

Direct Deposit Instructions

The following page contains our Direct Deposit Authorization form for setting up or changing direct deposit. If you elect EFT (Electronic Funds Transfer), please be aware that payments must be deposited into an account bearing your name as payments cannot be made to third party accounts. Payment on Death (POD) accounts are also not acceptable.

Please be sure to fill out Sections A through C and then request a representative from your financial institution complete Sections D through F, paying special attention to Section E, "List All Account Holder(s) names(s)". This section should contain the name(s) of everyone on the account. If there are multiple account holders they must also sign in Section C in addition to being listed in Section E.

You can fax your completed form to our secure fax line at (866) 262-9342; email it to Annuities@BHStructures.com or mail it to the address on the Direct Deposit Authorization Form.



AUTHORIZATION FORM

Berkshire Hathaway Life Insurance Company of Nebraska First Berkshire Hathaway Life Insurance Company

DIRECTIONS

- To request Direct Deposit, the Payee (and joint payee, if applicable) must read this form, fill in the information requested in Sections A thru C, and sign in the signature block. **The Financial Institution must complete Sections D thru F and sign in the signature block. If you use an online only Financial Institution, please attach a voided check and complete Sections G and H below.**
- Return the completed form to **1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944**. The Company reserves the right to refuse any request.
- A separate Direct Deposit Authorization Form, SS-400b, must be completed for each Payee.
- Payees must keep our Company informed of any address changes in order to receive important information.

Please Print

TO BE COMPLETED BY PAYEE

A FULL NAME OF PAYEE			CONTRACT NUMBER:																						
ADDRESS (street, route, APO/FPO)			B TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																						
CITY	STATE	ZIP CODE	C DEPOSITOR ACCOUNT NUMBER																						
TELEPHONE NUMBER (include area code)			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						
PAYEE/JOINT PAYEE CERTIFICATION By signing this form, I authorize Berkshire Hathaway Life Insurance Company of Nebraska or First Berkshire Hathaway Life Insurance Company to initiate deposits ("credits") for amounts due me from the Company and/or corrections to the previous credits to the financial institution (the "Depository") indicated herein. The Depository is authorized to credit the amounts and/or correct previous credits to my account. This authority shall remain in full force and effect until (1) the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it; or (2) the Company or Depository has notified me in writing ten (10) days prior to the Company's or Depository's termination of this arrangement.			JOINT ACCOUNT HOLDERS' CERTIFICATION (if applicable) I certify that I have read and understood the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																						
SIGNATURE		DATE	SIGNATURE		DATE																				
SIGNATURE		DATE	FOR OFFICE USE ONLY																						
SIGNATURE		DATE																							

TO BE COMPLETED BY FINANCIAL INSTITUTION

D NAME AND ADDRESS OF FINANCIAL INSTITUTION ("DEPOSITORY")		E LIST ALL ACCOUNT HOLDER(S) NAME(S) FOR THE ACCOUNT LISTED ABOVE: _____ _____ _____																		
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account type, account number, account title, and ABA routing number.		F ABA ROUTING NUMBER <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER (include area code)	DATE																	

This section is to be completed by the Payee when the Financial Institution is an online only bank; no physical bank location is available.

G Name of Online Only Financial Institution ("Depository") and ABA Routing Number _____ _____ _____ ABA Routing Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																H List all Account Holder(s) Name(s) for the account listed above: _____ _____ _____

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS: Joint account holders must immediately advise the Company and the Depository of the death or ineligibility of a Payee. Funds deposited after the date of death or ineligibility are to be returned to the Company. The Company will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin or resume payments.

PAYMENT ON DEATH ACCOUNTS: Payments will not be made to accounts with Payment On Death (POD) designations.

CANCELLATION: The agreement represented by this authorization shall remain in effect until cancelled by the Payee by written notice to the Company or cancelled by the death or legal incapacity of the Payee.

CHANGING RECEIVING FINANCIAL INSTITUTIONS: The Payee's Direct Deposit will continue to be received by the Depository until the Company is notified by the Payee, via a new Form SS-400b, that the Payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the Payee must request a new Form SS-400b from the Company by calling the Administrative Office at (402) 916-3100. The Payee must then return the completed Form SS-400b using the instructions on the form. The Company will have up to sixty days after receipt to make the change in financial institution. Payments will only be made to an account in the name of the Payee; payments will not be made to third party accounts. It is recommended that the Payee maintain both accounts until the transition is complete, i.e., after the new financial institution receives the Payee's first Direct Deposit payment.

CHANGING RECEIVING ACCOUNTS WITHIN THE SAME FINANCIAL INSTITUTION: If the Payee is changing accounts within the same financial institution, it is recommended that the Payee maintain both accounts until the transition is complete, i.e. after the new account receives the first Direct Deposit payment. To effect this change, the Payee must request a new Form SS-400b from the Company by calling the Administrative Office at (402) 916-3100. The Payee must then return the completed Form SS-400b using the instructions on the form. The Company will have up to sixty days after receipt to make the change in accounts. Payments will only be made to an account in the name of the Payee; payments will not be made to third party accounts.

FALSE STATEMENTS OR FRAUDULENT CLAIMS: Federal law may provide for fines or imprisonment or both for presenting a false statement or making a fraudulent claim with respect to payments made hereunder.