



National Indemnity Company  
 Columbia Insurance Company  
 BHG Structured Settlements, Inc.  
 Berkshire Hathaway Life Insurance Company of Nebraska  
 First Berkshire Hathaway Life Insurance Company\*

Annuities & Structured Settlements Department

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.

## NAME / ADDRESS CHANGE REQUEST

CONTRACT/FILE 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\*\*

**\*\*By signing below, I authorize any of the companies listed above (the "sender") to communicate with me through email at the designated address, and this authorization remains effective until revoked by me or until email communication is returned to the sender as undeliverable. I understand that the sender may, at its election, communicate with me through U.S. mail services or commercial delivery services for communications containing confidential or sensitive information, important notices, or if I have failed to respond to email communications. If I am a joint payee, the address designated above will be the exclusive email address utilized by the sender unless additional email addresses are provided.**

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 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.

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](mailto:annuities@bhstructures.com)