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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: _____ %	Beneficiary: _____ %
Relationship to Payee: _____	Relationship to Payee: _____
Social Security No.: _____	Social Security No.: _____
Date of Birth: _____	Date of Birth: _____
Mailing Address: _____	Mailing Address: _____
_____	_____
Email: _____	Email: _____
Phone No.: _____	Phone No.: _____

Beneficiary: _____ %	Beneficiary: _____ %
Relationship to Payee: _____	Relationship to Payee: _____
Social Security No.: _____	Social Security No.: _____
Date of Birth: _____	Date of Birth: _____
Mailing Address: _____	Mailing Address: _____
_____	_____
Email: _____	Email: _____
Phone No.: _____	Phone No.: _____

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 uncertain, contact us at 402-916-3100 for confirmation).

***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 or 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 pro rata 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 adult 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.