

The data provided on this form will be used for purposes of performing and administering the contract and issuing payments. Please reference our website at <https://www.bhstructures.com/HTML/BHG-PrivacyPolicyUsa.aspx> to obtain a copy of our data privacy notice and privacy policies that may be applicable to you and the information collected on this form.

BENEFICIARY DESIGNATION OR CHANGE REQUEST
("Beneficiary" refers to Contingent Payee or Successor Payee, as applicable)

CONTRACT/FILE NO.: _____ PAYEE: _____

Please see specific Form Completion Instructions on Page 2.

PRIMARY Beneficiary: _____ % _____ Relationship to Payee: _____ Social Security No.: _____ Date of Birth: _____ Mailing Address: _____ _____ Email: _____ Phone No.: _____	PRIMARY Beneficiary: _____ % _____ Relationship to Payee: _____ Social Security No.: _____ Date of Birth: _____ Mailing Address: _____ _____ Email: _____ Phone No.: _____
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Beneficiary: _____ % _____ Relationship to Payee: _____ Social Security No.: _____ Date of Birth: _____ Mailing Address: _____ _____ Email: _____ Phone No.: _____	Beneficiary: _____ % _____ Relationship to Payee: _____ Social Security No.: _____ Date of Birth: _____ Mailing Address: _____ _____ Email: _____ Phone No.: _____
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If you have more beneficiaries than will fit on this page, please copy this form and attach an additional page.

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

Payee Signature (or Authorized Fiduciary such as Guardian/Trustee)** Self or Fiduciary Relationship Date

If Applicable: Joint/Co-Payee or Spouse Signature*** Relationship to Payee Date

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

***If you are married and are naming someone other than your spouse, we ask that you also have your spouse sign.

On _____ personally appeared _____
(Date) (Signor)

By: _____ Notary Seal:
(Notary Printed Name) (Notary Signature)

Please return this completed form to:
Annuities & Structured Settlements Department
1314 Douglas Street, Suite 1400, Omaha, NE 68102-1944
Secured Fax: 866-262-9342
Email: annuities@bhstructures.com

FORM COMPLETION INSTRUCTIONS:

BENEFICIARY DESIGNATION OR CHANGE REQUEST

All Contingent Payee/Successor Payee/Beneficiary ("beneficiary") designations or changes must be in writing on this form and signed by the Payee. If the Payee has a legal representative, any beneficiary change through use of this form by the Payee's legal representative must be in accordance with applicable state law. Please list your individual beneficiary designation(s) on Page 1. The designation of "Spouse" may be used for a beneficiary to whom you are legally married. Upon your death, your beneficiary(ies) will receive any remaining certain payments that have not yet been paid.

Unless otherwise designated, benefits will be **equally or to the survivor** when more than one Primary or more than one Contingent Beneficiary is named. All Primary Beneficiary percentages must equal 100%. All Contingent Beneficiary percentages must equal 100%. If one or more beneficiaries of either the Primary or Contingent Beneficiaries predeceases the Payee, the predeceased beneficiary's share will be split prorata among the living Primary or Contingent Beneficiaries of the same class (Primary or Contingent).

Per Stirpes designations are not acceptable.

For structured settlement cases: If the beneficiary change is for the Contract/File of a minor or incompetent and the Settlement Agreement has been approved by a court order, any changes to the Beneficiary designations will require court approval.

The Company may reject a beneficiary designation that results in payments of less than \$1,000 if the Contract/File does not permit such designations. Regardless of any Contract/File 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.

Should any of the named beneficiaries be minors at the time of Payee's death, documentation will be required supporting their guardianship or other legally acceptable fiduciary arrangement. 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.

Succession of Payment Rights:

- 1) Primary beneficiary(ies) will receive any remaining certain payments that have not yet been paid, so long as one or more primary beneficiaries is living upon your death.
- 2) If, upon your death, no primary beneficiaries are living, the contingent beneficiary(ies) will receive any remaining certain payments that have not yet been paid, so long as one or more contingent beneficiaries are living upon your death.
- 3) If, upon your death, no named primary or contingent beneficiaries are living, the Estate of the Payee will receive any remaining certain payments that have not yet been paid.