

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