

NAME / ADDRESS CHANGE REQUEST

Columbia Insurance Company
National Indemnity Company

FILE NO.: _____

CLAIMANT/PAYEE'S NAME HAS CHANGED

Please provide legal documentation supporting any name change. Your name cannot be changed in our records without supporting legal documentation (marriage license, adoption records, etc).

Former Name: _____

New Name: _____

CLAIMANT/PAYEE'S NEW ADDRESS:

Check **one** (1) of the following options:

- Continue to process payments via Direct Deposit/EFT; the new address is for correspondence only.
 Mail payments to the new address below.

Payee Name

Mailing/Street Address

City, State and Zip

Telephone

Email

All change requests must be signed by either the Claimant/Payee, Claimant/Payee's legal guardian or if the Claimant/Payee is a minor, a parent of the Claimant/Payee. If amounts due under the File No. above are payable jointly to two or more claimant/payees, all such claimant/payee's must sign this form to authorize changes. Please note, if this form is incomplete or unsigned, we will have no alternative but to return it without action.

Signature*

Relationship to Payee

Date

*If your notarized signature is not on file in our records, please have your signature notarized.

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

BY _____

NOTARY

NOTARY SEAL

Please return this complete form to:
National Indemnity Company
ATTN: Structured Settlement Unit
1314 Douglas Street, Suite 1400
Omaha, NE 68102-1944
Secured Fax: 866-262-9342
Email: annuities@bhstructures.com