

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.

## Authorization to Communicate and Transact Electronically

CONTRACT/FILE NO.: \_\_\_\_\_

<b>Payee:</b> _____ <b>Email Address:</b> _____ <b>Mobile Phone:</b> _____
<b>Joint Payee (if applicable):</b> _____ <b>Email Address:</b> _____ <b>Mobile Phone:</b> _____

**By signing below, Payee and Joint Payee, if applicable, confirm they have read and agree to the terms and conditions on Page 2 of this Authorization and desire to electronically transact and communicate with Sender consistent with those Terms and Conditions.**

This Authorization form must be manually signed and notarized. If this Authorization form is incomplete or unsigned, Sender will return it without action.

**PAYEE:**

\_\_\_\_\_  
Signature Relationship to Payee Date

On \_\_\_\_\_ personally appeared \_\_\_\_\_  
(Date) (Signor)

By: \_\_\_\_\_ Notary Seal:  
(Notary Printed Name) (Notary Signature)

**JOINT PAYEE (if applicable):**

\_\_\_\_\_  
Signature Relationship to Joint Payee Date

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)

## Authorization to Communicate and Transact Electronically (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  
Email: [annuities@bhstructures.com](mailto:annuities@bhstructures.com)