

CONTINGENT PAYEE / BENEFICIARY DESIGNATION OR CHANGE REQUEST

BHG Structured Settlements, Inc.
Berkshire Hathaway Life Insurance Company of Nebraska
First Berkshire Hathaway Life Insurance Company*
hereafter ("the Company")

PAYEE: _____

CONTRACT NO.: _____

For structured settlement cases: If the contingent payee/beneficiary change is for a minor or incompetent's contract and the Settlement Agreement has been approved by a court order, any changes to the contingent payee/beneficiary designations will require court approval.

All contingent payee/beneficiary ("beneficiary") designations or changes must be in writing on this form and signed by the Payee or the Payee's Legal Guardian. Should any of the named beneficiaries be minors at the time of Payee's death, documentation will be required supporting their guardianship. Payments will not be issued payable to minors. Should any of the named beneficiaries be Trusts at the time of Payee's death, a copy of the Trust Agreement will be required at that time. Payments will not be issued payable to a Trust without a copy of the Trust Agreement in our records. **The Company may reject a beneficiary designation that results in payments of less than \$1,000 if the annuity contract does not permit such designations. Regardless of any contract language, the Company will reject any beneficiary designations that would result in any Payee receiving less than \$100 per payment. The Company's rejection of any beneficiary designation will be made in writing to you.** Please list below your individual beneficiary designation(s). The designation of "Spouse" may be used for a beneficiary to whom you are legally married.

Unless otherwise designated, benefits will be **equally or to the survivor** when more than one Primary Beneficiary is named. All Primary Beneficiary percentages must equal 100%. If you have more than two Primary Beneficiaries, please copy this form and attach the additional sheet. If no Primary Beneficiary survives the Payee, the remaining guaranteed payments shall be paid as designated to the Contingent Beneficiary(ies) who survive the Payee. If no Primary or Contingent Beneficiary survives the Payee, any remaining guaranteed payments will be paid to the Estate of the Payee.

| | |
|-------------------------------------|-------------------------------------|
| PRIMARY Beneficiary: _____ % | PRIMARY Beneficiary: _____ % |
| Relationship to Annuitant: _____ | Relationship to Annuitant: _____ |
| Social Security No.: _____ | Social Security No.: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| Mailing Address: _____ | Mailing Address: _____ |
| _____ | _____ |
| Email: _____ | Email: _____ |
| Phone No.: _____ | Phone No.: _____ |

(Unless otherwise designated, benefits will be **equally or to the survivor** when more than one Contingent Beneficiary is named. All Contingent Beneficiary percentages must equal 100%. If you have more than two Contingent Beneficiaries, please copy this form and attach the additional sheet.)

| | |
|--|--|
| CONTINGENT Beneficiary: _____ % | CONTINGENT Beneficiary: _____ % |
| Relationship to Annuitant: _____ | Relationship to Annuitant: _____ |
| Social Security No.: _____ | Social Security No.: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| Mailing Address: _____ | Mailing Address: _____ |
| _____ | _____ |
| Email: _____ | Email: _____ |
| Phone No.: _____ | Phone No.: _____ |

I hereby revoke all prior beneficiary designations and make the designations set forth above as to the contract indicated above. All beneficiary designations are subject to approval. If amounts due under the Contract No. above are payable jointly to two or more Payees, all such Payees must sign this form to authorize changes.

Signature** _____ Relationship to Payee _____ Date _____

**If your verified 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

ALL FIELDS ARE REQUIRED. INCOMPLETE FORMS WILL BE RETURNED WITHOUT ACTION.
DESIGNATION WILL NOT BE DEEMED EFFECTIVE UNTIL ACCEPTED.

Mailing/Overnight Address: Annuity/Structured Settlement Unit, 1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944

Secured Fax: 866-262-9342