

DIRECT DEPOSIT AUTHORIZATION



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 processed for purposes of performing and administering the contract and issuing payments.

PAYEE must complete sections A, B and C

It is important that you keep your mailing address and other contact information up-to-date.

A FULL NAME OF PAYEE: ADDRESS (street, route, APO/FPO): CITY: STATE: ZIP CODE: TELEPHONE NUMBER (include area code):	CONTRACT/FILE NUMBER: B TYPE OF DEPOSITOR ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS DEPOSITOR ACCOUNT NUMBER: <table border="1" style="width: 100%; height: 20px;"> <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>																				
C PAYEE AND JOINT ACCOUNT HOLDER CERTIFICATION(S): PAYEE CERTIFICATION: By signing this form, I authorize deposits to be initiated ("credits") for amounts due me from the Company and/or corrections to the previous credits to the financial institution/depository ("financial institution") indicated herein. The financial institution is authorized to credit the amounts and/or correct previous credits to my account. JOINT ACCOUNT HOLDER CERTIFICATION (if applicable): By signing this form I agree that, as a joint account holder, I must immediately advise the Company and the financial institution 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.																					
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FINANCIAL INSTITUTION/DEPOSITORY ("financial institution") must complete sections D, E and F**

D NAME OF FINANCIAL INSTITUTION: FINANCIAL INSTITUTION ADDRESS: FINANCIAL INSTITUTION PHONE NUMBER:	E LIST THE ACCOUNT NAME AND ALL ACCOUNT HOLDER(S) NAME(S) FOR THE ACCOUNT NUMBER 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. _____ PRINT OR TYPE REPRESENTATIVE'S NAME _____ SIGNATURE OF REPRESENTATIVE DATE	F ABA ROUTING NUMBER: <table border="1" style="width: 100%; height: 20px;"> <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> **If you use an online only financial institution, please attach a voided check and note that a representative signature in Section D is waived.																				

The Company reserves the right to refuse any request.

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 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 financial institution a reasonable opportunity to act on it; (2) the Company or financial institution has notified me in writing ten (10) days prior to the Company's or financial institution's termination of this arrangement; or (3) cancelled by the death or legal incapacity of the Payee.
CHANGING RECEIVING FINANCIAL INSTITUTIONS or CHANGING RECEIVING ACCOUNTS WITHIN THE SAME FINANCIAL INSTITUTION: The Payee's Direct Deposit will continue to be received by the financial institution until the Company is notified by the Payee, via a new Direct Deposit Authorization Form, that the Payee wishes to change the financial institution or change the account receiving the Direct Deposit. The Company will have up to sixty days after receipt to make the change in financial institution. 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.

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

The data provided on this form will be processed for purposes of performing and administering the contract and issuing payments.

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.

Direct Deposit Instructions

Please be sure you:

1. Complete Sections A through C entirely; and
2. Sections D through F must be completed by a representative from your financial institution paying special attention to Section E – “List the Account Name and All Account Holder(s) names(s)”. Section E must 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.*

Send your completed and signed form by:

- fax to our secure fax line at (866) 262-9342; or
- email to annuities@bhstructures.com, or
- mail to the address found on the bottom of the Direct Deposit Authorization Form.

Payee and Joint Account Holder: *Section C*

- If only one (1) person is on the account: Only the account holder must sign Section C.
- If two (2) or more are on the account: Each and every person listed on the account must sign in Section C.
- Trust: Trustee(s) must sign Section C.

Financial Institution Representative: *Section E*

- Must list the account name and ALL account holders.
- If payments are made through a Guardian/Conservator: The account name must include the guardian/conservator’s name and the fiduciary status (for example, “Jane Doe as guardian of Billy Doe” is acceptable; “Jane Doe” is not).
- If the payee is a trust: The account must be in the name of the trust or in the name of the trustee including fiduciary status (for example, “John Doe Trust” is acceptable or “Jane Doe, Trustee” is acceptable.)
 - NOTE: If the account number in Section C is part of a “pooled” trust, “clearinghouse account”, etc., you must include the “For Further Credit” (FFC) account number in Section E.
- Restricted Account: The bank must confirm if the account is a “restricted account” in Section E.

Direct Deposit FAQs

1. Can my payments be made to someone else’s account?

No, we will only deliver payments to our payees.

2. The payee is still a minor with payments beginning after age of majority. Can we set up direct deposit now?

Sixty (60) days prior to the payee reaching age of majority, we will send an information packet which will include our Direct Deposit Authorization Form. At that time, we will accept a completed form signed by the payee. The payee’s signature must also be notarized.

3. Can my payments be direct deposited into a bank outside of the U.S.?

No, the Automated Clearing House Network is a network that facilitates direct deposits in the U.S. only.

If there are any questions in completing the form, please call 402-916-3100, select Option 2, then 1.