

# Brighthouse SmartGuard Plus<sup>SM</sup>

## Prep Tool

### Pre-Application

- Financial professional<sup>1</sup> reviews the Pre-Qualification Questionnaire with their client
- Financial professional initiates and completes firm suitability
- Financial professional provides the completed prep tool to a Brighthouse Financial Client Consultant

### Application

- Brighthouse Financial Client Consultant will introduce themselves to the financial professional as the single point of contact for anything they may need
- Brighthouse Financial Client Consultant begins electronic application at the direction of the financial professional
- Applicant is provided a copy of the prospectus and all required documentation prior to starting the electronic application
- Electronic application process is completed
- Underwriting requirements are completed

| <b>Ages</b> | <b>Labs<br/>or Exams<sup>2</sup></b> | <b>Medical<br/>Records<sup>2</sup></b> | <b>Initial Decision</b>                                       |
|-------------|--------------------------------------|--|---|
| 35-60       | None                                 | None                                   | Generally within 72 hours of receiving completed requirements |
| 61-65       | None                                 | Yes                                    | Generally within 72 hours of receiving completed requirements |

### Post-Application

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

<sup>1</sup> The financial professional is the agent of record.

<sup>2</sup> Labs, exams, medical records, and medical interviews may be ordered for cause at any age. State variations may apply.

# Let's Get Started

Your client has decided to apply for a Brighthouse SmartGuard Plus life insurance 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

|                               |                                 |                                 |                                    |
|-------------------------------|---------------------------------|---------------------------------|------------------------------------|
| Name                          |                                 | Phone number                    | Email address                      |
| Place of birth                | Date of birth                   | SSN/Tax ID number               | State of residency                 |
| Check all that apply:         |                                 |                                 |                                    |
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Smoker | <input type="checkbox"/> Nonsmoker |

## 02 Owner Information

Complete the following fields for the primary owner (individual, trustee, company officer, or partner).

☐ Insured    ☐ Individual (other than the insured)    ☐ Trust    ☐ Sole Proprietor    ☐ Non-Qualified Executive Benefit (employee must be the policy owner and the insured)

|  |                   |                                  |   |
|--|-------------------|----------------------------------|---|
| Name of trust or company   |                   | Email address                    |   |
| Name of individual or name and title of trustee, company officer, or partner |                   |                                  |   |
| Phone number   | SSN/Tax ID number | Relationship to proposed insured | State of residency (or domicile state of trust) |

Complete the following fields for the additional owner, if applicable.

☐ Individual (other than the insured)    ☐ Trust

|   |                   |                                  |   |
|---|-------------------|----------------------------------|---|
| Name of trust                                   |                   | Email address                    |   |
| Name of individual or name and title of trustee |                   |                                  |   |
| Phone number                                    | SSN/Tax ID number | Relationship to proposed insured | State of residency (or domicile state of trust) |

# 03 Policy and Payment Information

## Purpose of Insurance:

☐ Business ☐ Personal

## Premium Deposit Agreement (PDA)

Initial Deposit Amount: \$ \_\_\_\_\_

Planned Annual Premium: \$ \_\_\_\_\_

Number of years planned annual premiums are to be paid from deposit: \_\_\_\_\_ years

Face Amount: \$ \_\_\_\_\_

## Guaranteed Distribution Rider

### Payment Duration

☐ 10 years  
☐ 20 years  
☐ Lifetime

### Payment Frequency

☐ Monthly  
☐ Quarterly  
☐ Semi-Annual  
☐ Annual

## Premium Method

☐ 1035 Exchange  
☐ Initiate Upon Approval  
☐ Wire  
☐ ACH

## Payment Frequency

☐ 1035 Exchange  
☐ 10-Year Annual

## Premium Amount(s)

1035 Exchange Amount: \$ \_\_\_\_\_

Year 1: \$ \_\_\_\_\_

Years 2 through 10: \$ \_\_\_\_\_

Name of bank

☐ Checking ☐ Savings ☐ Brokerage Account

Routing number

Account number

Firm brokerage account number, if applicable

## ACH Instructions

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

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

☐ Earned Income ☐ Mutual Fund/  
Brokerage Account ☐ Money Market Fund  
☐ Loans ☐ Certificate of Deposit ☐ Use of values in another life  
insurance/annuity contract  
☐ Savings ☐ Other \_\_\_\_\_

Automatic Cash Value Rebalancing is an automatic rebalance of the cash value among the chosen allocations that occurs every policy anniversary. This election will remain active until the owner chooses to decline when completing a future Premium Allocation and Account Transfer form.

**Automatic Cash Value Rebalancing**

☐ Elect                      ☐ Decline

**Allocations** (should total 100%)

- Buffer 10, S&P 500® Index, Cap Rate
- Buffer 15, S&P 500 Index, Cap Rate
- Buffer 20, S&P 500 Index, Cap Rate
- Buffer 100, S&P 500 Index, Cap Rate
- Buffer 10, Russell 2000® Index, Cap Rate
- Buffer 15, Russell 2000 Index, Cap Rate
- Buffer 20, Russell 2000 Index, Cap Rate
- Buffer 100, Russell 2000 Index, Cap Rate
- Buffer 10, MSCI EAFE Index, Cap Rate
- Buffer 15, MSCI EAFE Index, Cap Rate
- Buffer 20, MSCI EAFE Index, Cap Rate
- Buffer 100, MSCI EAFE Index, Cap Rate
- Fixed Account

**Total Allocation**

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## 04 Financial Professional Information

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: \_\_\_\_\_

Firm suitability reviewer name (individual or entity): \_\_\_\_\_

Firm suitability reviewer email address: \_\_\_\_\_

Please attach an additional sheet if there are more than three financial professionals.

|                                      |                                       |                      |
|--------------------------------------|---------------------------------------|----------------------|
| 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 Existing/Applied-For Insurance and Replacement

Does the proposed insured and/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

Complete the chart below with information pertaining to any existing or applied-for life insurance or annuity products the proposed insured may have with this or any other company.

| 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:<br/>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   | TERM – Term                    |
| FANN – Fixed annuity   | UNIV – Universal life          |
| IANN – Indexed annuity   | VANN – Variable annuity        |
| PERM – Any permanent life policy that is not universal life or variable life | VARI – Variable life           |
|  | VUNI – Variable universal life |

Please provide the plan type and reason for each replacement listed above:

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## State-Specific Additional Replacement Questions

### Arkansas Replacements

(Complete all fields 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 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

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

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