

TEXAS – Application for Life Insurance

Simplified issue Products – One Base Policy per Application



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Checklist for Submitting a Complete Application

Please mail application and appropriate forms to: United of Omaha Life Insurance Company,
Attn: Individual Life Underwriting, Mutual of Omaha Plaza, Omaha, NE 68175

Please choose the precise **Product, Plan, Rider, and amount of insurance** applied for

☐ Universal Life Products:

- Indexed Universal Life Express

☐ Universal Life Express Riders:

- Accidental Death Benefit Rider
- Guaranteed Insurability Rider
- Disability Waiver of Policy Charges Rider
- Disability Continuation of Planned Premium Rider
- Dependent Children's Rider

☐ Term Product:

- Term Life Express

☐ Term Life Riders:

- Accidental Death Benefit Rider
- Dependent Children's Rider
- Disability Income Rider
- Disability Waiver of Premium Rider

Application Submission Guidelines

- ☐ Attach a cover letter or additional information as needed.
- ☐ Always submit the Producer Statement and Producer Report page.
- ☐ Always leave all applicable forms and the Life Insurance Buyer's Guide with the client.
- ☐ All changes should be initialed and dated by the Applicant/Owner.
- ☐ If a Financial Institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client.

Important Forms

- ☐ Replacement Notice – if applicable, the client must sign and retain a copy for their records.
- ☐ Payment Authorization – Complete this form if applicable.
- ☐ Conditional Receipt – Complete **ONLY** if you accepted a check or electronic transaction authorization at time of application for the initial premium. **DO NOT** complete the Conditional Receipt if initial payment won't be collected until issue.
- ☐ Accelerated Benefit Rider Disclosure – The client must sign the Accelerated Benefit Rider Disclosure Form.
- ☐ Authorization for Release of Information to My Insurance Agent, Agency and/or Authorized Third Party Vendor – Complete this form if applicable. The client must sign and retain a copy for their records.

Supplemental Applications, Forms, and Buyer's Guide:

- **Child(s) Rider Supplemental Application:** Required for the Children's Rider.
- **Disability Supplemental Application:** Required for the following riders - Disability Waiver of Policy Charges, Disability Continuation of Planned Premium, Disability Income or Disability Waiver of Premium.
- **Indexed Universal Life Premium Allocation form:** Required when selecting Indexed Universal Life Express Without Easy Solve on the application.
- **Illustration:** Required with signature for Indexed Universal Life Express applications.
- **Acknowledgment/Illustration Certification form:** Required when no illustration was used at point of sale, a hard copy of the illustration was not furnished or the policy applied for is other than shown in the illustration.
- **1035 Exchange:** By exercising a 1035 (a) exchange, the client may transfer the money from the old carrier to United of Omaha without incurring a taxable gain for federal income tax purposes.
- **Buyer's Guide:** For all life products, the shopping guide for insurance is to be given to the consumer at point of sale.



LAP1111_TX_0613
02/01/2024



INDIVIDUAL LIFE INSURANCE APPLICATION

Proposed Insured									
First Name	MI	Last Name	Suffix	Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight		
Home Address Street		Apt/Ste#	City		State	ZIP		State of Birth	Date of Birth
Phone Number		Best Time to Call		Annual Income		E-mail			
Driver's License No.		Driver's License State		Occupation/Duties			Employer		
U.S. Citizen?.... <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," complete the Foreign National and Foreign Travel questionnaire)				In the past 12 months, has the Proposed Insured used tobacco or any product containing nicotine?..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Plan Information									
Term Life: <input type="checkbox"/> 30-Year Level Term Life with 30 Year Guarantee <input type="checkbox"/> 20-Year Level Term Life with 20 Year Guarantee <input type="checkbox"/> 15-Year Level Term Life with 15 Year Guarantee <input type="checkbox"/> 10-Year Level Term Life with 10 Year Guarantee				Term Life Express Amount of Insurance Applied for \$ _____					
Term Riders: (Complete Supplemental Applications if applying for a Disability Rider or the Children's Rider) <input type="checkbox"/> Disability Income Rider: <input type="checkbox"/> 18 months <input type="checkbox"/> 30 months Disability Income Rider Monthly Benefit \$ _____ <input type="checkbox"/> Disability Waiver of Premium <input type="checkbox"/> Dependent Children's Rider Benefit Amount of Insurance Applied for: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Accidental Death Benefit Rider Amount of Insurance Applied for \$ _____									
Permanent Life: <input type="checkbox"/> Indexed Universal Life Express Amount of Insurance Applied for \$ _____ Choose one: <input type="checkbox"/> With Easy Solve <input type="checkbox"/> Without Easy Solve <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Level Death Benefit and 100% Allocated to the '1-Year 100% Participation Strategy' Do <u>NOT</u> submit the IUL Allocation Form. </div> <div style="width: 45%;"> <input type="checkbox"/> Option 1 Level Death Benefit <input type="checkbox"/> Option 2 Specified Amount Plus Accumulation Value The IUL Allocation Form <u>MUST</u> be submitted. </div> </div>									
Permanent Life Riders: (Complete Supplemental Applications if applying for a Disability Rider or the Children's Rider) <input type="checkbox"/> Disability Waiver of Policy Charges Rider <input type="checkbox"/> Disability Continuation of Planned Premium Rider Amount \$ _____ <input type="checkbox"/> Dependent Children's Rider Benefit Amount of Insurance Applied for: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Accidental Death Benefit Rider Amount of Insurance Applied for \$ _____									
Premium Information									
Premium Method		<input type="checkbox"/> Direct Bill <input type="checkbox"/> Bank Draft (Complete Payment Authorization Form) <input type="checkbox"/> Other (Please Explain) _____							
Frequency of Modal Premium		<input type="checkbox"/> Monthly (Bank Draft Only) <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly							
Modal Premium \$ _____ Collected Premium \$ _____ Name & Address of Payor (if other than Proposed Insured/Owner) _____ Relationship of Payor (if other than Proposed Insured/Owner) _____									

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Owner (Complete Policyowner Information if Proposed Insured is not the Policyowner)

First Name	MI	Last Name	Suffix	Relationship to Proposed Insured	Date of Birth	Phone No.
Home Address Street	Apt/Ste#	City	State	ZIP	Social Security No./Tax ID	Citizenship Country

Beneficiary

Primary Beneficiary First Name	MI	Last Name	Suffix	% of Proceeds	Relationship to Insured	Date of Birth
Contingent Beneficiary First Name	MI	Last Name	Suffix	% of Proceeds	Relationship to Insured	Date of Birth

If more space is needed, provide information in Comments section.

Other Coverage Information

1. List below all life insurance policies and/or annuity contracts on any person proposed for insurance that are now pending or are now in force (including any that have been assigned or sold). If none, check the following box.....☐ **None**
2. Has the Proposed Insured had, or intend to have, any life insurance policies, or annuity contracts replaced, converted, reduced, reissued, sold, subjected to borrowing, or otherwise discontinued because of this application?☐ **Yes** ☐ **No**

The Producer shall comply with any additional state and/or company replacement requirements.

Company	Face Amount	1035 Exchange?	To Be Replaced or Converted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. **In the past 10 years**, has the Proposed Insured been declined for life insurance coverage?☐ **Yes** ☐ **No**
4. Has the Proposed Insured been offered cash or any other consideration for obtaining this policy?☐ **Yes** ☐ **No**
5. Are you planning to enter into a finance arrangement to pay any premium payments due under this policy?.....☐ **Yes** ☐ **No**
6. Do you intend to sell or transfer ownership to a third party in the next five years, or have you sold or transferred ownership of a policy to a third party in the last five years?☐ **Yes** ☐ **No**

If "Yes" to questions 3, 4, 5 or 6 provide information in Comments section.**Comments**

Provide any additional information necessary and the details of "Yes" answers. Always identify question number.

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Underwriting

If the Proposed Insured answers "Yes" to questions 2 through 7 in this section, that person is not eligible for coverage under this application.

Proposed Insured

1. Has the Proposed Insured ever been diagnosed by a member of the medical profession or been tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Proposed Insured ever (i) been diagnosed with, or (ii) received treatment for, or (iii) been advised by a member of the medical profession to seek treatment for:	
(a) Coronary Artery Disease, Heart Attack, Coronary Artery Bypass Surgery, Angioplasty, Stent Placement, Valvular Heart Disease with Repair or Replacement, Cardiomyopathy, Congestive Heart Failure, Congenital Heart Disease, Pacemaker, Defibrillator, Stroke, Transient Ischemic Attack (TIA)/mini-stroke, abnormal heart rhythm, or Cerebral, Aortic or Thoracic Aneurysm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Chronic Lung Disease (except mild Asthma), including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Sarcoidosis or Cystic Fibrosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Bipolar Depression, Schizophrenia, Alzheimer's Disease, Dementia, Parkinson's Disease, Sickle Cell Anemia, Lou Gehrig's Disease (ALS), Muscular Dystrophy, Demyelinating Disease including Multiple Sclerosis, Huntington's Disease, Hydrocephalus, Quadriplegia, Paraplegia, Down Syndrome, Autism, Intellectual Developmental Disorder, or any other disease of the central nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Chronic Kidney Disease, end-stage Renal Disease with dialysis, Chronic Pancreatitis or Liver Disease including Cirrhosis, Hepatitis B or Hepatitis C?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Cancer, Leukemia, Melanoma, Lymphoma or any other internal cancer (except basal cell or squamous cell skin cancer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Systemic Lupus or Scleroderma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g) an organ transplant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	
(a) required the assistance of another person or a device of any kind for bathing, dressing, eating, toileting, getting in and out of a chair or bed, or the management of bowel or bladder problems?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) received, or been advised by a member of the medical profession to have, any of the following types of care: nursing home, assisted living facility, adult day care facility, home health care services, hospice care or is the Proposed Insured currently confined to any hospital or other medical facility?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) used any of the following: walker, wheelchair, electric scooter, oxygen (excluding use for sleep apnea), or catheter?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 12 months, has the Proposed Insured:	
(a) been advised by a member of the medical profession to have a surgical operation, diagnostic testing (other than for routine screening purposes or for those related to HIV/AIDS), treatment, or other procedure which has not been done?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) received treatment by a member of the medical profession for chronic cough, unexplained weight loss greater than 10 pounds (other than due to diet or exercise), fatigue or unexplained gastrointestinal bleeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the next 2 years, will the Proposed Insured engage in any motor sports racing, boat racing, parachuting/skydiving, hang gliding, base jumping, rock or mountain climbing?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In the past 10 years, has the Proposed Insured:	
(a) used alcohol to a degree that required treatment or been advised to limit or discontinue its use by a member of the medical profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) used or been convicted of possession of unlawful drugs (other than marijuana) or used prescription drugs other than as prescribed in any form?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) been convicted of or currently awaiting trial for a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) been convicted of driving under the influence of drugs or alcohol, been convicted of reckless driving or been convicted of four or more moving violations?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) been hospitalized for high blood pressure or any mental or nervous disorder?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Underwriting Continued

<p>8. Has the Proposed Insured ever (i) been diagnosed with, or (ii) received treatment for, or (iii) been advised by a member of the medical profession to seek treatment for:</p> <p>(a) Diabetes?.....</p> <p>(b) Diabetes before age 45 other than Gestational Diabetes?.....</p> <p>(c) Diabetes at any age with complications of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve), Peripheral Vascular Disease (PVD or PAD) or amputation?</p>	<p>Proposed Insured</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. In the past 12 months, has the Proposed Insured applied for or received disability, hospital or medical benefits from any insurance company, government, military, employer, or other source (other than for maternity, fractures, spinal or back disorders or joint replacement)?.....</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. In the past 5 years, has the Proposed Insured (i) been hospitalized, or (ii) received treatment for, or (iii) been advised by a member of the medical profession to seek treatment for any other health condition (other than for routine physical checkups, eye, employment or FAA examinations)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If answered "Yes" to question 10, please list details below. If more space is needed, use the Comments section.

Medical Impairment, Injury, Illness or Results of Testing or Examinations (If operation was performed, state type)	Month and Year	Duration	Name, Address, ZIP and Telephone Number of Hospital and/or Attending Physician

Authorization and Agreement

Authorization: I authorize any medical provider, hospital, clinic, pharmacy, pharmacy benefit manager, or other medical care facility, MIB, LLC (MIB), state department of motor vehicles and other entities processing motor vehicle records, insurance companies or consumer reporting agencies to release information about me or my health, such as, medical history, including information regarding communicable or infectious conditions or the presence of HIV infection, AIDS or ARC, mental or physical condition, prescription drug records, drug or alcohol use, driving record or insurance claims information, to United of Omaha Life Insurance Company ("United of Omaha"). The information will be used to determine my eligibility for insurance or to resolve or contest any issues of incomplete, incorrect or misrepresented information on this application that may arise. I also authorize United of Omaha to disclose information to MIB. I understand that my information received by MIB may be disclosed, upon request, to another member company with whom I apply for life or health insurance or to whom I may submit a claim for benefits. If the person or entity to whom information is disclosed is not a health care provider or health plan subject to federal privacy regulations, the information may be redisclosed without the protection of the federal privacy regulations. This authorization is valid for 24 months from the date signed. This time limit complies with the time limit, if any, permitted by applicable law in the state where the policy is delivered or issued for delivery. I may refuse to sign this authorization but if I refuse, the insurance I am applying for will not be issued. I may revoke this authorization at any time by written notice to United of Omaha. This revocation is limited to the extent that United of Omaha has taken action in reliance on the authorization or the law allows United of Omaha to contest the issuance of the policy or a claim under the policy. I will receive a copy of this authorization.

Agreement: I represent the information above is true and complete to the best of my knowledge and belief. Any incorrect or misleading answers may void this application and any issued policy effective the issue date. Unless otherwise provided under a conditional receipt, I understand that no insurance shall take effect until all outstanding application requirements have been received, a policy is issued and the first premium is received by United of Omaha during the proposed insured's lifetime. The issue date of the policy will be the date shown on the policy, even though coverage may not become effective until a later date. You must immediately notify United of Omaha if there has been a change in the proposed insured's health or habits that will change any statement or answer to any question in the application as of the date the policy is delivered. No policy of any kind will be in effect if the proposed insured dies or is otherwise ineligible for the insurance for which they applied. No producer can waive or change any receipt or policy provision or agree to issue any policy.

Fraud Warning: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at: _____ Date _____
City State Mo Day Yr

Signature of Proposed Insured Age 15 and Over

Signature of Applicant/Owner/Trustee if other than Proposed Insured or if the Owner is a corporation, trust, or other entity. Include title of Signee(s).

Signature of Parent or Guardian if Proposed is under Age 15





Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

PRODUCER STATEMENT

1. Has the Proposed Insured informed you, the Producer(s), that he/she has any pending or existing life insurance or annuity contracts with the company or any other company?..... ☐ Yes ☐ No
(If the above questions are answered "Yes," fulfill all state and company requirements.)

2. Do you, the Producer(s), have any reason to believe the policy applied for has replaced or will replace any insurance policy or annuity contract in force with the company or any other company?..... ☐ Yes ☐ No

3. Did you, the Producer(s), give the Proposed Insured the MIB, LLC Pre-Notice, the Notice of Information Practices (if applicable) and the Life Insurance Buyer's Guide?..... ☐ Yes ☐ No

If "No," please explain _____

4. I/We certify that, during an interview with the Proposed Insured, I/we asked each question exactly as written and recorded the answers provided by the Proposed Insured(s) completely and accurately ☐ Yes ☐ No

5. I/We conducted said interview in person ☐ Yes ☐ No

If "No," please explain _____

6. (a) Are you the Proposed Insured or Owner?..... ☐ Yes ☐ No

(b) Are you related to the Proposed Insured or Owner? ☐ Yes ☐ No

If "Yes," state relationship _____

7. How long have you known the Proposed Insured? _____

8. How long have you known the Proposed Owner? _____

Print Producer #1 Name Producer E-mail Production Number Agency Name

Signature of Producer #1 Date

Print Producer #2 Name Producer E-mail Production Number Agency Name

Signature of Producer #2 Date



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

Producer's Report

(Must be completed by the Producer who obtained the application on the Proposed Primary Insured named below.)

1. Proposed Primary Insured Full Name _____
First Name Initial Last Name

2. Please Note: A recent mortgage is not required for issuance of this policy.
Has the Proposed Insured purchased a home or refinanced a home within the last 2 years? ☐ Yes ☐ No
If "Yes," then complete the remainder of Question 2

Approximate Mortgage Loan Amount \$ _____

Mortgage Loan Financial Institution Name _____

3. Have you, the producer, observed or are you aware of any additional information that may affect the issuance of this policy?
If "Yes," explain below ☐ Yes ☐ No



UNITED OF OMAHA LIFE INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



PAYMENT AUTHORIZATION FORM

Proposed Insured/Insured: _____ Policy Number(s) if known: _____

Complete this form only when authorizing a bank account for withdrawal for a premium payment.

PAYMENT INFORMATION FOR THE FIRST PAYMENT- CAN BE DIFFERENT THAN THE ONGOING PAYMENTS

Initial Premium Payment (select only one option) Amount Quoted \$ _____

- ☐ Deduct premium immediately upon approval/issue
- ☐ Deduct initial premium on or after: _____/_____/_____ (Please Note: If the policy issue is after the date selected, the initial payment will be deducted on the date the policy is issued or all delivery requirements are received.)
- ☐ Check collected and mailed to Mutual of Omaha

Money will be deducted from your account as stated above. The first deduction may occur on a date different than the ongoing payments. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the first deduction may exceed one regular payment amount. We **CANNOT** establish electronic payments from foreign banks.

PAYMENT INFORMATION FOR ONGOING PAYMENTS- AUTOMATIC BANK ACCOUNT DEDUCTION

Ongoing Automatic Monthly Premium Payments (Once a Month)- Select only one option

- ☐ Choose the day payments will be deducted every month from your bank account:
(1st through the 28th or Last Day of every month) _____
- OR-
- ☐ Choose the week and weekday that payments will be deducted every month from your bank account:
(For example, 3rd Wednesday of every month)

Week (1st, 2nd, 3rd, 4th, Last) _____ **Weekday (Mon, Tue, Wed, Thu, Fri)** _____

Each month, payments will be automatically deducted from the account below on the day selected above. If no date is selected, premiums will be deducted on the policy date (which is determined at the time the policy is issued and can be found within the policy). **Ongoing deductions will begin once the policy is issued. If the scheduled deduction date lands on a weekend or holiday, the payment will process on the following business day.**

PAYOR INFORMATION

Name of payor as shown on bank account: _____

If premium is **NOT** paid by Proposed Insured/Insured, indicate the bank account owner's relationship to Proposed Insured/Insured by selecting one of the following. (Additional documentation may be required)

- ☐ Employer ☐ Living Trust
- ☐ Business owned by Proposed Insured/Insured or spouse ☐ Other _____
- ☐ Power of Attorney or legal guardian

PAYOR ACCOUNT INFORMATION

1. Account Type (check one): ☐ Checking ☐ Savings

2. Name of Financial Institution: _____

3. Complete information below or attach a voided check here.

Bank Routing Number: _____ Bank Account Number: _____

(Do not use Debit/Credit Card numbers)

Memo _____		Signed By: _____	
1:123456789:1 12345678 11* 1234 11*			
Bank Routing Number		Bank Account Number	
Check Number (if shown at bottom, may be shown before or after the account #)			

PAYOR AUTHORIZATION

I authorize United of Omaha Life Insurance Company to initiate any initial or recurring preauthorized electronic transfers from my account. I understand the amounts may vary as premium shortages may result from a variety of reasons, including underwriting adjustments. This authorization will be effective until I give you at least three business days notice to cancel. If notice is given verbally, United of Omaha Life Insurance Company may require written confirmation within 15 days after my verbal notice.

Date _____ X _____
Mo./Day/Yr. Payor Authorized Signature as Shown on Account

L8473_0417

Authorization for Release of Information to My Insurance Agent, Agency and/or Authorized Third Party Vendor

I authorize Mutual of Omaha Insurance Company and their affiliated companies (Mutual), or authorized third party vendor, to disclose personal and medical information about me to my insurance agent and/or agency.

Information that Mutual or an authorized third party vendor may disclose includes medical information and other personal information as it relates to actions Mutual may have taken based on this information, such as charging me a higher premium for my insurance, changing benefits to something other than I applied for or declining my application for insurance.

The information will be used to help me with the insurance application process or to find other insurance coverage options.



I understand that if the person or entity that receives the above information is not covered by federal privacy regulations, the information described above may be re-disclosed by such person or entity and will likely no longer be protected by the federal privacy regulations.

I understand that I may refuse to sign this authorization. If I refuse to sign it will not affect the issuance of the insurance for which I am applying.

Unless revoked earlier, this authorization will remain in effect for 24 months from the date I sign it. I understand that I may revoke this authorization at any time, by written notice to: Mutual of Omaha, ATTN: Individual Underwriting, 3300 Mutual of Omaha Plaza, Omaha, NE 68175.

I realize that my right to revoke this authorization is limited to the extent that Mutual has taken action in reliance on the authorization.

I understand that I will receive a copy of the authorization.

 X _____ Signature of Applicant A	_____ Date
 X _____ Signature of Applicant B	_____ Date



ACCELERATED DEATH BENEFIT RIDER DISCLOSURE

The benefits received under any accelerated death benefit rider may be taxable and may adversely affect your eligibility for Medicaid or other government benefits or entitlements. You should consult your personal tax advisor regarding the tax treatment of accelerated benefits. You should contact a qualified advisor or the applicable government agency (such as the local Medicaid office) for advice regarding eligibility for Medicaid or other government benefits or entitlements before requesting this benefit.

Accelerated benefits do not and are not intended to qualify as long-term care insurance. Benefit payments under an accelerated death benefit rider are intended to qualify for favorable tax treatment.

Disclosure for Term Life Insurance Policies

If you are applying for term life insurance, this disclosure is a brief description of the Accelerated Death Benefit Rider and the effects on your policy. This disclosure is not an insurance contract, but only a summary of the coverage provided by the riders. There is no premium charge for the riders.

Benefit Description - Accelerated Death Benefit for Terminal Illness Rider

If the insured is diagnosed as having a Terminal Illness while the policy is in force, you may make a one-time election to receive an accelerated death benefit up to 80% of the policy's death benefit. A Terminal Illness is a medical condition that, within a reasonable degree of medical certainty, will result in the insured's death within 12 months or less from the date a physician signs the statement of proof of Terminal Illness.

We will reduce the Terminal Illness benefit by the Accelerated Death Benefit Interest Rate and a \$100 charge.

Benefit Description - Accelerated Death Benefit for Chronic Illness Rider

If the insured is diagnosed as being Chronically Ill while the policy is in force, you may elect to receive an accelerated death benefit.

Chronically Ill means that within the last 12 months a physician has certified that for a continuous period of at least 90 days, the insured is: (a) unable to perform (without substantial assistance from another person) at least two activities of daily living; or (b) requires substantial supervision to protect himself or herself from threats to health and safety due to severe cognitive impairments.

Each requested acceleration may not exceed the per diem allowance permitted by section 101(g)(3) of the Internal Revenue Code multiplied by the number of days in the current calendar year that the insured is expected to be Chronically Ill. The Internal Revenue Service announces the per diem limit for each calendar year.

We will reduce the Chronic Illness benefit by an actuarial present value factor, future unpaid premiums, and a \$100 charge. The actuarial present value factor will be based on the life expectancy of the insured and the Accelerated Death Benefit Interest Rate.

Benefit Description - Accelerated Death Benefit for Critical Illness Rider

If the insured is diagnosed as being Critically Ill while the policy is in force, you may elect to receive an accelerated death benefit.

Critically Ill means that within the last 12 months a physician has certified that the insured has one or more of the following conditions: AIDS, Amyotrophic Lateral Sclerosis (ALS), Dementia, End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack), Severe Burns, Stroke or Surgical Treatment of an Aortic Aneurysm.

We will reduce the Critical Illness benefit by an actuarial present value factor, future unpaid premiums, and a \$100 charge. The actuarial

present value factor will be based on the life expectancy of the insured and the Accelerated Death Benefit Interest Rate.

Requesting an Acceleration

You may elect to receive the Chronic Illness or Critical Illness benefit more than once, and there must be at least 12 months between acceleration requests. In contrast, you may elect to receive the Terminal Illness benefit only once. If you elect to receive the Terminal Illness benefit, the Chronic Illness and Critical Illness benefits are no longer available.

The requested acceleration cannot be less than \$5,000 under any rider. The maximum sum of all accelerated death benefit payments, for the policy to which this rider is attached, cannot exceed 80% of the policy's face amount as of the policy issue date. The issue date and face amount are shown on the policy data page.

Effect of the Accelerated Death Benefit on the Policy

When we pay the accelerated death benefit, the policy will continue with a reduced face amount and a reduced premium.

Disclosure for Universal Life Insurance Policies

If you are applying for universal life insurance benefits, this disclosure is a brief description of the Accelerated Death Benefit for Terminal Illness Rider, the Accelerated Death Benefit for Chronic Illness Rider, and their effects on your policy. This disclosure is not an insurance contract, but only a summary of the coverage provided by the riders. There is no premium or cost of insurance for these riders.

Benefit Description - Accelerated Death Benefit For Terminal Illness Rider

If the insured is diagnosed as having a Terminal Illness while the policy is in force, you may make a one-time election to receive an accelerated death benefit. The sum of all requested accelerations under the Terminal Illness Rider and the Chronic Illness Rider may not exceed the lesser of \$1,000,000 or 80% of the specified amount as of the date of the first requested acceleration.

A Terminal Illness is a medical condition that, within a reasonable degree of medical certainty, will result in the insured's death within 12 months or less from the date a physician signs the statement of proof of terminal illness.

We will reduce the Terminal Illness benefit by an actuarial discount rate and a \$100 charge, and the pro-rated amount of any outstanding loans. The actuarial discount rate will not be greater than 6%.

Benefit Description - Accelerated Death Benefit for Chronic Illness Rider

If the insured is diagnosed as being Chronically Ill while the policy is in force, you may elect to receive an accelerated death benefit.

Chronically Ill means that within the last 12 months a physician has certified that for a continuous period of at least 90 days, the insured is: (a) unable to perform (without substantial assistance from another person) at least two activities of daily living; or (b) requires substantial supervision to protect himself or herself from threats and safety due to severe cognitive impairments.



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The sum of all requested accelerations may not exceed the lesser of \$1,000,000 or 80% of the specified amount as of the date of the first requested acceleration. Each requested acceleration may not exceed the per diem allowance permitted by section 101(g)(3) of the Internal Revenue Code multiplied by the number of days in the current calendar year that the insured is expected to be Chronically Ill.

The Internal Revenue Service announces the per diem limit for each calendar year.

You may elect to receive the Chronic Illness benefit more than once, and there must be at least 12 months between acceleration requests. In contrast, you may elect to receive the Terminal Illness benefit only once. If you elect to receive the Terminal Illness benefit, the Chronic Illness benefit is no longer available.

We will reduce the Chronic Illness benefit by an actuarial discount rate multiplied by the insured's life expectancy in years, a \$100 charge, and the pro-rated amount of any outstanding loans.

Benefit Description - Accelerated Death Benefit for Critical Illness Rider (this rider is only available with Indexed Universal Life Express policies)

If the insured is diagnosed as being Critically Ill while the policy is in force, you may elect to receive an accelerated death benefit.

Critically Ill means that within the last 12 months a physician has certified that the insured has one or more of the following conditions: AIDS, Amyotrophic Lateral Sclerosis (ALS), Dementia, End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack), Severe Burns, Stroke or Surgical Treatment of an Aortic Aneurysm.

The minimum acceleration amount under this rider is \$5,000. The maximum sum of all accelerated death benefit payments cannot exceed 80% of the policy's face amount as of the policy issue date. You may elect to receive the Critical Illness benefit more than once, and there must be at least 12 months between acceleration requests.

We will reduce the Critical Illness benefit by an actuarial present value factor, future unpaid premiums, and a \$100 charge. The actuarial present value factor will be based on the life expectancy of the insured and the Accelerated Death Benefit Interest Rate.

Effect of the Accelerated Death Benefit on the Policy

When we pay any accelerated death benefit, the following will occur: (a) we will reduce the specified amount, accumulation value, and any loan by the same proportion as the death benefit; and (b) the monthly deduction and cost of insurance charge will be based on the reduced specified amount.



Acknowledgment

I acknowledge receipt of this Disclosure Form



Applicant/Owner Signature

Date

I have provided this Disclosure Form to the Applicant



Producer Signature

Date

CONDITIONAL RECEIPT ("RECEIPT")

United of Omaha Life Insurance Company ("United", "we"), Mutual of Omaha Plaza, Omaha, NE 68175

IF ANY PROPOSED INSURED DIES WHILE COVERAGE UNDER THIS RECEIPT IS IN EFFECT, WE WILL PAY TO THE BENEFICIARY(IES) NAMED IN THE APPLICATION THE AMOUNT DESCRIBED IN THE SECTION BELOW ENTITLED "BENEFIT".

DATE OF RECEIPT: _____

BENEFIT	For purposes of this Receipt, the benefit under this Receipt is an amount equal to the lesser of: (1) the amount of the death benefit that would be payable in the first policy year under the policy as applied for in the application; or (2) \$100,000 minus the amount of any insurance on the Proposed Insured's life under any other temporary insurance agreements and/or conditional receipts. In no event will the amount of the Conditional Receipt benefit under this Receipt exceed \$100,000.
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CONDITIONS	<p>Conditions under which a benefit may be payable under this Receipt prior to policy delivery:</p> <ol style="list-style-type: none">1 The amount received via check or authorized electronic transaction with the application is sufficient to pay: (a) the first premium of a fixed premium plan at the mode applied for; or (b) the first planned periodic premium on a flexible premium plan; and2 Each person proposed for insurance is, as of the application date, eligible for the exact policy applied for, according to the underwriting standards of United then in effect, without modification of the plan, premium rate, benefits, class and amounts of coverage applied for; and3 To the best knowledge and belief of those signing the application, all the statements and answers in the application are true and complete when made; and4 All parts of the application, and if required, exams, supplements to the application, questionnaires and amendments to the application, are completed and received by United. <p>If a Proposed Insured dies by suicide or self-inflicted injury, while sane or insane, United will not be liable under this Receipt except to return any payment paid with the application.</p>
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END DATE	<p>This Receipt and any coverage provided hereunder will END on the earliest of the following dates:</p> <ol style="list-style-type: none">1 60 days from the date of this Receipt; or2 The date we deliver the policy applied for to the Applicant/Owner and all delivery requirements have been completed; or3 The date we mail you a letter notifying you that we: (a) are unable to approve the requested coverage at the risk class applied for; or (b) have declined to issue you a policy; or (c) will not provide conditional receipt coverage; or4 The date the Applicant/Owner withdraws the application for insurance.
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SIGNATURES	<p>This Receipt does not limit United in applying its underwriting standards to the application nor does this Receipt limit or waive any rights under any life insurance policy issued. If United rejects or declines the application, United will refund the applicant any premium paid with the application.</p> <p>I/We have read and received a copy of this Receipt and understand and agree to all of its terms. I/We verify the above answers are true and complete to the best of my/our knowledge and belief. I/We understand that the Producer has no authority to change the terms of this Receipt.</p> <table><tr><td>Signature of Proposed Insured</td><td>_____</td><td>Date</td><td>_____</td></tr><tr><td>Signature of Other Proposed Insured</td><td>_____</td><td>Date</td><td>_____</td></tr><tr><td>Signature of Applicant/Owner (if other than Proposed Insured)</td><td>_____</td><td>Date</td><td>_____</td></tr></table> <p>Payment Method: Check <input type="checkbox"/> Electronic Transaction Authorization <input type="checkbox"/> Amount remitted/authorized \$ _____</p> <p>I/We agree that I/We am/are not authorized to change or waive the terms of this Receipt and represent that I/We have not attempted to do so. I/We have read and explained the terms of this Receipt to the Proposed Insured(s) and the Applicant/Owner. I/We have left a copy with the Applicant/Owner.</p> <table><tr><td>Signature of Producer</td><td>_____</td><td>Date</td><td>_____</td></tr><tr><td>Signature of Producer</td><td>_____</td><td>Date</td><td>_____</td></tr></table>	Signature of Proposed Insured	_____	Date	_____	Signature of Other Proposed Insured	_____	Date	_____	Signature of Applicant/Owner (if other than Proposed Insured)	_____	Date	_____	Signature of Producer	_____	Date	_____	Signature of Producer	_____	Date	_____
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Signature of Applicant/Owner (if other than Proposed Insured)	_____	Date	_____																		
Signature of Producer	_____	Date	_____																		
Signature of Producer	_____	Date	_____																		



IMPORTANT DOCUMENTS

LEAVE THE FOLLOWING REMAINING PAGES WITH CLIENT(S)

As part of the application process, the applicant has signed multiple forms. Applicant copies of these forms and notifications on the following pages are to be left with applicant(s). **However, do not provide the Conditional Receipt to the client if a check or electronic transaction authorization for the initial premium was not collected at the time of application.**



ACCELERATED DEATH BENEFIT RIDER DISCLOSURE

The benefits received under any accelerated death benefit rider may be taxable and may adversely affect your eligibility for Medicaid or other government benefits or entitlements. You should consult your personal tax advisor regarding the tax treatment of accelerated benefits. You should contact a qualified advisor or the applicable government agency (such as the local Medicaid office) for advice regarding eligibility for Medicaid or other government benefits or entitlements before requesting this benefit.

Accelerated benefits do not and are not intended to qualify as long-term care insurance. Benefit payments under an accelerated death benefit rider are intended to qualify for favorable tax treatment.

Disclosure for Term Life Insurance Policies

If you are applying for term life insurance, this disclosure is a brief description of the Accelerated Death Benefit Rider and the effects on your policy. This disclosure is not an insurance contract, but only a summary of the coverage provided by the riders. There is no premium charge for the riders.

Benefit Description - Accelerated Death Benefit for Terminal Illness Rider

If the insured is diagnosed as having a Terminal Illness while the policy is in force, you may make a one-time election to receive an accelerated death benefit up to 80% of the policy's death benefit. A Terminal Illness is a medical condition that, within a reasonable degree of medical certainty, will result in the insured's death within 12 months or less from the date a physician signs the statement of proof of Terminal Illness.

We will reduce the Terminal Illness benefit by the Accelerated Death Benefit Interest Rate and a \$100 charge.

Benefit Description - Accelerated Death Benefit for Chronic Illness Rider

If the insured is diagnosed as being Chronically Ill while the policy is in force, you may elect to receive an accelerated death benefit.

Chronically Ill means that within the last 12 months a physician has certified that for a continuous period of at least 90 days, the insured is: (a) unable to perform (without substantial assistance from another person) at least two activities of daily living; or (b) requires substantial supervision to protect himself or herself from threats to health and safety due to severe cognitive impairments.

Each requested acceleration may not exceed the per diem allowance permitted by section 101(g)(3) of the Internal Revenue Code multiplied by the number of days in the current calendar year that the insured is expected to be Chronically Ill. The Internal Revenue Service announces the per diem limit for each calendar year.

We will reduce the Chronic Illness benefit by an actuarial present value factor, future unpaid premiums, and a \$100 charge. The actuarial present value factor will be based on the life expectancy of the insured and the Accelerated Death Benefit Interest Rate.

Benefit Description - Accelerated Death Benefit for Critical Illness Rider

If the insured is diagnosed as being Critically Ill while the policy is in force, you may elect to receive an accelerated death benefit.

Critically Ill means that within the last 12 months a physician has certified that the insured has one or more of the following conditions: AIDS, Amyotrophic Lateral Sclerosis (ALS), Dementia, End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack), Severe Burns, Stroke or Surgical Treatment of an Aortic Aneurysm.

We will reduce the Critical Illness benefit by an actuarial present value factor, future unpaid premiums, and a \$100 charge. The actuarial

present value factor will be based on the life expectancy of the insured and the Accelerated Death Benefit Interest Rate.

Requesting an Acceleration

You may elect to receive the Chronic Illness or Critical Illness benefit more than once, and there must be at least 12 months between acceleration requests. In contrast, you may elect to receive the Terminal Illness benefit only once. If you elect to receive the Terminal Illness benefit, the Chronic Illness and Critical Illness benefits are no longer available.

The requested acceleration cannot be less than \$5,000 under any rider. The maximum sum of all accelerated death benefit payments, for the policy to which this rider is attached, cannot exceed 80% of the policy's face amount as of the policy issue date. The issue date and face amount are shown on the policy data page.

Effect of the Accelerated Death Benefit on the Policy

When we pay the accelerated death benefit, the policy will continue with a reduced face amount and a reduced premium.

Disclosure for Universal Life Insurance Policies

If you are applying for universal life insurance benefits, this disclosure is a brief description of the Accelerated Death Benefit for Terminal Illness Rider, the Accelerated Death Benefit for Chronic Illness Rider, and their effects on your policy. This disclosure is not an insurance contract, but only a summary of the coverage provided by the riders. There is no premium or cost of insurance for these riders.

Benefit Description - Accelerated Death Benefit For Terminal Illness Rider

If the insured is diagnosed as having a Terminal Illness while the policy is in force, you may make a one-time election to receive an accelerated death benefit. The sum of all requested accelerations under the Terminal Illness Rider and the Chronic Illness Rider may not exceed the lesser of \$1,000,000 or 80% of the specified amount as of the date of the first requested acceleration.

A Terminal Illness is a medical condition that, within a reasonable degree of medical certainty, will result in the insured's death within 12 months or less from the date a physician signs the statement of proof of terminal illness.

We will reduce the Terminal Illness benefit by an actuarial discount rate and a \$100 charge, and the pro-rated amount of any outstanding loans. The actuarial discount rate will not be greater than 6%.

Benefit Description - Accelerated Death Benefit for Chronic Illness Rider

If the insured is diagnosed as being Chronically Ill while the policy is in force, you may elect to receive an accelerated death benefit.

Chronically Ill means that within the last 12 months a physician has certified that for a continuous period of at least 90 days, the insured is: (a) unable to perform (without substantial assistance from another person) at least two activities of daily living; or (b) requires substantial supervision to protect himself or herself from threats and safety due to severe cognitive impairments.



- continued on next page -

The sum of all requested accelerations may not exceed the lesser of \$1,000,000 or 80% of the specified amount as of the date of the first requested acceleration. Each requested acceleration may not exceed the per diem allowance permitted by section 101(g)(3) of the Internal Revenue Code multiplied by the number of days in the current calendar year that the insured is expected to be Chronically Ill.

The Internal Revenue Service announces the per diem limit for each calendar year.

You may elect to receive the Chronic Illness benefit more than once, and there must be at least 12 months between acceleration requests. In contrast, you may elect to receive the Terminal Illness benefit only once. If you elect to receive the Terminal Illness benefit, the Chronic Illness benefit is no longer available.

We will reduce the Chronic Illness benefit by an actuarial discount rate multiplied by the insured's life expectancy in years, a \$100 charge, and the pro-rated amount of any outstanding loans.

Benefit Description - Accelerated Death Benefit for Critical Illness Rider (this rider is only available with Indexed Universal Life Express policies)

If the insured is diagnosed as being Critically Ill while the policy is in force, you may elect to receive an accelerated death benefit.

Critically Ill means that within the last 12 months a physician has certified that the insured has one or more of the following conditions: AIDS, Amyotrophic Lateral Sclerosis (ALS), Dementia, End Stage Renal Failure (Kidney Failure), Life Threatening (Invasive) Cancer, Major Organ Failure, Myocardial Infarction (Heart Attack), Severe Burns, Stroke or Surgical Treatment of an Aortic Aneurysm.

The minimum acceleration amount under this rider is \$5,000. The maximum sum of all accelerated death benefit payments cannot exceed 80% of the policy's face amount as of the policy issue date. You may elect to receive the Critical Illness benefit more than once, and there must be at least 12 months between acceleration requests.

We will reduce the Critical Illness benefit by an actuarial present value factor, future unpaid premiums, and a \$100 charge. The actuarial present value factor will be based on the life expectancy of the insured and the Accelerated Death Benefit Interest Rate.

Effect of the Accelerated Death Benefit on the Policy

When we pay any accelerated death benefit, the following will occur: (a) we will reduce the specified amount, accumulation value, and any loan by the same proportion as the death benefit; and (b) the monthly deduction and cost of insurance charge will be based on the reduced specified amount.



Acknowledgment

I acknowledge receipt of this Disclosure Form



Applicant/Owner Signature

Date

I have provided this Disclosure Form to the Applicant



Producer Signature

Date

Authorization for Release of Information to My Insurance Agent, Agency and/or Authorized Third Party Vendor

I authorize Mutual of Omaha Insurance Company and their affiliated companies (Mutual), or authorized third party vendor, to disclose personal and medical information about me to my insurance agent and/or agency.

Information that Mutual or an authorized third party vendor may disclose includes medical information and other personal information as it relates to actions Mutual may have taken based on this information, such as charging me a higher premium for my insurance, changing benefits to something other than I applied for or declining my application for insurance.

The information will be used to help me with the insurance application process or to find other insurance coverage options.



I understand that if the person or entity that receives the above information is not covered by federal privacy regulations, the information described above may be re-disclosed by such person or entity and will likely no longer be protected by the federal privacy regulations.

I understand that I may refuse to sign this authorization. If I refuse to sign it will not affect the issuance of the insurance for which I am applying.

Unless revoked earlier, this authorization will remain in effect for 24 months from the date I sign it. I understand that I may revoke this authorization at any time, by written notice to: Mutual of Omaha, ATTN: Individual Underwriting, 3300 Mutual of Omaha Plaza, Omaha, NE 68175.

I realize that my right to revoke this authorization is limited to the extent that Mutual has taken action in reliance on the authorization.

I understand that I will receive a copy of the authorization.

 X _____ Signature of Applicant A	_____ Date
 X _____ Signature of Applicant B	_____ Date



CONDITIONAL RECEIPT ("RECEIPT")

United of Omaha Life Insurance Company ("United", "we"), Mutual of Omaha Plaza, Omaha, NE 68175

IF ANY PROPOSED INSURED DIES WHILE COVERAGE UNDER THIS RECEIPT IS IN EFFECT, WE WILL PAY TO THE BENEFICIARY(IES) NAMED IN THE APPLICATION THE AMOUNT DESCRIBED IN THE SECTION BELOW ENTITLED "BENEFIT".

DATE OF RECEIPT: _____

BENEFIT	For purposes of this Receipt, the benefit under this Receipt is an amount equal to the lesser of: (1) the amount of the death benefit that would be payable in the first policy year under the policy as applied for in the application; or (2) \$100,000 minus the amount of any insurance on the Proposed Insured's life under any other temporary insurance agreements and/or conditional receipts. In no event will the amount of the Conditional Receipt benefit under this Receipt exceed \$100,000.
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CONDITIONS	<p>Conditions under which a benefit may be payable under this Receipt prior to policy delivery:</p> <ol style="list-style-type: none">1 The amount received via check or authorized electronic transaction with the application is sufficient to pay: (a) the first premium of a fixed premium plan at the mode applied for; or (b) the first planned periodic premium on a flexible premium plan; and2 Each person proposed for insurance is, as of the application date, eligible for the exact policy applied for, according to the underwriting standards of United then in effect, without modification of the plan, premium rate, benefits, class and amounts of coverage applied for; and3 To the best knowledge and belief of those signing the application, all the statements and answers in the application are true and complete when made; and4 All parts of the application, and if required, exams, supplements to the application, questionnaires and amendments to the application, are completed and received by United. <p>If a Proposed Insured dies by suicide or self-inflicted injury, while sane or insane, United will not be liable under this Receipt except to return any payment paid with the application.</p>
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END DATE	<p>This Receipt and any coverage provided hereunder will END on the earliest of the following dates:</p> <ol style="list-style-type: none">1 60 days from the date of this Receipt; or2 The date we deliver the policy applied for to the Applicant/Owner and all delivery requirements have been completed; or3 The date we mail you a letter notifying you that we: (a) are unable to approve the requested coverage at the risk class applied for; or (b) have declined to issue you a policy; or (c) will not provide conditional receipt coverage; or4 The date the Applicant/Owner withdraws the application for insurance.
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SIGNATURES	<p>This Receipt does not limit United in applying its underwriting standards to the application nor does this Receipt limit or waive any rights under any life insurance policy issued. If United rejects or declines the application, United will refund the applicant any premium paid with the application.</p> <p>I/We have read and received a copy of this Receipt and understand and agree to all of its terms. I/We verify the above answers are true and complete to the best of my/our knowledge and belief. I/We understand that the Producer has no authority to change the terms of this Receipt.</p> <table><tr><td>Signature of Proposed Insured</td><td>_____</td><td>Date</td><td>_____</td></tr><tr><td>Signature of Other Proposed Insured</td><td>_____</td><td>Date</td><td>_____</td></tr><tr><td>Signature of Applicant/Owner (if other than Proposed Insured)</td><td>_____</td><td>Date</td><td>_____</td></tr></table> <p>Payment Method: Check <input type="checkbox"/> Electronic Transaction Authorization <input type="checkbox"/> Amount remitted/authorized \$ _____</p> <p>I/We agree that I/We am/are not authorized to change or waive the terms of this Receipt and represent that I/We have not attempted to do so. I/We have read and explained the terms of this Receipt to the Proposed Insured(s) and the Applicant/Owner. I/We have left a copy with the Applicant/Owner.</p> <table><tr><td>Signature of Producer</td><td>_____</td><td>Date</td><td>_____</td></tr><tr><td>Signature of Producer</td><td>_____</td><td>Date</td><td>_____</td></tr></table>	Signature of Proposed Insured	_____	Date	_____	Signature of Other Proposed Insured	_____	Date	_____	Signature of Applicant/Owner (if other than Proposed Insured)	_____	Date	_____	Signature of Producer	_____	Date	_____	Signature of Producer	_____	Date	_____
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Signature of Applicant/Owner (if other than Proposed Insured)	_____	Date	_____																		
Signature of Producer	_____	Date	_____																		
Signature of Producer	_____	Date	_____																		



United of Omaha Life Insurance Company - MIB, LLC Pre-Notice

Information regarding your insurability will be treated as confidential. United of Omaha Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, LLC which operates an information exchange on behalf of insurance companies that are members of the MIB Group, Inc. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information is: 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

United of Omaha Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

Applicant's/Owner's Copy

L7941_1022



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Replacement of Life Insurance or Annuities

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

**Important Notice:
Replacement of Life Insurance or Annuities**

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ YES ☐ NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ YES ☐ NO
3. If purchasing an annuity, have you had another annuity exchange or replacement within the past 60 months? ☐ YES ☐ NO

If you answered "yes" to any of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

If you are replacing, list below the form number(s) and brief description(s) of preprinted or electronic sales material which was presented, or check "NONE" box if no sales material was used in this sale: ☐ NONE
(The producer must provide the applicant with a copy of all sales material used at time of application, including electronically presented sales material in printed form no later than the time of policy or contract delivery.)

I certify that the responses herein, to the best of my knowledge, are accurate.

Applicant	Applicant B (if applicable)
Printed Name of Proposed Applicant/Owner	Printed Name of Proposed Applicant/Owner
Signature of Proposed Applicant/Owner	Signature of Proposed Applicant/Owner
Date	Date

Producer's Signature

Producer's Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

Company's Copy

L6232_0513



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175

INDEXED UNIVERSAL LIFE PREMIUM ALLOCATION FORM (FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE)

Proposed Insured	Owner (if other than Proposed Insured)
Name (First, Middle Initial, Last)	Name (First, Middle Initial, Last)
	Name (First, Middle Initial, Last)

Premium Allocation

Premium we credit to your account on an Allocation Date will be in the percentages you designate below. Premium we credit to your account on a date other than the Allocation Date will be allocated to the short-term holding account until the next Allocation Date. On a monthly deduction date, account values will be reduced by the pro-rata share of monthly expense charges, cost of insurance charges and any applicable monthly rider costs. The monthly deduction date is the issue date of your policy and each monthly anniversary of the issue date. The Allocation Date is the 10th of each calendar month.

_____ % Fixed Account*

_____ % S&P 500® One-Year 100% Participation^{1*}

_____ % S&P 500® One-Year High Participation^{1*}

_____ % S&P 500® One Year Uncapped^{1*}

_____ % BofA U.S. Agility Index: One-Year Uncapped^{2*}

_____ % **Total (must equal 100%)**

Allocation percentage must be a whole number. Your premium allocations will remain in effect for all premium payments you make, until you change your premium allocations as described in the policy.

Important Disclosures

This is a flexible premium adjustable life insurance policy with index-linked interest crediting options based on financial market indices. This is not an investment vehicle or variable life insurance policy. If you allocate premiums to the index account, the policy values will be affected by the change in the financial market indices. This life insurance policy does not directly participate in any equity, bond, mutual fund, commodities or other securities investments.

¹ The S&P 500® Index is a product of S&P Dow Jones Indices LLC or its affiliates ("SPDJ") and has been licensed for use by United of Omaha Life Insurance Company. Standard & Poor's® and S&P® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P"); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by United of Omaha Life Insurance Company. United of Omaha Life Insurance Company's index universal life product(s) is not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, their respective affiliates, and none of such parties make any representation regarding the advisability of investing in such product(s) nor do they have any liability for any errors, omissions, or interruptions of the S&P 500® Index.

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* Refer to the Index Interest Crediting Strategies section in the illustration for additional information on Index Interest Crediting Strategies.

Signatures

I authorize United of Omaha Life Insurance Company to allocate premium as selected on this form.

Owner Signature

Date

Owner Signature

Date





Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy

Life Insurance *Buyer's Guide*

Before You Buy Life Insurance

Understand What Life Insurance Is

Life insurance pays a death benefit if you die while the policy is in effect, in exchange for premiums you pay before your death. You can use the death benefit to protect against financial hardships such as loss of your income, funeral expenses, medical or nursing care expenses, debt repayments, and child care costs after your death. You can get information from the NAIC InsureU Life Insurance website --

www.insureuonline.org/insureu_type_life.htm

If You Need Life Insurance, Decide How Much Coverage to Buy

How much life insurance to buy depends on the financial needs that will continue after your death. Examples include supporting your family, paying for child(ren)'s education, and paying off a mortgage. Some questions you may want to ask about your own needs include:

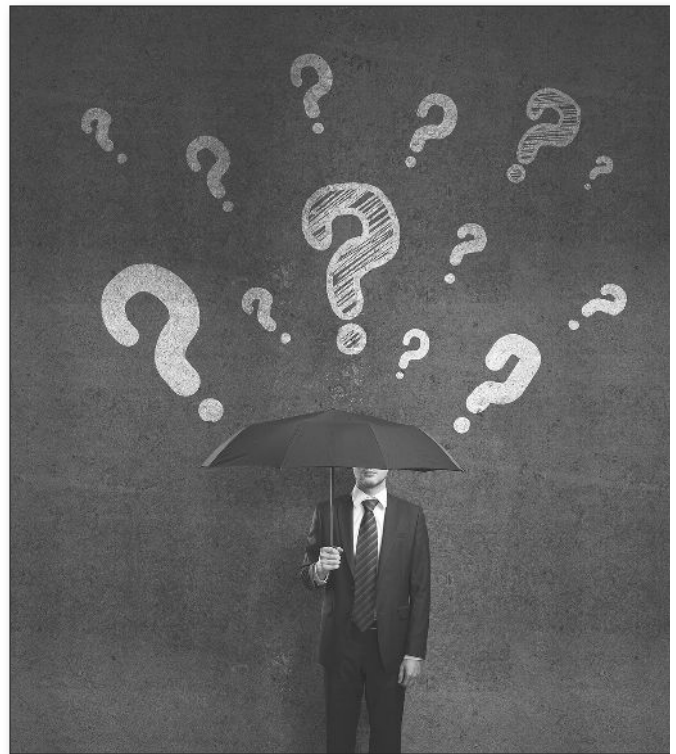
- Does anyone depend on me financially?
- How much of the family income do I provide?
- How will my family pay my final expenses and repay debts after my death?
- Do I want to leave money to charity or family?
- If I have life insurance through my employer, is it enough to meet my financial obligations?

The answers to these questions can help you decide how much coverage you need. An insurance agent, financial advisor, or insurance company representative can help you evaluate your insurance needs and give you information about available policies.

If You Already Have Life Insurance, Assess Your Current Life Insurance Policy

It's important to compare your current policy with any new policy you might buy. Keep in mind that you may be able to change your current policy to get benefits you want. Also, know that any changes in your health may impact your ability to get a new policy or the premium you'll pay. Don't cancel your current policy until you get the new one.

Also, while you may have free or low-cost life insurance through your employer, the death benefit usually is less than you need. And if you leave the employer, you may not be able to take this coverage with you.





Life Insurance *Buyer's Guide*

Compare the Different Types of Insurance Policies

There are many types of life insurance policies. You should choose a policy with features that fit your individual needs. Some things to consider are:

- **Term Insurance vs. Cash Value Insurance.** Term insurance is intended to provide lower-cost coverage for a specific period of time ("a term"). If you want coverage for a longer period of time, such as for your lifetime, cash value insurance may be more cost effective. Most term policies don't build up cash values that you can use in the future.



- **Renewable Term vs. Non-renewable Term.** Most term life insurance coverage can be continued ("renewed") at the end of the term, even if your health has changed. If you renew a term policy, the new premiums are higher. Ask what the premiums will be before you renew the policy. Also ask if you'll lose the right to renew the policy at a certain age. A Non-renewable term policy can't be continued. You'll have to apply for a new policy if you still want coverage.

- **Whole Life vs. Universal Life.** Whole life and universal life insurance are two types of cash value insurance. A key difference between the two is how you pay for the coverage. You typically pay premiums for whole life insurance according to a set schedule. In a universal life policy, you can choose a flexible premium payment pattern as long as you pay enough to keep your policy in force.

- **Variable Life vs. Non-variable Life.** The investments you will choose (such as stock and bond funds) in a variable life policy directly impact your cash value. These policies have the greatest potential to build cash value but also the greatest risk of losing cash value. Non-variable life policies often have guaranteed minimums for some features (interest or cash value, for example) but not all. Non-variable life policies also have less potential to build cash value than variable life policies.

Life Insurance *Buyer's Guide*

Be Sure You Can Afford the Premium

Before you buy a life insurance policy, be sure you can pay the premiums. Can you afford the initial premium? If the premium increases later, will you still be able to afford it? The premiums for many life insurance policies are sensitive to changes in the company's investment earnings, claims costs, and other expenses. If those are worse than expected, you may have to pay a much higher premium. Ask what might be the highest premium you'd have to pay to keep your coverage.

Understand the Application Process

You can apply for life insurance through life insurance agents, the mail, and online. In addition to basic information, such as your name, address, employer, job title, and date of birth, you'll be asked for more personal information. Depending on the type of policy, the insurer may require you to see a doctor, answer health-related questions, or have a medical professional come to your home or office to assess your health. Usually a policy that doesn't require detailed health information will cost more and provide less coverage than one that does.

It's important to tell the truth on the application. The insurance company will check your answers so review the application before you sign. If the insurance company discovers false statements on your application after it issues your policy, it could reduce or cancel your coverage.

Choose a Beneficiary

A beneficiary is the person(s) or organization(s) you name to receive your life insurance policy's death benefit. You'll need to know the Social Security or tax identification number for all beneficiaries. Experts advise you not to name a minor child as a beneficiary. Insurance companies won't pay a minor. Instead, consider leaving the money to your estate or trust.

Evaluate the Future of Your Policy

Does your policy have a cash value? In some cash value policies, the values are low in the early years but build later on. In other policies the values build up gradually over the years. Most term policies have no cash value. Ask your insurance agent, financial advisor, or an insurance company representative for an illustration showing future values and benefits.





Life Insurance *Buyer's Guide*

After You Buy Life Insurance

Read Your Policy Carefully

After you carefully read your policy, you should be able to answer the following important questions:

- Is your personal information correct?
- Do premiums or policy values vary from year to year?
- What part of the premium or policy value isn't guaranteed?
- How will the timing of money paid and received affect any interest the policy might earn?

Your insurance agent, financial advisor, or an insurance company representative can help you understand anything that isn't clear.

If you're not satisfied with your new policy, you can return it for a full refund within a certain period, usually 10 days after you receive it. The review period usually is stated on the first page of the policy.

Review Your Life Insurance Program Every Few Years

Review your policy with your insurance agent, financial advisor, or an insurance company representative every few years to keep up with changes in your policy and your needs.

- Have the premiums or benefits changed since your policy was issued?
- Do the death benefits still meet your needs?
- Do you need more or less coverage after life events, such as birth, adoption, marriage, job change, death, or divorce?

The insurance company can provide policy statements and illustrations to help with this review. As the policy owner, you can change beneficiaries at no cost. Be sure to review your beneficiaries every few years, especially after major life events that affect your life insurance needs.



Life Insurance *Buyer's Guide*

Notes

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