

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



NEVADA – APPLICATION FOR LIFE INSURANCE

SIMPLIFIED ISSUE PRODUCTS – ONE BASE POLICY PER APPLICATION

Checklist for Submitting a Complete Application

Please mail application and appropriate forms to: United of Omaha Life Insurance Company,
Attn: Individual Life Underwriting, 9330 State Hwy 133, Blair, NE 68008

PLEASE CHOOSE THE PRECISE PRODUCT, PLAN, RIDER, AND AMOUNT OF INSURANCE APPLIED FOR

☐ **UNIVERSAL LIFE PRODUCT:**

- Guaranteed Universal Life Express

☐ **GUARANTEED UNIVERSAL LIFE EXPRESS RIDER:**

- 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 RIDER:**

- 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 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

Supplemental Applications, Forms, and Buyer's Guide:

- **Child(s) Rider Supplemental Application:** If applying for the children's rider complete the Child(s) Rider Supplemental Application.
- **Disability Supplemental Application:** If applying for the Disability Waiver of Policy Charges Rider, Disability Continuation of Planned Premium Rider, Disability Income Rider or Disability Waiver of Premium Rider complete the Disability Supplemental Application.
- **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.



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10/01/2017

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175



INDIVIDUAL LIFE INSURANCE APPLICATION

PROPOSED INSURED						
Name (First, Middle Initial, Last)		Social Security No.	Sex	Height	Weight	Annual Income
Home Address (Street, City, State, ZIP)			State of Birth		Date of Birth	
Best Time to Call		Phone Number		E-mail		
Driver's License No.		Driver's License State	Occupation/Duties		Employer	
U.S. Citizen?.... ☐ Yes ☐ No (If "No," complete the Foreign National and Foreign Travel questionnaire)			In the past 12 months, has the Proposed Insured used any form of tobacco, or any form of nicotine replacement therapy? ☐ Yes ☐ No			
PLAN INFORMATION						
TERM LIFE: ☐ 30-Year Level Term Life with 30 Year Guarantee ☐ 20-Year Level Term Life with 20 Year Guarantee ☐ 15-Year Level Term Life with 15 Year Guarantee ☐ 10-Year Level Term Life with 10 Year Guarantee			Term Life Express Amount of Insurance Applied for \$ _____			
			Return of Premium..... ☐ Yes (only available for 20-Year and 30-Year Guarantee)			
TERM RIDERS: (COMPLETE SUPPLEMENTAL APPLICATIONS IF APPLYING FOR A DISABILITY RIDER OR THE CHILDREN'S RIDER) ☐ Disability Income Rider (not available with Return of Premium): ☐ 18 months ☐ 30 months Disability Income Rider Monthly Benefit \$ _____ ☐ Disability Waiver of Premium ☐ Dependent Children's Rider Benefit Amount of Insurance Applied for: ☐ \$5,000 ☐ \$10,000 ☐ Accidental Death Benefit Rider Amount of Insurance Applied for \$ _____						
PERMANENT LIFE: ☐ Guaranteed Universal Life Express Amount of Insurance Applied for \$ _____						
PERMANENT LIFE RIDERS: (COMPLETE SUPPLEMENTAL APPLICATIONS IF APPLYING FOR A DISABILITY RIDER OR THE CHILDREN'S RIDER) ☐ Disability Waiver of Policy Charges Rider ☐ Disability Continuation of Planned Premium Rider Amount \$ _____ ☐ Dependent Children's Rider Benefit Amount of Insurance Applied for: ☐ \$5,000 ☐ \$10,000 ☐ Accidental Death Benefit Rider Amount of Insurance Applied for \$ _____						
PAYMENT MODE ☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly Bank Draft ☐ Other _____						
Modal Premium \$ _____ Collected Premium \$ _____						
OWNER (Complete Policyowner Information if Proposed Insured is not the Policyowner)						
Name of Policyowner (First, Middle Initial, Last)		Relationship to Proposed Insured		Date of Birth	Phone No.	
Policyowner Address (Street, City, State, ZIP)			Social Security No./Tax ID		Citizenship Country	

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BENEFICIARY

Primary Beneficiary	% of Proceeds	Relationship to Insured	Date of Birth
Contingent Beneficiary	% 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	ADB Amount	To Be Replaced or Converted?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ 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 1 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)?.....	☐ Yes ☐ No
2. Has the Proposed Insured ever (i) been diagnosed with, or (ii) received care or treatment for, or (iii) been advised by a member of the medical profession to seek treatment for, or (iv) consulted with a health care provider regarding:	
(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, Stroke, Transient Ischemic Attack (TIA)/mini-stroke, abnormal heart rhythm, or Cerebral, Aortic or Thoracic Aneurysm?	☐ Yes ☐ No
(b) Chronic Lung Disease (except mild Asthma), including Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis, Emphysema, Sarcoidosis or Cystic Fibrosis?	☐ Yes ☐ 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’s Syndrome, Autism, mental incapacity, or any other disease of the central nervous system?	☐ Yes ☐ No
(d) Chronic Kidney Disease, end-stage Renal Disease with dialysis, or Liver Disease including Cirrhosis, Hepatitis B or Hepatitis C?	☐ Yes ☐ No
(e) Cancer, Leukemia, Melanoma or any other internal cancer (except basal cell or squamous cell skin cancer)?	☐ Yes ☐ No
(f) Systemic Lupus or Scleroderma?	☐ Yes ☐ No
(g) an organ transplant?	☐ Yes ☐ No
3. Has the Proposed Insured currently or within the past 12 months :	
(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? ..	☐ Yes ☐ 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 or is the Proposed Insured currently confined to any hospital or other medical facility?	☐ Yes ☐ No
(c) used any of the following: walker, wheelchair, electric scooter, oxygen, or catheter?	☐ Yes ☐ 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?	☐ Yes ☐ No
(b) consulted a physician for chronic cough, unexplained weight loss greater than 10 pounds (other than due to diet or exercise), fatigue or unexplained gastrointestinal bleeding?	☐ Yes ☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ No
(b) used or been convicted of possession of unlawful drugs or used prescription drugs other than as prescribed in any form?	☐ Yes ☐ No
(c) been convicted of or currently awaiting trial for a felony?	☐ Yes ☐ No
(d) been hospitalized for high blood pressure or any mental or nervous disorder?	☐ Yes ☐ No
7. In the past 5 years , has the Proposed Insured 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?	☐ Yes ☐ No



PLEASE SUBMIT ALL PAGES

UNDERWRITING CONTINUED

8. Has the Proposed Insured ever (a) received care or treatment for, or (b) been advised by a physician or health care provider to seek treatment for: (a) Diabetes? (b) Diabetes before age 50 other than Gestational Diabetes?..... (c) Diabetes at any age with complications of Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve) or Peripheral Vascular Disease (PVD or PAD)?	Proposed Insured
	☐ Yes ☐ No
	☐ Yes ☐ No
9. In the past 12 months, has the Proposed Insured applied for or received disability, hospital or medical benefits from any insurance company, government, employer, or other source (other than for maternity, fractures, spinal or back disorders or hip or knee replacement)?	☐ Yes ☐ No
10. In the past 5 years, has the Proposed Insured consulted with a doctor or been hospitalized or treated by a health care provider for any other health condition (other than for routine physical checkups, eye, employment or FAA examinations)?	☐ Yes ☐ No

If answered "Yes" to questions 8-10, please list details below. If more space is needed, use the Comments section in Part 1.

Person Proposed for Insurance	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

11. If the Proposed Insured is age 61 or older with a face amount greater than \$250,000, provide the name and address of personal physician.

AUTHORIZATION AND AGREEMENT

Authorization: I authorize any medical provider, hospital, clinic, pharmacy, pharmacy benefit manager, or other medical care facility, MIB, Inc. (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 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. 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 the address below. 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. 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



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PRODUCER STATEMENT

1. Has any person proposed for insurance informed you, the Producer(s), that he/she has one or more existing life insurance policies and/or annuity contracts in force? ☐ Yes ☐ No

If "Yes," give name(s) of the person(s) _____

2. Do you, the Producer(s), know or have reason to believe that the policy(ies) applied for has replaced or will replace any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

3. Did you, the Producer(s), give each person proposed for insurance the MIB Group, Inc. Pre-Notice, the Notice of Information Practices and the Life Insurance Buyer's Guide and comply with all state and Company replacement requirements? ☐ 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
If "No," please explain _____

5. I conducted said interview in person ☐ Yes ☐ No If "No," please explain _____

6. (a) Are you related to the Proposed Insured or Owner? ☐ Yes ☐ No If "Yes," state relationship _____

(b) How long have you known the Proposed Insured? _____

(c) How long have you known the Proposed Owner? _____

7. Previous residence(s) of Proposed Insured for past five years.

Address	From	To

Signature of Producer #1

Production Number

Mo Day Yr

Signature of Producer #2

Production Number

Mo Day Yr

Print or Stamp Producer #1 Name

Print or Stamp Producer #2 Name

General Agent/General Manager Name

General Agent/General Manager Stamp



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

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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





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.

Return of Premium:

BENEFIT DESCRIPTION

While the rider is in force and if the Insured is diagnosed as having a Terminal Illness, you may make a one-time election to receive an accelerated death benefit equal to 92% of the policy's death benefit.¹ A Terminal Illness is a medical condition that, within a reasonable degree of certainty, will result in the Insured's death within 24 months or less from the date on the statement of proof of Terminal Illness. A physician must sign and date the statement of proof of Terminal Illness.

¹ In *Indiana*, 94%.

EFFECT OF THE ACCELERATED DEATH BENEFIT ON THE POLICY

When we pay the accelerated death benefit, the policy and all its riders will terminate.

Non-Return of Premium:

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.

- continued on next page -

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.

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.

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	Conditions under which a benefit may be payable under this Receipt prior to policy delivery: 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; and 2 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; and 3 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; and 4 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. 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.
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END DATE	This Receipt and any coverage provided hereunder will END on the earliest of the following dates: 1 60 days from the date of this Receipt; or 2 The date we deliver the policy applied for to the Applicant/Owner and all delivery requirements have been completed; or 3 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; or 4 The date the Applicant/Owner withdraws the application for insurance.
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SIGNATURES	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. 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. <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> Payment Method: Check ☐ Electronic Transaction Authorization ☐ Amount remitted/authorized \$ _____ 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. <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.

Return of Premium:

BENEFIT DESCRIPTION

While the rider is in force and if the Insured is diagnosed as having a Terminal Illness, you may make a one-time election to receive an accelerated death benefit equal to 92% of the policy's death benefit.¹ A Terminal Illness is a medical condition that, within a reasonable degree of certainty, will result in the Insured's death within 24 months or less from the date on the statement of proof of Terminal Illness. A physician must sign and date the statement of proof of Terminal Illness.

¹ In **Indiana**, 94%.

EFFECT OF THE ACCELERATED DEATH BENEFIT ON THE POLICY

When we pay the accelerated death benefit, the policy and all its riders will terminate.

Non-Return of Premium:

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.

- continued on next page -

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.

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.

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	Conditions under which a benefit may be payable under this Receipt prior to policy delivery: 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; and 2 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; and 3 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; and 4 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. 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.
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END DATE	This Receipt and any coverage provided hereunder will END on the earliest of the following dates: 1 60 days from the date of this Receipt; or 2 The date we deliver the policy applied for to the Applicant/Owner and all delivery requirements have been completed; or 3 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; or 4 The date the Applicant/Owner withdraws the application for insurance.
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SIGNATURES	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. 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. <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> Payment Method: Check ☐ Electronic Transaction Authorization ☐ Amount remitted/authorized \$ _____ 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. <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 Producer	_____	Date	_____																		
Signature of Producer	_____	Date	_____																		



United of Omaha Life Insurance Company - MIB Group, Inc. 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, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. 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.

United of Omaha Life Insurance - Notice of Information Practices

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also collect information from others, such as medical professionals who have treated you, hospitals, other insurance companies, and consumer reporting agencies.

In certain circumstances, and in compliance with applicable law, we or our reinsurers may also release your personal or privileged information in our/their files, to third parties without your authorization. Upon request, you have the right to be told about and to see a copy of items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of personal information you believe to be inaccurate. In the event of an adverse underwriting decision, our Company will provide in writing the specific reason for the underwriting decision.

In compliance with applicable law, we or our reinsurers may also release information in our/their files, including information in an application, to other insurance companies to which you apply for life or health insurance or to which a claim is submitted.

So that there will be no question that the insurance benefits will be payable at the time a claim is made, we urge you to review your application carefully to be sure the answers are correct and complete.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THESE PRACTICES, PLEASE SEND YOUR REQUEST TO: UNITED OF OMAHA LIFE INSURANCE COMPANY, DIRECTOR OF INDIVIDUAL UNDERWRITING, MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175.

L8303



Applicant's/Owner's Copy

L8580

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Important Notice Regarding The Replacement Of Your Policy of Life Insurance or Annuity Contract

You have been offered a life policy or a new annuity contract to replace all or part of your existing policy of life insurance or annuity contract.

Before you replace your existing life policy or existing annuity contract, you should consider the financial gains and losses of replacement and **financial loss** under the new policy/contract because of your **age** or the condition of your **health**. You should also consider whether you will pay more for premiums because of your age or health.

You **will** incur additional costs to acquire the new life policy, and you may incur additional costs to acquire the new annuity contract; including the payment of commissions to the producer advocating the replacement of your existing policy.

To make an informed decision about the replacement of your life policy or replacement of your existing annuity contract, you should discuss the provisions of your existing life policy or annuity contract with your producer or insurance company which issued it to determine whether your life policy or annuity contract may be revised to meet your present needs.

Your new life policy or annuity contract provides 30 days for you to decide whether you wish to keep it.

The producer or insurance company which is offering to replace your existing life policy or annuity contract is required to obtain your signature on this notice and to notify your existing insurance company that you are considering the replacement of your life policy or existing annuity contract.

I have read this notice and received a copy of it for my records. I have also received a copy of the written comparison of the proposed annuity contract and my existing annuity contract.

If purchasing an annuity, have you had another annuity exchange or replacement within the past 36 months? . . . ☐ YES ☐ NO

Applicant's/Owner's Signature

Date

Producer's Signature

Date



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Date



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Applicant's/Owner's Signature

Date

Producer's Signature

Date



LIFE APPLICATION SUBMISSION FORM

Send to: Individual Life Underwriting
United of Omaha Life Insurance Company
9330 State Hwy 133
Blair, NE 68008

Comments: _____

Name of Insured

Name of Agent	Production Number	Phone Number	Email Address

Next Highest Upline	Production Number	Phone Number	Email Address

Please list any underwriting requirements that have already been ordered by the agent or Master General Agent/Broker General Agent.

Life Insurance Buyer's Guide



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.

This Guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

Important Things to Consider

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance may be costly.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need—and for how long—and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance also can be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.

- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also, ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period — even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value In Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at **all** ages for **all** kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies, in this case, amounts paid are likely to change more rapidly when interest rates change.

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UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175



DISABILITY INCOME/WAIVER SUPPLEMENTAL APPLICATION

Complete Supplemental Application if applying for Waiver of Premium or a rider offering disability benefits.

Proposed Insured

Legal Name: _____

If question 1 is answered "Yes," only the Waiver of Premium Rider may be available. If the Proposed Insured answers "Yes" to questions 2, 3, or 4 below, that person is not eligible for the Disability Income or Waiver of Premium Rider.

- | | |
|--|--|
| 1. Are you currently engaged in your occupation less than 30 hours per week? | ☐ Yes ☐ No |
| 2. In the past 10 years , has the Proposed Insured ever (i) been diagnosed with, or (ii) received care or treatment for, or (iii) been advised by a member of the medical profession to seek treatment for, or (iv) consulted with a health care provider regarding:
(a) Fibromyalgia, Chronic Fatigue Syndrome, Chronic Epstein-Barr, Rheumatoid Arthritis or other inflammatory arthritis?
(b) Inflammatory Bowel Disease including Crohn's Disease or Ulcerative Colitis, Diabetes, Skin or Connective Tissue disorder?
(c) Disease or disorder of the spinal column, neck or back, including acute and chronic neck or back strain or fractures; herniated disc syndrome, surgery of the spine or back, acute and chronic sciatica, or congenital disorders of the spinal column and back; hip or knee replacement?
(d) Any Mental or Nervous System Disorder including Grand Mal Epilepsy? | ☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No |
| 3. In the past 12 months , has the Proposed Insured taken prescription medication(s) for three months or more for the control of chronic pain? | ☐ Yes ☐ No |
| 4. In the past 12 months , has the Proposed Insured received or been advised to have physical, occupational or speech therapy?..... | ☐ Yes ☐ No |
| 5. What is the monthly amount of any other disability insurance you have in force? \$ _____
Check applicable coverage: ☐ Individual Disability ☐ Group Disability ☐ None | |

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

