



# BRIGHTHOUSE FINANCIAL (Solicitor)

## Contracting Checklist

Agent/ Agency: \_\_\_\_\_

Direct Upline: \_\_\_\_\_ Agent #: \_\_\_\_\_

### Documents To Be Completed & Returned:

- ☐ Profile Form
- ☐ Fair Credit Reporting Act
- ☐ Appointment Only Form
- ☐ Individual State License(s)

### SEND TO:

**Mail:** Attention: Life Licensing  
American Brokerage Services  
803 East Willow Grove Avenue  
Wyndmoor, PA 19038  
**Email:** lifesubmission@absgo.com  
**Fax:** (215) 233-3140

## Profile form

Complete this form to apply to be contracted and appointed with Brighthouse Financial.

Brighthouse Life Insurance Company (Brighthouse Financial)

### Things to know before you begin

- **Pre-contracting states** (*DE, FL, IN, KS, MO, MT, OR, PA and PR*) require a producer to be licensed and contracted with Brighthouse Financial before product application execution.



Form is not an authorization to assign commissions

## SECTION 1: Contract types

Please check the appropriate coverage(s) for which you are requesting contracting:

Individual Disability: ☐ Producer ☐ Corporation Individual Life: ☐ Producer ☐ Corporation

Contract type (*Life only*): ☐ Signor ☐ Broker ☐ GA ☐ MGA ☐ BGA

## SECTION 2: Producer/Corporate information

### Producer

First name	Middle name	Last name	SSN
Date of birth ( <i>mm/dd/yyyy</i> )	Email address	Resident State	Non-resident State
Resident address	City	State	ZIP
Business address ( <i>required</i> )	City	State	ZIP

### Corporate

Corporate name	TIN	Phone number
Principal officer name	Resident State	Non-resident State
Business address ( <i>required</i> )	City	State ZIP

## SECTION 3: Signature

- I hereby certify that I have read and understand the items on this form and that my answers are true and completed to the best of my knowledge. I have been advised that Brighthouse Life Insurance Company of NY and/or its affiliates (*collectively "Brighthouse Financial"*) may conduct investigations in connection with my request to represent Brighthouse Financial in the solicitation of certain insurance products. I authorize an inquiry to be made of all sources deemed appropriate by Brighthouse Financial for the purpose of obtaining information concerning my business practices and ethics, background, credit history, and financial status, including, but not limited to, my record, if any, on file with the FINRA Central Records Depository. Any information that Brighthouse Financial may obtain about me will be treated as confidential and may be shared with the appointing General Agent, if necessary. I release the broker/dealer and/or its agents and any person or entity, which provide information pursuant to this authorization, from any and all liabilities, claims or lawsuits in any matter related to the information obtained from any and all of the above referenced sources.
- I understand that no right to commission or compensation shall arise or exist until I have been appointed.

☐ **CA Residents Only:** I would like to receive a copy of any Consumer or Investigative Consumer Report by Brighthouse Financial.

<b>Sign Here</b>	Signature of Applicant	Date ( <i>mm/dd/yyyy</i> )

**STOP** Don't forget to sign and submit the Fair Credit Reporting Act with this form



**Fair Credit Reporting Act**

Submit this signed form with the Profile Form to apply to be contracted and appointed with Brighthouse Financial.



Form required for contracting application consideration

**SECTION 1: Signature and Agreement**

I understand I have the right to make, within a reasonable amount of time, a written request for details on the name and address of the agency making the report. I further understand that depending on the state law, subjects of an investigative consumer report may have the right to: 1) request that they be interviewed in connection with the making of the report; 2) receive a copy of the report, upon request. I understand that if any of the material information I provided is found to be incorrect or incomplete, Brighthouse Financial may at its discretion not appoint and/or contract with me or may terminate my appointment and/or contract.

**Printed name of Applicant**

First name

Middle name

Last name

Last four of SSN

**Sign  
Here**

Signature of Applicant

Date (mm/dd/yyyy)



## APPOINTMENT ONLY FORM

(Completed by the Recruiting GA, MGA, or BGA)

### **Section I – Instructions & Terms**

This form is used to add an individual to an existing contract.

To avoid delays in processing, please complete all fields.

Recruiting/General Agency – Management level agency directly ‘above’ the Contracted Entity.

Contracted Entity – The General Agency, Broker, or Corporate Broker, that the new producer will be assigning compensation to.

Writing Code – The four part code assigned by Brighthouse to the Contracted Entity.  
(ex. 12345 – 00900 – 123456 – 001.)

### **Section II – Signer Information**

1. Name of New Producer: \_\_\_\_\_

2. Name of Recruiting/General Agency: \_\_\_\_\_

3. Name of Contracted Entity the New Producer  
will be Assigning Commissions to: \_\_\_\_\_

4. Writing Code of Contracted Entity: \_\_\_\_\_

(ex. 12345-00900-123456-001)

### **Section III – Signature**

\_\_\_\_\_  
Signature of Recruiting Agency Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Telephone Number

Please E-Mail or Fax this form, along with the completed Profile Form to:

[LifeContracting@metlife.com](mailto:LifeContracting@metlife.com) ♦ 908-552-3740