

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.

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Update my address on file 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.

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)