# 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 $5,000 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 | |
|---|---|---|---|---|---|---|---|---|
| AGE | 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 |
| 46 | $57.61 | $42.96 | $38.74 | $28.97 | $27.42 | $20.58 | $19.87 | $14.99 |
| 47 | $59.50 | $44.76 | $40.00 | $30.17 | $28.30 | $21.42 | $20.50 | $15.59 |
| 48 | $60.67 | $45.65 | $40.78 | $30.77 | $28.85 | $21.84 | $20.89 | $15.88 |
| 49 | $61.87 | $46.55 | $41.58 | $31.37 | $29.41 | $22.26 | $21.29 | $16.18 |
| 50 | $63.71 | $48.19 | $42.81 | $32.46 | $30.27 | $23.02 | $21.90 | $16.73 |
| 51 | $66.22 | $50.60 | $44.48 | $34.07 | $31.44 | $24.15 | $22.74 | $17.53 |
| 52 | $68.19 | $51.89 | $45.79 | $34.92 | $32.35 | $24.75 | $23.40 | $17.96 |
| 53 | $70.21 | $53.92 | $47.14 | $36.28 | $33.30 | $25.70 | $24.07 | $18.64 |
| 54 | $72.30 | $56.05 | $48.53 | $37.70 | $34.27 | $26.69 | $24.77 | $19.35 |
| 55 | $74.45 | $58.26 | $49.97 | $39.17 | $35.28 | $27.72 | $25.48 | $20.09 |
| 56 | $76.66 | $60.56 | $51.44 | $40.71 | $36.31 | $28.80 | $26.22 | $20.85 |
| 57 | $78.94 | $62.95 | $52.96 | $42.30 | $37.37 | $29.91 | $26.98 | $21.65 |
| 58 | $81.29 | $65.44 | $54.52 | $43.96 | $38.47 | $31.07 | $27.76 | $22.48 |
| 59 | $83.70 | $68.02 | $56.13 | $45.68 | $39.59 | $32.28 | $28.57 | $23.34 |
| 60 | $86.19 | $70.71 | $57.79 | $47.47 | $40.75 | $33.53 | $29.40 | $24.24 |

Each insured may own up to a combined maximum of $25,000 of this type of coverage.
Policy Form ICC18L198P or state equivalent

(continued)

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

## Monthly Premium

| | $15,000 | | $10,000 | | $7,000 | | $5,000 | |
|---|---|---|---|---|---|---|---|---|
| AGE | 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 |
| 62 | $94.44 | $75.70 | $63.29 | $50.80 | $44.60 | $35.86 | $32.15 | $25.90 |
| 63 | $97.71 | $78.32 | $65.47 | $52.55 | $46.13 | $37.08 | $33.24 | $26.77 |
| 64 | $101.10 | $81.04 | $67.73 | $54.36 | $47.71 | $38.35 | $34.37 | $27.68 |
| 65 | $104.61 | $83.85 | $70.07 | $56.23 | $49.35 | $39.66 | $35.54 | $28.62 |
| 66 | $108.25 | $86.75 | $72.50 | $58.17 | $51.05 | $41.02 | $36.75 | $29.58 |
| 67 | $112.01 | $89.76 | $75.01 | $60.17 | $52.81 | $42.42 | $38.00 | $30.59 |
| 68 | $116.46 | $93.32 | $77.97 | $62.55 | $54.88 | $44.08 | $39.49 | $31.77 |
| 69 | $122.24 | $97.95 | $81.82 | $65.63 | $57.58 | $46.24 | $41.41 | $33.32 |
| 70 | $129.55 | $102.80 | $86.70 | $68.87 | $60.99 | $48.51 | $43.85 | $34.93 |
| 71 | $137.91 | $108.91 | $92.27 | $72.94 | $64.89 | $51.36 | $46.64 | $36.97 |
| 72 | $146.81 | $115.39 | $98.21 | $77.26 | $69.05 | $54.38 | $49.60 | $39.13 |
| 73 | $156.30 | $122.26 | $104.53 | $81.84 | $73.47 | $57.59 | $52.77 | $41.42 |
| 74 | $166.40 | $129.55 | $111.27 | $86.70 | $78.19 | $60.99 | $56.13 | $43.85 |
| 75 | $177.99 | $137.27 | $118.99 | $91.85 | $83.59 | $64.59 | $60.00 | $46.42 |
| 76 | $190.39 | $146.82 | $127.26 | $98.22 | $89.38 | $69.05 | $64.13 | $49.61 |
| 77 | $203.65 | $157.04 | $136.10 | $105.02 | $95.57 | $73.82 | $68.55 | $53.01 |
| 78 | $217.84 | $167.96 | $145.56 | $112.31 | $102.19 | $78.92 | $73.28 | $56.65 |
| 79 | $233.02 | $179.65 | $155.68 | $120.10 | $109.28 | $84.37 | $78.34 | $60.55 |
| 80 | $249.27 | $192.16 | $166.52 | $128.44 | $116.86 | $90.21 | $83.76 | $64.72 |
| 81 | $261.70 | $203.64 | $174.80 | $136.09 | $122.66 | $95.56 | $87.90 | $68.55 |
| 82 | $272.14 | $217.30 | $181.76 | $145.20 | $127.53 | $101.94 | $91.38 | $73.10 |
| 83 | $280.27 | $223.60 | $187.18 | $149.40 | $131.33 | $104.88 | $94.09 | $75.20 |
| 84 | $288.66 | $229.75 | $192.77 | $153.50 | $135.24 | $107.75 | $96.89 | $77.25 |
| 85 | $294.42 | $236.05 | $196.62 | $157.70 | $137.93 | $110.69 | $98.81 | $79.35 |

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 reply today.**
551200298
AUTH # 2600N000119708

### Please Complete Sections 1 through 6 In Full

**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** 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): If no beneficiary has been named, the proceeds will be paid to the estate of the Insured.

**First Name** **Middle** **Last Name** **Relationship to Insured**

**5** ☐ Please check here if you currently have any life insurance or annuity contract.
☐ Please check here if this new insurance is intended to replace or change any life insurance or annuity you have now.
If replacing or changing, please provide Company Name

**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 presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

ICC16L664A 3300 Mutual of Omaha Plaza, Omaha, Nebraska 68175 866-475-3784

150711 Policy Form ICC18L198P or state equivalent 000099838 PA612111

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