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

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.

D.

A CONTRACT/FILE NUMBER:	B TYPE OF DEPOSITOR ACCOUNT: CHECKING SAV								/ING	S			
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MAILING ADDRESS:	DEPOSI ⁻	TOR A	CCO	UNT N	IUMI	BFR.							
TELEPHONE:	NAME O	F FINA	ANCIA	AL INS	TITU	IOITL	N:						
EMAIL:													
LIST THE NAME ON THE ACCOUNT AND ALL ACCOUNT HOLDER(S) NAME(S) FOR THE ACCOUNT NUMBER LISTED:	FINANCI	IAL INS	STITU	JTION	ADE	ORES	S:						
	FINANCIAL INSTITUTION TELEPHONE:												
Please attach a voided check or a document from your fir all names on the account**. **A printed image or 'screenshot' of your account from your financial institut and all names on the account. D PAYEE AND JOINT ACCOUNT HOLDER CERTIFICATION(S):													
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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.	SIGNATURE		-						DATE				_
is authorized to credit the amounts and/or correct previous credits to my account.	OIOIVATOIL												_
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	SIGNATURE	<u> </u>							DATE	<u> </u>			
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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

Direct Deposit Instructions

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
thirty 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 be sure you:

- 1. Complete Sections A, B and D entirely; and
- 2. Provide the documentation of the names and account number as noted in Section C.

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.

Account Name(s)

- 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.)
 - o NOTE: If the account number in Section B is part of a "pooled" trust, "clearinghouse account", etc., you must include the "For Further Credit" (FFC) account number in the Account Name section.
- Restricted Account: If a restricted account is required by an underlying settlement or court order, please
 provide a written statement from a bank representative identifying the account name and clearly stating
 that this is a restricted account.

Section C: Account Documentation/Verification

- Can be a pre-printed voided check.
 - o Cannot be a check with handwritten account names.
- Can be a bank form, printout or single screenshot that shows all account holder names and the full account number on one page.
 - o Cannot have the account holder name(s) and account number on different pages.

Section D: Payee and Joint Account Holder

- If only one (1) person is on the account, only the account holder must sign Section D.
- If two (2) or more are on the account, each and every person listed on the account must sign in Section D.
- <u>Trust</u>: Trustee(s) must sign Section D, or if the Trustee is a corporation, an authorized corporate representative.

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 <u>payee is still a minor</u> with payments beginning after age of majority. Can we set up direct deposit now?

No, we are not able to accept direct deposit instruction from a minor. Once the payee reaches age 18, we will accept a completed form signed by the payee. The payee's first 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.

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