

NAME / ADDRESS CHANGE REQUEST

BHG Structured Settlements, Inc.
Berkshire Hathaway Life Insurance Company of Nebraska
First Berkshire Hathaway Life Insurance Company*

CONTRACT NO.: _____

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:

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 Payee, Payee's legal guardian or if the Payee is a minor, a parent of the Payee. If amounts due under the Contract No. above are payable jointly to two or more Payees, all such 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 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

Please return this completed form to:
Annuity/Structured Settlement Unit
1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
Secured Fax: 866-262-9342
Email: annuities@bhstructures.com