

DIRECT DEPOSIT AUTHORIZATION



Berkshire Hathaway Group

STRUCTURED SETTLEMENTS

STRUCTURED SETTLEMENTS

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

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.

PAYEE must complete sections A, B, C and attach the documentation noted in section D.

It is important that you keep your mailing address and other contact information up-to-date.

A CONTRACT/FILE NUMBER: _____		B TYPE OF DEPOSITOR ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
PAYEE NAME: _____		ABA ROUTING NUMBER: _____
MAILING/STREET ADDRESS: _____		DEPOSITOR ACCOUNT NUMBER: _____
TELEPHONE: _____		NAME OF FINANCIAL INSTITUTION: _____
EMAIL: _____		FINANCIAL INSTITUTION ADDRESS: _____
LIST THE NAME ON THE ACCOUNT AND ALL ACCOUNT HOLDER(S) NAME(S) FOR THE ACCOUNT NUMBER LISTED: _____		FINANCIAL INSTITUTION TELEPHONE: _____
C PAYEE AND JOINT ACCOUNT HOLDER CERTIFICATION(S):		
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 _____		
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 Company. The Company will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin or resume payments.		
D Please attach a voided check or a document from your financial institution that clearly shows the account number and all names on the account*.		
*A printed image or 'screenshot' of your account from your financial institution's website is acceptable documentation if it shows the account number and all names on the account.		

The Company reserves the right to refuse any request.

PAYMENT ON DEATH ACCOUNTS: Payments will not be made to accounts with Payment on Death (POD) designations.

CANCELLATION: The agreement represented by this authorization shall remain in full force and effect until (1) the Company has received written and signed notification from me of its termination in such time and in such manner as to afford the Company and financial institution a reasonable opportunity to act on it; (2) the Company or financial institution has notified me in writing ten (10) days prior to the Company's or financial institution's termination of this arrangement; or (3) cancelled by the death or legal incapacity of the Payee.

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 sixty 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.

FALSE STATEMENTS OR FRAUDULENT CLAIMS: Federal law may provide for fines or imprisonment or both for presenting a false statement or making a fraudulent claim with respect to payments made hereunder.

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@bbstructures.com

Direct Deposit Instructions

Please be sure you:

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

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.)
 - NOTE: If the account number in Section C 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 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.

Payee and Joint Account Holder: Section C

- If only one (1) person is on the account, only the account holder must sign Section C.
- If two (2) or more are on the account, each and every person listed on the account must sign in Section C.
- Trust: Trustee(s) must sign Section C, 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 payee is still a minor with payments beginning after age of majority. Can we set up direct deposit now?

Sixty (60) days prior to the payee reaching age of majority, we will send an information packet which will include our Direct Deposit Authorization Form. At that time, we will accept a completed form signed by the payee. The payee's 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.