

# Advisor Prep Tool

## Pre-Application

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

## Application

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

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

## Post-Application

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

# Let's Get Started

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

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

## 01 Person to Be Insured

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Name		Email address	
Mobile number <sup>2</sup>	Date of birth	Place of birth (Country, State/Province)	SSN/Tax ID number

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Current address

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Firm brokerage account number, if applicable

Male       Female       Smoker       Nonsmoker       Couples Discount

## 02 Policy Design

### Rider Options<sup>3</sup>

Choose an LTC Coverage Option:       Indexed       Fixed Growth       Level

Choose a total LTC Benefit Period:       4 years       6 years

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<b>Allocations<sup>4</sup></b> (should total 100%)	S&P 500 <sup>®</sup> Index <sup>A</sup>	_____	<b>Automatic Cash Value Rebalancing</b>
	Russell 2000 <sup>®</sup> Index <sup>B</sup>	_____	
	MSCI EAFE Index <sup>C</sup>	_____	
	Fixed Account	_____	
	<b>Total Allocation</b>	_____	

<sup>2</sup> A mobile phone number is required for security verification to initiate the e-application.

<sup>3</sup> Brighthouse SmartCare includes an LTC Acceleration of Death Benefit Rider (ADBRR) and a choice of one Extension of Benefits Rider (EOBR). The total LTC benefit period includes both the LTC ADBRR and the chosen EOBR.

<sup>4</sup> A minimum allocation of 10% is required for each index that is selected.

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## 03 Payment Information

### Premium Method

- 1035 Exchange
- Wire
- ACH

### ACH Instructions

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

### Premium Mode

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

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Name of bank

Checking     Savings     Brokerage Account

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Routing number

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Account number

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

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

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## 04 Advisor Information

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

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Advisor name

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Advisor email

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Advisor address

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Firm code

### Compensation Option:

- Premium Based
- Spread

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Advisor's NIPR number

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State license number

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Last 4 digits of SSN

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Firm name

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Percentage split

## Advisor Information (Continued)

Advisor name	Advisor email	
Advisor address	Firm code	<b>Compensation Option:</b> <input type="checkbox"/> Premium Based <input type="checkbox"/> Spread
Advisor's NIPR number	State license number	Last 4 digits of SSN
Firm name		Percentage split

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Advisor name	Advisor email	
Advisor address	Firm code	<b>Compensation Option:</b> <input type="checkbox"/> Premium Based <input type="checkbox"/> Spread
Advisor's NIPR number	State license number	Last 4 digits of SSN
Firm name		Percentage split

## 05 Information Needed for LTC

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

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

- Single Premium of \$ \_\_\_\_\_ ; or \_\_\_\_\_
- Initial Premium of \$ \_\_\_\_\_ then \$ \_\_\_\_\_ per \_\_\_\_\_ years.

### What resources will you use to pay your premium?

- |  |  |
|--|--|
| <input type="checkbox"/> Current income from employment  | <input type="checkbox"/> Savings           |
| <input type="checkbox"/> Other current income            | <input type="checkbox"/> Sell investments  |
| <input type="checkbox"/> Money from my family            | <input type="checkbox"/> Sell other assets |
| <input type="checkbox"/> Current income from investments | <input type="checkbox"/> Other: _____      |

## Information Needed for LTC (Continued)

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

- Less than \$50,000                       \$50,001 – \$150,000  
 \$150,001 – \$250,000                 More than \$250,000

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

- No     Yes, expect increase                       Yes, expect decrease

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

- Yes     No     N/A

**Will you buy inflation protection? (Check one)**

- Yes     No

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

- From my income                               From savings                               From investments  
 Sell other assets                               Money from my family                       Purchase Indexed Coverage Rider  
 Other: \_\_\_\_\_

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

Number of days: 90

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

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

- From my income                               From my savings/investments               My family will pay  
 Other: \_\_\_\_\_

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

- Less than \$50,000                       \$50,001 – \$150,000  
 \$150,001 – \$250,000                 More than \$250,000

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

- No     Yes, expect increase                       Yes, expect decrease

# 06 Existing/Applied for Insurance and Replacement

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

Proposed Insured  Yes  No  
 Owner  Yes  No

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

**Please complete for each replacement taking place:**

Life  Annuity

Reason for replacement: \_\_\_\_\_

**Future premium payment status of policy being replaced:**

- |   |   |
|---|---|
| <input type="checkbox"/> Pay limited number of premiums out of pocket, then use values in the policy                              | <input type="checkbox"/> Existing or future policy values and/or value of future dividends                                  |
| <input type="checkbox"/> The out-of-pocket premiums will be suspended or reduced. Note: Please provide a copy of the illustration | <input type="checkbox"/> Premium payments will be discontinued; Policy will operate under its nonpayment of premiums option |
| <input type="checkbox"/> Continue to pay premiums out of pocket   | <input type="checkbox"/> Surrender or cancel  |
| <input type="checkbox"/> Other: _____   |   |

**Policy plan type of policy being replaced:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Permanent Life (which is not<br>Universal Life or Variable Life) | <input type="checkbox"/> Endowment               | <input type="checkbox"/> Term             |
| <input type="checkbox"/> Universal Life   | <input type="checkbox"/> Variable Life           | <input type="checkbox"/> Fixed Annuity    |
| <input type="checkbox"/> Indexed Annuity  | <input type="checkbox"/> Variable Universal Life | <input type="checkbox"/> Variable Annuity |

## State-Specific Additional Replacement Questions

**Arkansas Replacements**

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

Life planned premium: \_\_\_\_\_

Mode of payment: \_\_\_\_\_

Annuity annual payment, if applicable: \_\_\_\_\_

Contract value: \_\_\_\_\_

Total number of years subject to Surrender Charges: \_\_\_\_\_

Current year Surrender Charge: \_\_\_\_\_

Total number of years remaining on Surrender Charges: \_\_\_\_\_

Current Cash Surrender Value: \_\_\_\_\_

Death Benefit Amount: \_\_\_\_\_

Current Interest Rate: \_\_\_\_\_

Current Guarantee Period: \_\_\_\_\_

Guaranteed Minimum Accumulation Rate or Interest Rate: \_\_\_\_\_

Are free withdrawals available?  Yes  No

If yes, annual Free Withdrawal Amount or percentage: \_\_\_\_\_

**Florida and Georgia Replacements**

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

Yes  No

**Kansas Replacements**

Amount of cash value affected by this replacement.

\_\_\_\_\_

**Massachusetts Replacements**

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

Yes  No

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

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**Not available in all states.**

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

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

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

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

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