

**LIFE
INSURANCE**

Indexed Universal with
Long-Term Care Provided by Riders

Brighthouse SmartCare®

Prep Tool

Pre-Application

- Financial professional¹ reviews the Pre-Qualification Questionnaire with their client
- Financial professional initiates and completes firm suitability
- Financial professional provides the completed prep tool to Brighthouse Financial

Application

- Brighthouse Financial begins electronic application on behalf of the financial professional
- Electronic application process is completed
- Underwriting requirements are completed

Ages	Labs or Exams ²	Medical Records ³	Interview	Initial Decision
40-65	None	For significant medical conditions only	None	Generally within 24 hours of receiving completed requirements
66-75	None	Yes	Cognitive Screening with Brighthouse Simple Underwriting	Generally within 24 hours of receiving completed requirements

Post-Application

- Client submits initial or single premium payment through ACH or wire and, if applicable, provides approval to initiate 1035 exchange process to Brighthouse Financial
- If approved, a Brighthouse SmartCare® policy is issued and policy documents will be delivered electronically to the policy owner and financial professional, as permitted by law
- The policy owner, person to be insured (if different), and financial professional sign documents as part of the electronic delivery process

¹ The financial professional is the agent of record.

² Labs and exams are only required if the client has no evidence of medical care.

³ Medical records and a cognitive assessment are required for all applicants ages 66 and older.

Let's Get Started

Your client has decided to apply for a Brighthouse SmartCare policy. Fill in the fields below or print responses clearly. This information will be used to begin the application process.

01 Person to Be Insured

Legal name _____ Email address _____

Phone number _____ Date of birth _____ Place of birth (Country, State/Province) _____ SSN/Tax ID number _____

Current physical address _____

Check all that apply:

☐ Male ☐ Female ☐ Smoker ☐ Nonsmoker ☐ Couples Discount

02 Policy Design

Rider Options⁴

Choose an LTC Coverage Option: ☐ Indexed ☐ 3% Compound ☐ 5% Compound ☐ Level
Choose a total LTC Benefit Period: ☐ 4 years ☐ 6 years

Allocations⁵ (should total 100%)

S&P 500[®] Index^A _____

Russell 2000[®] Index^B _____

MSCI EAFE Index^C _____

Fixed Account _____

Total Allocation _____

Automatic Cash Value Rebalancing

☐ I elect

☐ I decline

⁴ Brighthouse SmartCare includes an LTC Acceleration of Death Benefit Rider (LTC ADBR) and an Extension of Benefits Rider (EOBR), which determine the duration of coverage once a claim begins.

⁵ A minimum allocation of 10% is required for each index that is selected.

03 Payment and Premium Information

Total initial premium (enter annual premium, inclusive of 1035 funds)

\$ _____

Planned first-year lump sum (please only enter 1035 funds)

\$ _____

Premium Method

- ☐ 1035 Exchange
 - ☐ Initiate upon approval
- ☐ Wire
- ☐ ACH

ACH Instructions

- ☐ Draft upon approval
- ☐ Obtain confirmation from financial professional prior to drafting

Premium Mode

- ☐ Single Premium
- ☐ 2-Year Annual
- ☐ 3-Year Annual
- ☐ 4-Year Annual
- ☐ 5-Year Annual
- ☐ 10-Year Annual⁶

Name of bank

☐ Checking ☐ Savings ☐ Brokerage Account

Routing number

Account number

⁶ The 10-year premium payment option is only available with the Fixed Growth LTC (3% or 5% compound) and Level LTC coverage options at this time.

04 Financial Professional Information

Did you work with a Brighthouse Financial external or internal wholesaler during the solicitation process with the client?

☐ Yes ☐ No

Did you review the Pre-Qualification Questionnaire with the client?

☐ Yes ☐ No

Did you complete your firm's suitability requirements, if applicable?

☐ Yes ☐ No

Did you use only sales material approved for use by the appropriate company?

☐ Yes ☐ No

Did you see the proposed insured during the solicitation process?

☐ Yes ☐ No

If no, please provide details: _____

What is the purpose of this insurance? Check all that apply.

☐ Estate planning ☐ Income protection ☐ LTC coverage

☐ Other: _____

Please attach an additional sheet if the number of financial professionals exceeds three.

Financial professional name	Financial professional email
Financial professional address	Firm code
Financial professional's NIPR number	Financial professional's profile code
State license number	
Firm name	Percentage split

Financial professional name	Financial professional email
Financial professional address	Firm code
Financial professional's NIPR number	Financial professional's profile code
State license number	
Firm name	Percentage split

Financial professional name	Financial professional email
Financial professional address	Firm code
Financial professional's NIPR number	Financial professional's profile code
State license number	
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 your client refuses to answer these questions, they will need to complete and sign the LTC Letter of Intent. Contact your Brighthouse Financial Client Consultant if you have any questions.

What resources will you use to pay your premium?

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

Could you afford to keep the rider if your spouse or partner dies first? (check one)

- ☐ Yes ☐ No ☐ Hadn't thought about it ☐ Don't know ☐ Doesn't apply

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

- | | |
|---|--|
| <input type="checkbox"/> Less than \$50,000 | <input type="checkbox"/> \$150,001 – \$250,000 |
| <input type="checkbox"/> \$50,001 – \$150,000 | <input type="checkbox"/> 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? (check one)

- ☐ 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> From my income | <input type="checkbox"/> From savings | <input type="checkbox"/> From investments |
| <input type="checkbox"/> By selling other assets | <input type="checkbox"/> With money from my family | |
| <input type="checkbox"/> Other: _____ | | |

Information Needed for LTC (continued)

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

Number of days: 90

Approximate cost of care for this period: \$28,800 (based on the national average)⁷

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 ☐ \$150,001 – \$250,000
☐ \$50,001 – \$150,000 ☐ 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

⁷ Cost of Care Survey. Genworth, as of April 2024.

06 Existing/Applied-for Insurance and Replacement

List other health insurance policies you sold to the policy owner or the proposed insured that are still in force:

Policy owner: _____

Proposed insured: _____

List other health insurance policies sold in the last 5 years to the policy owner or proposed insured that are no longer in force:

Policy owner: _____

Proposed insured: _____

Does the policy owner and/or proposed insured have any existing or applied-for life insurance, long-term care insurance, or annuities with this or any other company? (Please provide details of any existing or applied-for life insurance, long-term care insurance, or annuities on the proposed insured only.)

Policy owner ☐ Yes ☐ No

Proposed insured ☐ Yes ☐ No

Complete the chart below with information pertaining to any existing or applied-for life insurance, long-term care insurance, or annuity products the proposed insured may have with this or any other company. Be sure to include details for any policy considered to be a replacement.

Company	Policy Plan Type*	Amount of Insurance	Date of Issue	Policy Number (Existing or Applied For)	Status	Replacing (Y/N)	Check if 1035
<i>Example: Brighthouse Life Insurance Company</i>	<i>TERM</i>	<i>\$50,000</i>	<i>01/01/2008</i>	<i>123456789</i>	<i>Existing</i>	<i>Y</i>	<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

* **Policy Plan Type:**

ENDW – Endowment	LTC – Stand-alone long-term care	UNIV – Universal life insurance
FANN – Fixed annuity	PERM – Any permanent life insurance policy that is not universal life or variable life	VANN – Variable annuity
IANN – Indexed annuity	TERM – Term life insurance	VARI – Variable life insurance
LIFELTC – Hybrid life and long-term care insurance		VUNI – Variable universal life insurance

Provide the plan type and reason for each replacement listed above:

State-Specific Additional Replacement Questions

Arkansas Replacements

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

Product name: _____

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: _____

Delaware, Florida, and Georgia Replacements

Does your client wish to receive a Comparative Information Form from the proposed company and the existing insurer(s)?

☐ Yes ☐ No

Kansas Replacements

Amount of cash value affected by this replacement:

Massachusetts Replacements

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

☐ Yes ☐ No

Washington Replacements

Will there be penalties or surrender charges under the existing insurance because of the proposed transaction?

☐ Yes ☐ No

If yes, please provide an explanation: _____

Are there adverse tax consequences from the replacement under current tax law?

☐ Yes ☐ No

If yes, please provide an explanation: _____

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Was Spectra utilized on this client?

☐ Yes ☐ No

If yes, please provide a quote ID: _____

Is the client applying for multiple products with Brighthouse Financial?

☐ Yes ☐ No

If yes, please provide an explanation: _____

Call the Sales Desk at **(855) 861-5300** for more information.

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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 benefits 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 professional 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 an Accelerated Death Benefit Payment is made under the policy. Receipt of Accelerated Death Benefits may affect eligibility for public assistance programs and may be taxable. Clients should consult with a tax professional to determine the current tax consequences before requesting any Accelerated Death Benefit Payment.

This material is for general informational purposes only, does not purport to be complete or cover every situation, and should not be construed as legal, tax, accounting, investment, or fiduciary advice. Brighthouse Financial and its affiliates did not consider any individual's circumstances in preparing this information. Clients should confer with their tax, legal, and accounting professionals in addition to consulting with a financial professional.

Brighthouse SmartCare[®] is an indexed universal life insurance policy with long-term care riders issued by, and product guarantees are solely the responsibility of, Brighthouse Life Insurance Company, Charlotte, NC 28277 ("Brighthouse Financial"). All guarantees, including any optional benefits, are subject to the claims-paying ability and financial strength of the issuing insurance company. The 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. May not be available in all states or firms.

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