

Profile Form

Email completed form to licensing@brighthousefinancial.com and please include proof of state-required training.

Personal Information

First Name	Middle Name	Last Name	
Date of Birth (mm/dd/yyyy)	Social Security Number	National Producer Number (NPN)	
Residential Address	City	State	Zip
Business Address (Primary Mailing Address)	City	State	Zip
Phone Number (Business)	Phone Number (Mobile)	Email Address (Business)	

Will you be conducting business in the state of Pennsylvania? ____ Yes ____ No

Broker Dealer Information

Firm Name	TIN	Phone Number	
Address	City	State	Zip

Acknowledgement and Authorization

I hereby certify that I have read and understand the items on this form and that my answers are true and complete to the best of my knowledge. I have been advised that Brighthouse Financial Life Insurance Company 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 FINRA's Central Registration 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 and applicable. I release Brighthouse Financial and/or its agents and any person or entity that provides 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 above referenced sources. I understand that no right to commission or compensation shall arise or exist until I have been appointed.

Signature	Date
Printed Name	