## DIRECT DEPOSIT AUTHORIZATION



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

## PAYEE must complete sections A, B and C

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

A FULL NAME OF PAYEE:			CONTRACT/FILE NUMBER:		
ADDRESS (street, route, APO/FPO):			В	TYPE OF DEPOSITOR ACCOUNT: CHECKING SAVINGS	
CITY:	STATE:	ZIP CODE:	C	DEPOSITOR ACCOUNT NUMBER:	
TELEPHONE NUMBER (include area code):					
<b>PAYEE CERTIFICATION</b> 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 (the "Depository") indicated herein. The Depository is authorized to credit the amounts and/or correct previous credits to my account.			By s advi Fun Con	<b>INT ACCOUNT HOLDER CERTIFICATION</b> (if applicable): signing this form I agree that, as a joint account holder, I must immediately se the Company and the Depository of the death or ineligibility of a Payee. ds deposited after the date of death or ineligibility are to be returned to the mpany. The Company will then make a determination regarding survivor rights, ulate survivor benefit payments, if any, and begin or resume payments.	
PAYEE SIGNATURE DATE			JO	INT PAYEE SIGNATURE DATE	
PAYEE SIGNATURE		DATE	JO	INT PAYEE SIGNATURE DATE	

## FINANCIAL INSTITUTION must complete sections D, E and F\*\*

D NAME OF FINANCIAL INSTITUTION ("DEPOSITORY"):	E LIST ALL ACCOUNT HOLDER(S) NAME(S) FOR THE ACCOUNT LISTED ABOVE:		
FINANCIAL INSTITUTION ADDRESS:			
FINANCIAL INSTITUTION PHONE NUMBER:			
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account type, account number, account title, and ABA routing number.	F ABA ROUTING NUMBER:		
PRINT OR TYPE REPRESENTATIVE'S NAME	**If you use an online only financial institution, please attach a voided check and note that a		
SIGNATURE OF REPRESENTATIVE DATE	representative signature in Section D is waived.		

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 notification from me of its termination in such time and in such manner as to afford the Company and Depository a reasonable opportunity to act on it; (2) the Company or Depository has notified me in writing ten (10) days prior to the Company's or Depository'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 Depository until the Company is notified by the Payee, via a new Form SS-400c, 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@bhstructures.com