

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.

NAME / ADDRESS CHANGE REQUEST

CONTRACT/FILE NO.:

PAYEE'S NAME HAS CHANGED

Please provide legal documentation supporting any name change. Your name cannot be changed in our records without supporting legal documentation (driver's license, marriage license, adoption records, etc).

Former Name: _____

New Name: _____

PAYEE'S NEW ADDRESS:

Make my payments by Direct Deposit (the below address is for correspondence only);

Please note that the Payee's banking information must be provided to us on our Direct Deposit form for this option.

OR

Mail my payments to the address below.

Payee Name: _____

Mailing/Street Address: _____

City, State and Zip: _____

Telephone: _____ Email**: _____

**By signing below, I authorize any of the companies listed above (the "sender") to communicate with me through email at the designated address, and this authorization remains effective until revoked by me or until email communication is returned to the sender as undeliverable. I understand that the sender may, at its election, communicate with me through U.S. mail services or commercial delivery services for communications containing confidential or sensitive information, important notices, or if I have failed to respond to email communications. If I am a joint payee, the address designated above will be the exclusive email address utilized by the sender unless additional email addresses are provided.

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 have no alternative but to return it without action.

Signature***

Relationship to Payee

Date

***If your verified signature is not on file with us, please have your signature notarized (if uncertain, contact us at 402-916-3100 for confirmation).

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