

Please reference our website at <https://www.bhstructures.com/HTML/BHG-PrivacyPolicyUsa.aspx> to obtain a copy of a privacy policy that may be applicable to you and the information collected on this form. For California consumers, please access our Notice at Collection on such website to learn about how we handle and use the information collected on this form. For purposes of the EU's General Data Protection Regulation, the data provided on this form will be used for purposes of performing and administering the contract and issuing payments.

Benefits Request
(Request for Copy of Contract and/or Other Settlement Documents)

CONTRACT/FILE NO.: _____ PAYEE: _____

I am hereby requesting a redacted copy of the below document(s):

A copy of the Annuity Contract or Periodic Payment Reinsurance Agreement (as applicable)

Other: _____

Reason for this request: _____
(this information will help us prepare your documents to meet your needs)

Please deliver the copy(ies) to each of the below:

Mail to this address:

Change my address to the address above

E-Mail to this address: _____

Fax to this number: _____

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. Please note, if this form is incomplete or unsigned, we will 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 (if uncertain, contact us at 402-916-3100 for confirmation).		

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 or Email: annuities@bhstructures.com