plans.

Short Duration Premiums in Ages 70+

Evaluating these risks requires a higher degree of scrutiny to ensure that the planned premiums are appropriate in context of the overall picture of the insured'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 the applicant 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 insured'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. In all cases, amounts must meet the tests of suitability and affordability.

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 child in a family may claim the parent as a dependent.

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

Dependent Child: All states other than New York

Amount of Insurance in Force and Applied For	Coverage Needed on Parent/Family Head
0 - \$1,000,000	Equal amount
\$1,000,001 and over	Requires consultation with a Chief UW before submission and generally will not be considered

Dependent Child: State of New York

Dependency rules are not applicable if a child is applying for the following coverage: college students (\$100,000) and graduate students (\$500,000), even if there is no coverage in force or applied for on the head of household. Generally, individuals that are pursuing advanced degrees and are nearing graduation with clear future employment opportunities may be underwritten on the basis of that future employment and income.

NOTE: In the state of Washington, the insurance amount on a dependent child cannot exceed the current household income. Consideration of students whose head of household has no coverage is also limited to annual household income.

Age of Child	Amount of Insurance In Force and Applied For	Multiple of Coverage Needed on Parent/Family Head
0-4½	Over \$50,000	4 times
4½-14½	Over \$50,000	2 times
Over 14½	\$50,001 to \$1,000,000	Equal amount
All ages	\$50,000 or less	Equal amount
All ages	\$1,000,001 and over	Consult your underwriter before submitting

Neither accidental death and dismemberment insurance nor credit card insurance should be counted in determining whether the family head has sufficient coverage under NY law to qualify the minor for the amount of insurance requested.

Retention and Reinsurance

Retention*	\$20 million
Automatic Binding Limit:* The amount the company can automatically bind the reinsurer without the reinsurer's prior approval.	\$60 million \$25 million (Aviation Risks) \$15 million (Foreign Residents: "A" List countries only – not all qualify) \$10 million (Professional Athletes)
Jumbo Limit:* The sum of all in force coverage and pending applications with all companies.	\$65 million

* Graded down by age and underwriting class. Other restrictions may apply.

Note: Additional Capacity over the Jumbo Limit may be available. Contact your Life Underwriter for details.

Coverage Continuation Rider (CCR)

Future face amount increases will be limited to two (2) times the current, in force face amount up to \$5,000,000. This rider was generally available on our Guaranteed Advantage Universal Life product.

Disability Waiver Retention Limits

Aggregate amount in force and applied for with all Brighthouse Financial companies. Cases rated table D-F are limited to \$500K. DW not available for ratings table H and higher. Includes all disability waiver riders and benefits on individual life policies offered by the company.

Age	Amount
0	\$300,000
1-14	\$750,000
15-59	\$5,000,000

Accidental Death Benefit Limits

(Aggregate amount in force and applied for with all companies, not just Brighthouse Financial companies.)

ABD Rating	Age Under 20	Age 20-24	Age 25+
1	Over \$50,000	\$300,000	\$500,000
1.5	Over \$50,000	\$200,000	\$300,000
2.5	\$50,001 to \$1,000,000	\$100,000	\$200,000
4	Not available	\$50,000	\$100,000

Underwriting Guidelines



Foreign Risks

Clients that 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 clients 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)

In order to write a life insurance policy on a United States and non-United States citizen residing outside of the United States, we must comply with United States and the resident country's laws and insurance regulations to protect you and our customers.

For residents of Mexico, a more stringent set of parameters exists to be fully compliant with Mexican and United States laws and rules of suitability.

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.

Please refer to the Multinational Planning Guide for comprehensive details.

Citizens of a Foreign Country Who Reside in the United States: Non-U.S. Citizens Living in the U.S.

To be considered for coverage, these residents must have demonstrated significant ties to the U.S., intentions to remain permanently in the U.S., and whose mortality assumptions are in line with the expected mortality of U.S. residents.

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

Permanent Visa holders are considered to have effectively demonstrated significant ties to the U.S. 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 2 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 U.S., should be evaluated using Foreign Resident guidelines. Note that Temporary Visa holders of C08, 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 admission into the U.S.

Underwriting Requirements

Use normal underwriting guidelines for legal residents living in the U.S. for more than 24 months. 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.
Permanent Visa holder A and B country of origin: Use 6-12 month guidelines	Temporary or Permanent Visa holder A and B country of origin	Temporary or Permanent Visa holder A, B, C, D country of origin
Temporary Visa holder A, B, C country: Default to Foreign Resident Guidelines	Standard Age/Amount medical requirements apply to include at a minimum, a paramed exam, blood with hepatitis screen, and HOS for all amounts	Use 6-12 month guidelines but note improved handling for C and D countries

< 6 months in U.S.	6-12 months in U.S.	13-24 months in U.S.
<p>Any Visa type</p> <p>D country of origin: Decline</p>	<p>Acceptable Foreign Risk Questionnaire that demonstrates realistic intent to stay in the U.S. (property owner, business owner, children/family in the U.S.). If intent to stay is not demonstrated, apply Foreign Resident Guidelines.</p> <p>Gainfully employed head of household. For ages < 18, follow dependency guidelines.</p> <p>Copy of valid Visa (if expiring in next 6 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 U.S. 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>< age 50 preferred classes may be considered as otherwise qualified. >= age 50, must have APS demonstrating appropriate medical standard of care for preferred class consideration.</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 autobound if above criteria is met. Temporary Visa holders from D countries require facultative reinsurance.</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 below 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.

A Travel Exclusion Rider is available in some states.

Country Code	U.S. and Canadian Residents	Countries
A	<p>Up to 6 months of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> All classes and plans available; disability waiver and accidental death considered on individual basis. No extra charge for travel risk. <p>Travel more than 6 months, considered as foreign resident:</p> <ul style="list-style-type: none"> Total coverage available up to \$60 million. Jumbo limit to \$65 million. <p>For travel beyond 12 weeks to 6 months:</p> <ul style="list-style-type: none"> Jumbo limit \$40 million. Total coverage available up to \$15 million. <p>Permanent Residents (if acceptable based on foreign resident guidelines):</p> <ul style="list-style-type: none"> Total coverage available up to \$15 million. 	<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, Costa Rica, Croatia, Cyprus, Czech Republic, Denmark, Dominica, Ecuador, Estonia, Falkland Islands, Finland, France, French Polynesia, Germany, Gibraltar, Greece, Greenland, Grenada, Guadeloupe, Guam, 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, Virgin Islands.</p>
B	<p>Up to 12 weeks of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> All classes and plans available; disability waiver and accidental death considered on individual basis. No extra charge for travel risk. Jumbo limit \$40 million. Total coverage available up to \$30 million. <p>Over 12 weeks of travel:</p> <ul style="list-style-type: none"> No extra charge for travel risk. Retention limit \$5 million. Autobind limit \$15 million. Jumbo limit \$40 million. <p>Permanent Residents:</p> <ul style="list-style-type: none"> Best class available: Preferred. 	<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 Fatuna.</p>
C	<p>Up to 12 weeks of travel in a 12-month period may be considered.</p> <ul style="list-style-type: none"> All classes and plans available; disability waiver and accidental death considered on individual basis. No extra charge for travel risk. Jumbo Limit \$40 million. Total coverage available up to \$15 million. <p>Over 12 weeks of travel:</p> <ul style="list-style-type: none"> Individually considered subject to obtaining facultative reinsurance. <p>Permanent Residents:</p> <ul style="list-style-type: none"> Best class available: Standard. 	<p>Algeria, Armenia, Azerbaijan, Bhutan, Bolivia, Botswana, Columbia, 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 are 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 risk classes.

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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 application and all underwriting requirements 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.

Underwriting Programs

Contact your life underwriting team for additional information.

MetEdge Facultative Reinsurance Program

MetEdge is a special facultative reinsurance program that allows certain cases that would be rated Table B (or have a flat extra of \$2.50) for one or two minor medical impairments or non-medical risks to be upgraded to Standard. All life products, including survivorship, rated Table B due to one or two minor medical impairments or non-medical risks are automatically sent to the participating reinsurer for a maximum of \$10 million at ages 18-70. (Maximum amounts are aggregate in force and applied for.) On the survivorship product, we improve the rating on the Table B life even if the other life is uninsurable.

The reinsurer will evaluate the application to see if the offer can be improved. If the reinsurer agrees to the better rating, your client wins. If the reinsurer cannot improve the rating, your client still wins because the original Brighthouse Financial offer remains “on the table.”

MetEdge FAQ

Does MetEdge program use reinsurers?	Yes	
Which products are eligible?	All individual retail life products that are traditionally underwritten including survivorship life.	
What are the eligible face amounts?	\$100,000 to \$10,000,000	
What abnormal lab results are eligible?	<ul style="list-style-type: none"> Abnormal blood sugar (ages 50+, nonsmoker) Anemia Cholesterol/HDL ratio Kidney Function (GFR) (no prior history of elevations) 	<ul style="list-style-type: none"> Liver enzymes (no prior history of elevations) Microalbuminuria Proteinuria Triglycerides
What medical impairment combinations are eligible?	<ul style="list-style-type: none"> Blood pressure and total cholesterol Build and blood pressure Build and total cholesterol 	
What medical impairments are eligible?	<ul style="list-style-type: none"> Anxiety Asthma (nonsmoker) Atrial fibrillation and flutter Atrial septal defect Barrett’s Esophagus (certain restrictions apply) Bicuspid Aortic Valve Blood pressure Build Coronary artery disease as indicated by EBCT Crohn’s disease 	<ul style="list-style-type: none"> Depression (certain restrictions apply) Diabetes – Type II (Ages 50+, nonsmoker) EKG (T-wave abnormalities) Epilepsy Mitral insufficiency Rheumatoid arthritis Skin tumors Sleep apnea Surgical treatment of obesity (bariatric surgery) Thyroid Ulcerative colitis
What non-medical risks are eligible? (assuming flat extra of \$2.50 or less)	<ul style="list-style-type: none"> Aviation (private) (certain restrictions apply) Foreign travel (< 4 months/year, no missionary travel) 	<ul style="list-style-type: none"> Motor vehicle violations Scuba diving Some high risk occupations

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Enhanced Rate PlusSM

Enhanced Rate PlusSM offers clients potentially more value in their policy with fewer underwriting steps. This innovative program offers qualifying applicants the opportunity to move from Standard to best possible rating class and receive an underwriting decision within one week with no paramedical exams or lab work required.²

To apply for the program, a financial professional must complete an Express Order Ticket (Tele-Application) and after the telephone interview with the client, the Call Center representative will send the information to Underwriting to determine whether the client may qualify for the program. To learn more about the program process, please refer to the Enhanced Rate Plus Program Guide.

Term Conversions with Enhanced Rate Plus:

All parameters for ERP must be met by the insured (please see qualifications within the Enhanced Rate Plus Program Guide). If the face amount requested for conversion is above the ERP maximum limits, only a partial term conversion will be allowed, assuming all other criteria are met.

- The original policy must have been issued at Standard Nonsmoker or better.
- The original policy cannot be facultatively reinsured.
- The original policy must have been issued within 36 months of the conversion application date.
- The insured completes the long form change application in full (including the Part 2 Medical Supplement section).

The policy is not to be combined with review for better class consideration. A case cannot be considered that has had its rate improved to the point where it is now within the parameters of ERP. We will not underwrite if the case does not pass ERP.

¹ This is not a Guarantee to Issue program. Each proposed insured has to meet individual eligibility requirements to be considered for Guaranteed Issue underwriting.

² All eligible clients who qualify for Standard rates without an extra premium will receive the upgrade. Clients with certain factors – including, but not limited to, ratable medical impairments and other health or lifestyle risks that require an extra premium – do not qualify for Standard rates or program upgrades and must undergo full underwriting.

Change Underwriting



Term Conversions

The Internal Term Conversion Program offers clients the contractual right to convert term insurance policies issued by Brighthouse Financial and affiliated companies to a new permanent life insurance product (excluding Private Placement, Premium Financing, and COLI products) within the specified conversion period. Before converting into a permanent product, be sure that the term coverage is eligible for conversion and the policy is paid up-to-date. Listed below are guidelines and requirements for both term conversion and term riders:

Term Conversions

- In most cases, no medical examination will be required for conversion from our term product to a permanent life product which allows your clients to keep the same or equivalent underwriting class issued for the term policy.
- All risk classes are eligible.
- Partial conversions are available; however, the remaining balance of term coverage must be above the term policy's minimum issue limit.
- Riders included in the conversion provision may be carried to the permanent policy; provided however, they are available on the permanent policy. Any riders not part of the original term policy will be fully underwritten.

Converting Term Riders

- Term riders that are eligible for conversion may be transferred over to our permanent products, where available.
- The insured's signature on the conversion application, or other form of written consent of the insured to the conversion, is required in all cases where the insured does not own the policy.

Underwriting

Underwriting requirements vary depending on the owners' preferences for converting their term policies to permanent policies.

Underwriting is not required under these circumstances:

- Contractual term conversion or current company offer.
- No additional policy riders requested on the permanent policy except those that are contractually convertible.
- Permanent life insurance face amount is equal to or less than the converting term policy.
- New plan has the same (or comparable) risk class as the converted term policy.
- Changing policy ownership.

Underwriting will be required under these circumstances:

- When the requested increase in coverage exceeds the term coverage.
- Conversion of non-convertible rider.
- Benefits or riders are requested to be added to the permanent policy.¹
- Request for a better underwriting class.

Change to Nonsmoker Rates on Inforce Business

To be considered for nonsmoker rates on inforce business, the following guidelines must be met:

- Quit tobacco use 12 months but less than 24 months = Standard nonsmoker.
- Quit tobacco use 24 months and qualified preferred on original policy = Preferred nonsmoker.
- Request to underwrite better than Preferred nonsmoker may require full labs, otherwise urine is required for cotinine testing.
- If there has been a change in health and a different base rating class would be required, the rate change request will not be approved.

Change to Better Class on Inforce Business

For ALL better class requests, the following items are needed:

- Change Application with fully completed medical risk questions to include the proposed insured's height and weight.
- Current MIB check.
- Original application file and any associated change application files for review.

Upon underwriting review of the change request, a determination will be made to verify if the change request can proceed, and what requirements will be needed to complete the change request. Any additional requirements will be subject to the total enterprise risk, which includes all Brighthouse Financial inforce coverage, applied for coverage, certain riders, and benefit amounts. Change requests are also subject to retention and jumbo limits.

If the inforce policy was reinsured facultatively, it will be necessary to contact the reinsurer to determine whether the better class can be considered, and if any additional requirements would be necessary.

¹ If converting to Whole Life with The Enricher rider, the underwriting amount of the Enricher is the net amount at risk, which is the difference between the Enricher coverage and the first-year Enricher premium payments.

Administrative Guidelines



Temporary Insurance

When it's Available

Temporary Insurance (TI) provides for a death benefit for the proposed insured should he or she die while the application is being underwritten. Also, if the health or insurability of the proposed insured changes once TI has started, the company will consider the health of the proposed insured as of the date TI began. The TI death benefit/freezing of insurability will be for the amount applied for, but never more than \$1,000,000 (\$2,000,000 for survivorship policies) under all TI receipts issued by Brighthouse Financial companies.

To be eligible for TI, the proposed insured must be at least 14 days old and never have received treatment 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 Temporary Insurance Agreement (TIA). The traditional TIA (form number ETIA-8-07) is part of the Client Package, is signed and dated only by the producer, and is left with the client. A separate TIA (form number ETIAET-57-08 or the ETIAET-57-13-MD for the State of Maryland) is available for Tele-Application cases. It is part of the Tele-Application Forms Package and is signed by producer, insured, and owner. One copy is left with the 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 Temporary Insurance coverage to be in effect, we must receive payment of at least one-twelfth of the annual premium amount or one of the following, if applicable: an Initial Premium Draft per Electronic Funds Transfer form, a Salary Deduction form, a Government Allotment form, or for ERISA qualified plans, an Employer Group Number on the application (a completed Commission Disclosure form must have been provided to the plan trustee).

Assuming that one of the above has been satisfied, TI coverage will begin on the date of the application or the exam (if required), whichever is later. The exam need not have been completed for TI coverage to be in effect if death is the result of an accident and occurs within 30 days of the application. Generally, TI coverage will be in effect (1) until the policy applied for is in effect or is not accepted, (2) until we decline the application or refund the premium, or (3) 120 days from the date of the application.

Owner/Beneficiary Appropriateness

The beneficiary designation should clearly reflect the purpose of the coverage and that there is an insurable interest. The beneficiary's insurable interest 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 Owned Life Insurance (IOLI), including "non-recourse premium financing," Stranger Owned Life Insurance (STOLI) or Charity Owned Life Insurance (CHOLI), where the intention of the proposed 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.

Policy Dating Guidelines

Below are the procedures for dating life insurance policies submitted with either advance payment or cash on delivery (COD) applications:

Advanced Payment Applications

- When advanced payment is collected with an application, the policy effective date will match the date of issue unless a specific date or save age 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 insured's date of birth (both insureds for survivorship policies). Brighthouse Financial uses an "age nearest" issue age, meaning that the 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/Policy Delivery Requirements

All life insurance contracts 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.

Additional items:

- Altered amendments will not be accepted.
- If there has been notification of a change in health, the contract 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., owner lives or is domiciled in a state other than the insured). HIV Informed Consent Forms, if needed, are based on the proposed insured’s residence state.

Policy State and Application Guidelines

For new business and all conversions:

The application is based on owner’s current residence state.

For changes to existing enforce policy:

The application is based on the original issue state of the policy regardless of the current residence of the policy owner.

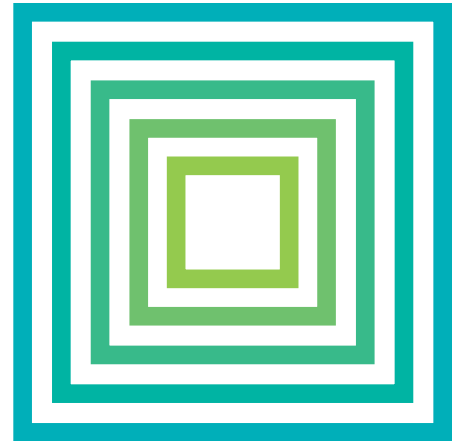
You must be licensed and appointed in the state in which the application is signed and the risk-resident state, if different.

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 insured (of legal age 18, which could be different than the application). Please note: the parent/legal guardian cannot sign as the witness of the application and for the minor insured. There should always be at least two different signatures (some states may vary).

Customer Identification Program



Know Your Customer Documentation Requirements

Required Identifying Information relates to the information furnished in the application.

Documentary Verification refers to customer identification documents.

Customer Identity Verification Procedures

No account may be opened until the customer's identity has been verified. Every customer's identity must be verified by documentary or non-documentary means as outlined in the procedures below.

Type of Customer

Individuals

U.S. Citizen or U.S. Permanent Resident
(green card holder)

Required Identifying Information:

(1) Name; (2) Date of birth; (3) Street address (residential or business): If a customer does not have a residential or business street address, then an Army post office or Fleet post office box number, or a residential or business street address of a next of kin or another contact person is acceptable. An ordinary post office box address is not acceptable. If a customer provides an ordinary post office box number, the representative must also obtain and record one of the forms of address mentioned above. Exception: If a customer participates in a state-created address confidentiality program (ACP), the customer should provide the street address of the state ACP sponsoring agency; and **(4) U.S. Social Security number:** If a U.S. citizen or U.S. permanent resident does not have a U.S. Social Security number or has applied for but not yet received one, the account should not be opened without prior approval from the AML Compliance Unit.

Documentary Verification: The representative/producer may verify the customer's identity by meeting with the customer in person and examining an original and unexpired copy of one of the following documents: (i) U.S. driver's license; (ii) passport; (iii) U.S. permanent resident card (green card); or (iv) any other unexpired government-issued identification document showing U.S. citizenship or U.S. residence and bearing a photograph. The type of document, as well as the state/country of issue, the document's identification number, and the issue and expiration dates, must be recorded in the appropriate section of the application or on the Statement of Client Information form.

Non-Documentary Verification: If documentary verification is not possible, the customer's identity may be verified by comparing the customer's information with information obtained from a consumer reporting agency, a public or vendor database, or other reliable source. The results of this effort must be maintained in the customer's file.

Non-U.S. Citizen (except U.S. permanent resident)

Required Identifying Information:

(1) Name; (2) Date of birth; (3) Street address (residential or business): If a customer does not have a residential or business address, then an Army post office or Fleet post office box number, or a residential or business address of a next of kin or another contact person is acceptable. Note: an ordinary post office box is not an acceptable form of address. If an ordinary post office box is given, the representative must also record one of the forms of address mentioned above; and **(4) Identification number:** at least one of the following numbers must be obtained: (i) U.S. Social Security number, (ii) individual taxpayer identification number (ITIN); or (iii) passport number and country of issuance. If a non-U.S. citizen does not have a U.S. Social Security number, a copy of one of the following documents must be submitted with the application and maintained in the customer's file: (i) passport; (ii) Employment Authorization Document; or (iii) any other unexpired government-issued identification document (except a foreign driver's license) showing nationality or residence and bearing a photograph.

Documentary Verification: The representative/producer may verify the customer's identity by meeting with the customer in person and examining an original and unexpired copy of one of the following documents; (i) U.S. driver's license; (ii) foreign passport; (iii) Employment Authorization Document; or (iv) any other unexpired government-issued identification document (except a foreign driver's license) showing nationality or residence and bearing a photograph. The type of document, as well as the state/country of issue, the document's identification number, and the issue and expiration dates, must be recorded in the appropriate section of the application or on the Statement of Client Information form.

Non-Documentary Verification: If documentary verification is not possible, the customer's identity may be verified by comparing the customer's information with information obtained from a consumer reporting agency, a public or vendor database, or other reliable source. The results of this effort must be maintained in the customer's file.

Foreign Resident (U.S. citizen or non-U.S. citizen)

The required identifying information must be obtained and verified for every foreign resident. Follow the documentary verification procedure for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate.

Note: Documentary verification is required for all foreign residents.

Minor/Custodian/Guardian

If a custodian/guardian seeks to open an account (e.g., UGMA, UTMA or 529 Plan) on behalf of a minor (as defined by state law) or any other individual who lacks legal capacity, the custodian/guardian is the individual whose identity must be verified for customer identification purposes. The required identifying information of the custodian/guardian must be obtained and verified. Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate. Where a custodian/guardian is opening an account on behalf of a minor, verification of the identity of the minor is not required.

Note: After a minor reaches the age of majority, his/her identity must be verified when he/she seeks to open a new account upon reaching the age of majority. Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate.

Joint Owners

The required identifying information must be obtained and verified for each individual seeking to jointly own the account. Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate.

Customer Identity Verification Procedures

No account may be opened until the customer's identity has been verified. Every customer's identity must be verified by documentary or non-documentary means as outlined in the procedures below.

Type of Customer

Non-Individuals

Domestic Trust

Required Identifying Information:

(1) Name; (2) Street address: a physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the account should not be opened without prior approval from the AML Compliance Unit.

Documentary Verification: A domestic trust's identity is verified by obtaining, at a minimum, one of the following documents: (i) a completed Trustee Certification form containing the tax identification number of the trust and the name(s) of the trustee(s); or (ii) the trust document. Any business unit may choose to obtain more documentation than the minimum requirements indicated above. In addition, even if a Trustee Certification form is initially completed, the Enterprise reserves the right to request a copy of the trust document whenever it deems necessary and/or verify the identity of the trustee(s).

Privately-Held Corporation

Required Identifying Information:

(1) Name; (2) Street address: principal place of business, local office or other physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the account should not be opened without prior approval from the AML Compliance Unit.

Documentary Verification: Identity may be verified by reviewing a copy of any one of the following documents: (i) certified articles of incorporation; (ii) certificate of incorporation; (iii) a government-issued business license; or (iv) a receipt of state filing which must bear the state stamp; a raised state seal is not required.

Non-Documentary Verification: If documentary verification is not possible, the corporation's identity may be verified by comparing required identifying information to the corporation's profile in a consumer or public database (e.g., Dun & Bradstreet). The results of this effort must be maintained in the customer's file.

Additional Verification: In addition to documentary or non-documentary verification of the corporation, the Enterprise reserves the right to request, obtain, and verify information about the individuals within the corporation who will have authority or control over the account. This verification will be accomplished by performing the verification procedures for individuals.

General Partnership, Limited Partnership, and Limited Liability Partnership

Required Identifying Information:

(1) Name; (2) Street address: principal place of business, local office or other physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the account should not be opened without prior approval from the AML Compliance Unit.

Documentary Verification: A copy of the fully executed partnership agreement must be obtained and reviewed.

Additional Verification: In addition to documentary verification, the Enterprise reserves the right the request, obtain, and verify information about the individuals within the partnership who will have authority or control over the account. This verification will be accomplished by performing the verification procedures for individuals.

Note: If the customer is an offshore/foreign partnership, the partnership document must be submitted to the AML Compliance Unit for further review and approval.

Informal Group (e.g., investment club or civic club)	The required identifying information must be obtained and verified for the individual seeking to open the account on the group’s behalf. Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate. The Enterprise reserves the right to request the group’s formation documents or other evidence of its existence and/or information about any individual member of the group with or without authority or control over the account.
S-Corporation	Follow procedures for “Privately-Held Corporation” to verify the identity of an S-Corporation.
LLC	<p>Required Identifying Information:</p> <p>(1) Name; (2) Street address: principal place of business, local office or other physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the account should not be opened without prior approval from the AML Compliance Unit.</p> <p>Documentary Verification: A copy of the LLC Operating Agreement or the certificate evidencing filing with the state government must be obtained and reviewed.</p> <p>Non-Documentary Verification: If documentary verification is not possible, the LLC’s identity may also be verified by comparing required identifying information to the LLC’s profile in a consumer or public database (e.g., Dun & Bradstreet). The results of this effort must be maintained in the customer’s file.</p> <p>Additional Verification: In addition to documentary or non-documentary verification of the LLC, the Enterprise reserves the right to request, obtain, and verify information about the individuals within the LLC who will have authority or control over the account. This verification will be accomplished by performing the verification procedures for individuals.</p>
Sole Proprietorship	Follow the procedures for a U.S. citizen/U.S. permanent resident or non-U.S. citizen, as appropriate.
Estate	<p>Required Identifying Information:</p> <p>(1) Name; (2) Street address: a physical location; and (3) Tax identification number: if the entity does not have one or has applied for but not yet received one, the account should not be opened without prior approval from the AML Compliance Unit.</p> <p>Documentary Verification: An estate’s identity is verified by reviewing one or more of the following estate documents: (i) letters of administration; (ii) letters testamentary; (iii) death certificate; (iv) the will; or (v) the trust document. The Enterprise reserves the right to verify the identity of the executor or administrator whenever it deems necessary.</p>
Charitable or Non-Profit Organization (e.g., school or religious group)	<p>Required Identifying Information:</p> <p>(1) Name; (2) Street address: principal place of business, local office or other physical location; and (3) Tax identification number: If the entity does not have one or has applied for but not yet received one, the account should not be opened without prior approval from the AML Compliance Unit.</p> <p>Documentary Verification: (i) A letter from the IRS evidencing the tax exempt status of the entity; (ii) a copy of the 501(c)(3) letter the entity filed with the IRS; or (iii) a copy of the entity’s organizational documents.</p> <p>Additional Verification: In addition to documentary or non-documentary verification of the entity, the Enterprise reserves the right to request, obtain, and verify information about the individuals within the entity who will have authority or control over the account. This verification will be accomplished by performing the verification procedures for individuals.</p>

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@metlife.com**

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