

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.

Electronic Signature Authorization

CONTRACT/FII	LE NO.:					
Payee:						
Email Address:	:					
Mobile Phone:						
Joint Payee (if a	applicable):					
Email Address:	:					
Mobile Phone:						
This Authorization	those Terms and Co n form <u>must be manu</u> n it without action.		<u>notarized</u> . If this	s Authorization	form is incomplete or	unsigned,
Signature			Relationship to F	Payee	Date	
On	personally	appeared				
			(Sig	gnor)		
(Notary	Printed Name)	(Notary Si	gnature)	Notary S	eal:	
JOINT PAYEE (if	f applicable):					
Signature			Relationship to J	Joint Payee	Date	
On	personally	appeared	(Signor)			·
			(Signor)			
(Notary	Printed Name)	(Notarv Si	gnature)	Notary S	eal:	

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



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

Electronic Signature Authorization (cont.)

Terms and Conditions

By signing Page 1 of this Authorization, Payee and Joint Payee, if applicable, (individually or collectively, "Payees") authorize any of the companies listed above ("Sender") to communicate and transact with Payees electronically through the email address and mobile telephone number designated on Page 1. Payees further authorize Sender to accept electronic signatures on forms and documents executed through an electronic signature service initiated by Sender, as if Payees manually signed the relevant paper. In order to prevent unauthorized or fraudulent transactions, Payees acknowledge and agree that only electronic signatures affixed through an electronic signature service initiated by Sender will be accepted and given effect. An electronic signature service means a software program that allows Payees to electronically sign a document in which Payees' identity can be confirmed or authenticated to Sender's satisfaction through various digital markers or multiple contact points.

These authorizations apply to any transactions in which Payees request a permitted change to an annuity contract or reinsurance agreement, as applicable, such as a change to Payees' beneficiary, address, or direct deposit banking information, to name a few, or in the event Payees request contract documents or information from Sender. Payees agree to keep a copy of any document received or submitted electronically. Nothing in this Authorization form changes any of the requirements contained in a specific change request form provided by Sender, and Payees will adhere to the requirements in such forms. Payees may request a paper copy of any document Sender provides in electronic format and may withdraw the authorizations contained in this Authorization form at any time by providing written notice to Sender.

The authorizations contained in this Authorization form remain effective with respect to any transaction with the Sender until (1) revoked by Payees in writing, (2) Payees decline to transact electronically on a specific transaction (though Payees may choose to proceed electronically on other transactions), or (3) until the specific method of electronic communication is returned to Sender as undeliverable. Payees understand that Sender may, at its election, transact or communicate with Payees on paper through U.S. mail services or commercial delivery services for certain items, and Payees or Sender may decline to transact electronically at any time.

The "Payee" email address and mobile telephone number designated on Page 1 will be the exclusive address and mobile telephone number utilized by the Sender for electronic transactions and communications unless a Joint Payee provides additional information in the "Joint Payee" section as applicable to joint and survivor contracts only.

If Payees desire to change or update the email address or mobile telephone number for purposes of conducting electronic transactions or communications, a new Authorization form must be submitted to Sender. Payees release and hold Sender harmless with respect to any electronic transaction or communication Sender sends to an incorrect, invalid, or mistaken email address or mobile telephone number provided by Payees or as a result of Payees failure to update such contact information.

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