

Brighthouse Life Insurance Company  
Attn: Licensing & Commissions  
P.O. Box 40008  
Lynchburg, VA 24506  
Tel: 800 991.5684  
Fax: 434 948.5058

# Agent Change Request

from Brighthouse Life Insurance Company†

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**Fax or mail completed form to address/number shown to the left.**

## Change Notice

The purpose of this signed authorization is to replace any existing Agent/Agency that services the policy/contract with the New Agent/Agency named below. This document supersedes any previous requests. The effective date of the change will be upon processing by the home office.

## Policy Information

Policy numbers  
•

Policy owner name  
•

SSN (last 4 digits)

• XXX-XX-

Email  
•

Telephone  
•

Policy owner address  
•

Joint owner name (if applicable)  
•

SSN (last 4 digits)

• XXX-XX-

Email  
•

Telephone  
•

Joint owner address  
•

## New Agent Information

Only one agent is allowed to be listed as primary agent. Please list primary agent first. Additional agents will only be noted for phone support.

New Agent Name  
•

SSN (last 4 digits)

• XXX-XX-

Email  
•

Telephone  
•

Address  
•

Agent Producer Code Number  
•

General Agent/Broker Dealer Name  
•

## Required Signatures

Policy owner signature authorizes moving of one or more policies between Agents and/or Agencies.

**SIGN  
HERE**

X

Policy Owner Signature

Date

Title:

If the policy is owned by a trust or business entity, an acceptable title is required.

**SIGN  
HERE**

X

Joint Owner Signature

Date

Title:

**SIGN  
HERE**

X

Agent Signature

Date

† In New York, administered by Long Term Care Claim Services.