# GUARANTEED WHOLE LIFE INSURANCE

## *Affordable rates for benefits you'll appreciate.*

With Guaranteed Whole Life insurance from United of Omaha Life Insurance Company, a Mutual of Omaha company, you'll experience great benefits like guaranteed acceptance for people aged 45-85, premiums that will never increase, benefits that won't be reduced or canceled and no required medical exam or health questions.

Below are the rates for our most popular options and policies. Benefit amounts offered vary between $2,000 to $25,000.

To view additional rates, calculate final expenses or chat with an agent, visit GetMutualLife.com.

*Rates shown below are effective August 1, 2026.*

**Monthly Premium**

| | $15,000 | | $10,000 | | $7,000 | | $5,000 | | $3,000 | |
|---|---|---|---|---|---|---|---|---|---|---|
| AGE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| 45 | $56.22 | $41.35 | $37.82 | $27.90 | $26.77 | $19.83 | $19.41 | $14.45 | $12.04 | $9.07 |
| 46 | $57.61 | $42.96 | $38.74 | $28.97 | $27.42 | $20.58 | $19.87 | $14.99 | $12.32 | $9.39 |
| 47 | $59.50 | $44.76 | $40.00 | $30.17 | $28.30 | $21.42 | $20.50 | $15.59 | $12.70 | $9.75 |
| 48 | $60.67 | $45.65 | $40.78 | $30.77 | $28.85 | $21.84 | $20.89 | $15.88 | $12.93 | $9.93 |
| 49 | $61.87 | $46.55 | $41.58 | $31.37 | $29.41 | $22.26 | $21.29 | $16.18 | $13.17 | $10.11 |
| 50 | $63.71 | $48.19 | $42.81 | $32.46 | $30.27 | $23.02 | $21.90 | $16.73 | $13.54 | $10.44 |
| 51 | $66.22 | $50.60 | $44.48 | $34.07 | $31.44 | $24.15 | $22.74 | $17.53 | $14.04 | $10.92 |
| 52 | $68.19 | $51.89 | $45.79 | $34.92 | $32.35 | $24.75 | $23.40 | $17.96 | $14.44 | $11.18 |
| 53 | $70.21 | $53.92 | $47.14 | $36.28 | $33.30 | $25.70 | $24.07 | $18.64 | $14.84 | $11.58 |
| 54 | $72.30 | $56.05 | $48.53 | $37.70 | $34.27 | $26.69 | $24.77 | $19.35 | $15.26 | $12.01 |
| 55 | $74.45 | $58.26 | $49.97 | $39.17 | $35.28 | $27.72 | $25.48 | $20.09 | $15.69 | $12.45 |
| 56 | $76.66 | $60.56 | $51.44 | $40.71 | $36.31 | $28.80 | $26.22 | $20.85 | $16.13 | $12.91 |
| 57 | $78.94 | $62.95 | $52.96 | $42.30 | $37.37 | $29.91 | $26.98 | $21.65 | $16.59 | $13.39 |
| 58 | $81.29 | $65.44 | $54.52 | $43.96 | $38.47 | $31.07 | $27.76 | $22.48 | $17.06 | $13.89 |
| 59 | $83.70 | $68.02 | $56.13 | $45.68 | $39.59 | $32.28 | $28.57 | $23.34 | $17.54 | $14.40 |
| 60 | $86.19 | $70.71 | $57.79 | $47.47 | $40.75 | $33.53 | $29.40 | $24.24 | $18.04 | $14.94 |

Each insured may own up to a combined maximum of $25,000 of this type of coverage.

(continued)

Policy Form ICC18L198P (D787LFL19P in FL) or state equivalent

Mutual of Omaha

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

## Monthly Premium

| | $15,000 | | $10,000 | | $7,000 | | $5,000 | | $3,000 | |
|---|---|---|---|---|---|---|---|---|---|---|
| AGE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| 61 | $91.27 | $73.16 | $61.18 | $49.11 | $43.13 | $34.68 | $31.09 | $25.05 | $19.05 | $15.43 |
| 62 | $94.44 | $75.70 | $63.29 | $50.80 | $44.60 | $35.86 | $32.15 | $25.90 | $19.69 | $15.94 |
| 63 | $97.71 | $78.32 | $65.47 | $52.55 | $46.13 | $37.08 | $33.24 | $26.77 | $20.34 | $16.46 |
| 64 | $101.10 | $81.04 | $67.73 | $54.36 | $47.71 | $38.35 | $34.37 | $27.68 | $21.02 | $17.01 |
| 65 | $104.61 | $83.85 | $70.07 | $56.23 | $49.35 | $39.66 | $35.54 | $28.62 | $21.72 | $17.57 |
| 66 | $108.25 | $86.75 | $72.50 | $58.17 | $51.05 | $41.02 | $36.75 | $29.58 | $22.45 | $18.15 |
| 67 | $112.01 | $89.76 | $75.01 | $60.17 | $52.81 | $42.42 | $38.00 | $30.59 | $23.20 | $18.75 |
| 68 | $116.46 | $93.32 | $77.97 | $62.55 | $54.88 | $44.08 | $39.49 | $31.77 | $24.09 | $19.46 |
| 69 | $122.24 | $97.95 | $81.82 | $65.63 | $57.58 | $46.24 | $41.41 | $33.32 | $25.25 | $20.39 |
| 70 | $129.55 | $102.80 | $86.70 | $68.87 | $60.99 | $48.51 | $43.85 | $34.93 | $26.71 | $21.36 |
| 71 | $137.91 | $108.91 | $92.27 | $72.94 | $64.89 | $51.36 | $46.64 | $36.97 | $28.38 | $22.58 |
| 72 | $146.81 | $115.39 | $98.21 | $77.26 | $69.05 | $54.38 | $49.60 | $39.13 | $30.16 | $23.88 |
| 73 | $156.30 | $122.26 | $104.53 | $81.84 | $73.47 | $57.59 | $52.77 | $41.42 | $32.06 | $25.25 |
| 74 | $166.40 | $129.55 | $111.27 | $86.70 | $78.19 | $60.99 | $56.13 | $43.85 | $34.08 | $26.71 |
| 75 | $177.99 | $137.27 | $118.99 | $91.85 | $83.59 | $64.59 | $60.00 | $46.42 | $36.40 | $28.25 |
| 76 | $190.39 | $146.82 | $127.26 | $98.22 | $89.38 | $69.05 | $64.13 | $49.61 | $38.88 | $30.16 |
| 77 | $203.65 | $157.04 | $136.10 | $105.02 | $95.57 | $73.82 | $68.55 | $53.01 | $41.53 | $32.21 |
| 78 | $217.84 | $167.96 | $145.56 | $112.31 | $102.19 | $78.92 | $73.28 | $56.65 | $44.37 | $34.39 |
| 79 | $233.02 | $179.65 | $155.68 | $120.10 | $109.28 | $84.37 | $78.34 | $60.55 | $47.40 | $36.73 |
| 80 | $249.27 | $192.16 | $166.52 | $128.44 | $116.86 | $90.21 | $83.76 | $64.72 | $50.65 | $39.23 |
| 81 | $261.70 | $203.64 | $174.80 | $136.09 | $122.66 | $95.56 | $87.90 | $68.55 | $53.14 | $41.53 |
| 82 | $272.14 | $217.30 | $181.76 | $145.20 | $127.53 | $101.94 | $91.38 | $73.10 | $55.23 | $44.26 |
| 83 | $280.27 | $223.60 | $187.18 | $149.40 | $131.33 | $104.88 | $94.09 | $75.20 | $56.85 | $45.52 |
| 84 | $288.66 | $229.75 | $192.77 | $153.50 | $135.24 | $107.75 | $96.89 | $77.25 | $58.53 | $46.75 |
| 85 | $294.42 | $236.05 | $196.62 | $157.70 | $137.93 | $110.69 | $98.81 | $79.35 | $59.68 | $48.01 |

Print off the application and complete sections 1-6. Be sure to provide your email address and sign the application at the bottom of the page. You'll also need to include your first month's premium. When you're finished, mail the application and your first month's premium to: 3300 Mutual of Omaha Plaza Omaha, NE 68175. Be on the lookout — we'll mail you important policy documents soon. Questions? Call us at 866-475-3784.

D607576 PB612112

# UNITED OF OMAHA LIFE INSURANCE COMPANY A Mutual *of* Omaha Company

## Application for Graded Benefit Individual Whole Life Insurance

HOME OFFICE USE ONLY: UCSL1

**Please Complete Sections 1 through 6 In Full**

**Please reply today.**
551200298
AUTH # 2600N000119708

**1**

( ) –
**Telephone** (Area Code) Number

**Date of Birth** Month / Day / Year

**Sex:** ☐ M ☐ F

**Age**

**Name** First Middle Initial Last

**Address**

**City** **State** **ZIP**

**Email Address**

**2** I wish to apply for the following life insurance benefit amount: (Please check one) ☐ $15,000 ☐ $10,000 ☐ $7,000 ☐ $5,000 ☐ $3,000

**3** I have enclosed a **CHECK** or **MONEY ORDER** in the amount of: $ to pay for the first month's premium for the benefit amount selected above. (Find amount on enclosed rate chart)

After the first month, I wish to be billed: (Please check one) ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly through AUTOMATIC BILL PAY (complete form below)

**4** **Beneficiary** (List person(s) to be paid at death):
First Name Middle Last Name Relationship to Insured

If no beneficiary has been named, the proceeds will be paid to the estate of the Insured.
(OPTIONAL) - Secondary Addressee: To help make sure your policy stays in force, you can have the person listed below receive a notice when your policy is past due and has not been paid. This extra notice will be sent at least 21 days prior to the effective date of cancellation of your policy only if you are age 64 or older.
Name Address
City/State/Zip

**5** Will this insurance replace, discontinue or change any existing life insurance or annuity contract?
☐ Y ☐ N
**If "YES" give details if known:** Company Name Policy Number

**6** X
**Applicant Signature** Do Not Print

**Date** Month / Day / Year

I represent the information above is true and complete to the best of my knowledge and belief. I understand that a reduced death benefit amount is payable during the first two years if death results from sickness or other natural causes. I also understand that no insurance shall take effect until a policy is issued and the first premium is received by United of Omaha Life Insurance Company during my lifetime.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

C626LFL08A REV 1009 3300 Mutual of Omaha Plaza, Omaha, Nebraska 68175 866-475-3784

My only knowledge about whether this insurance will replace an existing life insurance or annuity contract is based on the replacement question answered by the applicant in this application.

Licensed Agent Signature Leslie S. Bennett Agent's Printed Name Leslie S. Bennett Florida License Identification Number E037352

150711 Policy Form ICC18L198P (D787LFL19P in FL) or state equivalent 000099838 PA612109

DETACH HERE ▼ ▼ DETACH HERE

## AUTOMATIC BILL PAY AUTHORIZATION: Complete this Section if you chose Automatic Bill Pay above

Sign form below and **ENCLOSE A CHECK** for your first month's payment from the bank you want future payments drawn from.

As a convenience to me, I authorize United of Omaha Life Insurance Company and/or its affiliated Companies* to withdraw funds from my account. I also authorize my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to the appropriate Company(ies) below. Premium shortages may result from a variety of causes, including underwriting adjustments. This authorization will be effective until I give you at least three business days' notice to cancel.

**Please withdraw on this day every month:** Choose 1st through 28th

*– OR–*

**On this WEDNESDAY of every month:** ☐ 2nd ☐ 3rd ☐ 4th

Questions? Call 866-475-3784

X
**Authorized Signature** as appears on bank account **Today's Date** Month / Day / Year

*Mutual of Omaha Insurance Company • United of Omaha Life Insurance Company • United World Life Insurance Company • In New York, Companion Life Insurance Company

United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza, Omaha, NE 68175 1-800-228-9999

**Notice to Applicant Regarding Replacement of Life Insurance**
A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake. Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies. Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent. Hear from both before you make your decision. This way you can be sure your decision is in your best interest. If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy. Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

Yes ☐ No ☐

**Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it acceptable.**

I have read this notice and received a copy of it.

_____ Date: _____ Agent: Leslie S. Bennett
Applicant's Signature 3300 Mutual of Omaha Plaza
Leslie S. Bennett Omaha, NE 68175
_____ Date: _____
Agent's Signature

Information on policies which may be replaced:

| Company Name | Policy Number | Name of Insured |
|---|---|---|
| | | |
| | | |

L7263_1120 Complete and return the top half with application. Retain bottom portion for your records.

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