



**Claimant Statement Form—  
Brighthouse Growth and Income<sup>SM</sup> Annuity  
and MetLife Growth and Income<sup>SM</sup> Annuity**

Use this form to complete the settlement of your deferred annuity contract. If you have questions when filling out this form, please call the Annuity Service Center at 800-634-9361, Monday through Friday, 8 a.m. to 8 p.m. Eastern time. Faxes are not accepted.

**1 DECEASED'S OWNER INFORMATION**

Contract Number: \_\_\_\_\_

Name: \_\_\_\_\_ (Please list any aliases or nicknames)

**2 BENEFICIARY INFORMATION**

**Important! Please be sure to complete this section FULLY.**  
(If mailing to a PO Box address, a physical street address is also required.)

Is the beneficiary the spouse of the deceased client?

Yes  No

What is the gender of the beneficiary?

Male  Female

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # or Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Address (line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If you are claiming these proceeds on behalf of the beneficiary, in what capacity are you acting?

Executor (Please submit Letters Testamentary.)  Custodian (Please submit Corporate Resolution.)

Guardian of Minor Beneficiary (Proof of guardianship or conservatorship is required.) Minor's state of residence: \_\_\_\_\_

Trustee (Please submit the Trust Certification—Brighthouse Growth and Income<sup>SM</sup> Annuity and MetLife Growth and Income<sup>SM</sup> Annuity Form.)

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please continue →

### 3 SETTLEMENT OPTIONS

After reading your settlement options, please choose one.

Please note that your selection is irrevocable and all options may not be available to all beneficiaries.

- Continuation Option  
(Please note that this option is only available to the spouse of the deceased client.)
- Transfer to Inherited IRA (Qualified annuity contracts ONLY)
- Deposit directly to Fidelity IRA  
Include a completed Fidelity Transfer of Assets Form.
- \_\_\_\_\_
- Fidelity Inherited IRA Account Number
- Check paid to a non-Fidelity institution  
Include a completed Transfer of Assets Form from the institution that will receive the funds.
- \_\_\_\_\_
- For the benefit of
- \_\_\_\_\_
- Address
- \_\_\_\_\_
- City, State ZIP
- Five-Year Distribution Option  
(For non-annuitant beneficiaries: Contract will no longer provide living or death benefits; however Mortality and Expense Charge still applies. Please consult the prospectus or an Annuity Representative for more information.)
- Return of Purchase Payment Death Benefit Option
- Lump Sum Option
- Annuitization Option  
(Your benefit will be placed in a separate contract and we will request additional forms from you.)

### 4 INCOME TAX WITHHOLDING AND ADDITIONAL INFORMATION

(This section is for providing tax withholding instructions. Please read this carefully.)

The taxable portion of a nonperiodic distribution is subject to federal tax withholding, unless you elect not to have tax withheld. Nonperiodic distributions are subject to withholding at a rate of 10%. If you have not provided your correct taxpayer identification number, you cannot elect out of withholding.

If you do not have enough federal income taxes withheld from your distribution, you may be responsible for paying estimated tax directly to the Internal Revenue Service. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Certain states require withholding of state income tax when federal income tax withholding applies. If you are a resident of one of these states and do not elect out of federal withholding, we will withhold state income tax based on the state's rules. Additionally, certain states may impose estimated tax rules and tax penalties. You should consult with your tax advisor to determine whether any of these states may impose similar estimated tax rules and tax penalties and whether those apply to you.

Your withholding election will remain in effect for future payments until you change or revoke it by filing a new election with us. You may change your withholding election at any time and as often as you wish.

Remember, part or all of your withdrawal may be subject to income tax and a 10% federal income tax penalty may also apply to withdrawals of taxable amounts made before age 59½.

**If you do not make an election, we will automatically withhold the appropriate federal and state taxes.**

- Choose One:  I elect to have federal, and state if applicable, income tax withheld from my distribution(s).  
Federal: \_\_\_\_\_%      State: \_\_\_\_\_%      Owner's state of residence: \_\_\_\_\_
- I elect NOT to have federal, and state if applicable, income tax withheld from my distribution(s).

## 5 DISCLOSURES

BELOW ARE STATE FRAUD NOTICES THAT APPLY ONLY IN CERTAIN STATES. PLEASE READ THE FOLLOWING NOTICES CAREFULLY TO SEE IF ANY APPLY IN YOUR STATE:

**Alabama, Arkansas, District of Columbia, Louisiana, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia**—Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alaska**—A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**Arizona**—For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**—For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado**—It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware, Idaho, Indiana and Oklahoma**—WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Florida**—A person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Kentucky**—Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and Washington**—It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland**—Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Hampshire**—Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

**New Jersey**—Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Oregon**—Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Pennsylvania**—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico**—Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony, and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years; or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Texas**—Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## 6 SIGNATURE

The signature of the claimant is required before processing this claim.

I understand that Fidelity Investments will honor this Claimant's Statement according to the terms and conditions of the original policy or contract. I also understand that any benefits due to me will be paid under this Claimant's Statement and that if the original policy or contract is found, it must be returned to Fidelity Investments.

This form is provided at your request and is not to be considered as an admission of the validity of any claim, nor a waiver of any of the Companies' rights or defenses.

Under the penalties of perjury I certify that the information contained in this Claimant's Statement Form is true, correct, and complete.

**Fraud Notice for NY residents**—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalties not to exceed five thousand dollars and the stated value of the claim for each such violation.

By signing below, you:

- Affirm that you are at least 18 years old.
- Affirm that you have read and understood the contract for this annuity.
- Certify that all information you provided is correct to the best of your knowledge.

- Certify under penalties of perjury that you are a U.S. person (including a U.S. resident alien) and the Social Security or Taxpayer Identification Number provided is correct (or that you are waiting for a number to be issued to you).

*If the IRS has notified you that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return, CROSS OUT all of the bracketed text at right.*

- Certify under penalties of perjury that you are not subject to backup withholding because any of the following applies:
  - You are exempt from backup withholding.
  - You have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends.
  - The IRS has notified you that you are no longer subject to backup withholding.
  - The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Beneficiary/Trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Beneficiary/Trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Beneficiary/Trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

MEDALLION SIGNATURE GUARANTEE

(Please print the following information)

INSTITUTION NAME

GUARANTOR NAME

GUARANTOR PHONE NUMBER

Please mail this form to: **Fidelity Investments Life Insurance Company, P.O. Box 770001, Cincinnati, OH 45277-0050**  
In New York: **Empire Fidelity Investments Life Insurance Company, P.O. Box 770001, Cincinnati, OH 45277-0051**  
Overnight mail: **Fidelity Investments, KC2Q, 100 Crosby Parkway, Covington, KY 41015**

**This annuity is issued by Brighthouse Life Insurance Company, Charlotte, NC 28277 and, in New York, only by Metropolitan Life Insurance Company, New York, NY 10166. The contract's financial guarantees are solely the responsibility of the issuing insurance company. Fidelity Brokerage Services, member NYSE, SIPC, and Fidelity Insurance Agency, Inc., are the distributors; they are not affiliated with any MetLife or Brighthouse Financial company.**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.