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

SINGLE PREMIUM IMMEDIATE ANNUITY

United of Omaha Life Insurance Company will hereafter also be referred to as "we," "our," and "us." The Owner will hereafter also be referred to as "you" or "your."

United of Omaha Life Insurance Company will make Annuity Payments as provided in the Contract Information. Payments will be made to the person or persons designated in the Contract Information until otherwise directed by you.

Right to Return This Contract. If you are not satisfied with your contract, return it within 10 days after you receive it. It may be returned by delivering or mailing it to our Home Office or the producer through whom it was purchased. If you return this contract within the specified time, we will promptly refund the Single Premium Amount you paid and cancel your contract as of the Issue Date.

READ YOUR CONTRACT CAREFULLY.
This contract is a legal agreement between you, the Owner,
and us, United of Omaha Life Insurance Company.

THIS CONTRACT IS NOT PARTICIPATING AND THEREFORE IT WILL PAY NO DIVIDENDS.

THIS CONTRACT IS IRREVOCABLE AND HAS NO CASH VALUE OR SURRENDER VALUE AND CANNOT BE SURRENDERED OR COMMUTED UNLESS A BENEFIT COMMUTATION RIDER IS ATTACHED TO THIS CONTRACT.

For customer service or questions about your coverage, please call **(800) 843-2455**.

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James T. Blackledge
Chairman and
Chief Executive Officer

Terrance S. DeWald
Corporate Secretary

CONTRACT INFORMATION

CONTRACT NUMBER:	SSA-XXXXX
REFERENCE NUMBER:	XXXXXXXXX
OWNER:	MUTUAL OF OMAHA STRUCTURED SETTLEMENT COMPANY
ANNUITANT:	JOHN DOE
SEX:	MALE
DATE OF BIRTH:	XX/XX/XXXX
ISSUE DATE:	XX/XX/XXXX
ANNUITY START DATE:	XX/XX/XXXX
SINGLE PREMIUM AMOUNT:	$1.00 and Valuable Consideration
CONTRACT FORM:	Form 705-GANC-11(CT)

PAYMENT SCHEDULE

GUARANTEED PAYMENT ARRANGEMENT(S)

ANNUITY PAYMENT	BENEFIT DESCRIPTIONS
$0.00	A **Life with Period Certain Annuity** is payable monthly for XX months guaranteed and as long thereafter as the Annuitant is living with Annuity Payments beginning on XX/XX/XXXX and guaranteed through XX/XX/XXXX and ending with the last payment due preceding or coinciding with the death of the Annuitant. If the Payee dies on or after the date Annuity Payments commence, but prior to the end of the guaranteed period, Annuity Payments for any months remaining in the guaranteed period will be payable, as they come due, to the Beneficiary.
$0.00	A **Guaranteed Lump Sum** payment is payable to the Payee. A guaranteed payment will be made on XX/XX/XXXX. If the Payee dies prior to XX/XX/XXXX, the Annuity Payment will be paid to the Beneficiary.

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TABLE OF CONTENTS **PAGE**

DEFINITIONS **1**

CONSIDERATION **1**

CONTRACT PARTIES **2**

Owner 2
Change of Ownership 2
Payee 2
Beneficiary 2

ANNUITY PAYMENTS **2**

Annuity Payments 2
Collateral Assignment 2
Non-Assignable 3

GENERAL PROVISIONS **3**

Entire Contract 3
Incontestability 3
Misstatement of Age or Sex 3
Proof of Age or Survival 3
Notification of Death 3
Nonparticipating 4
Conformity with Law 4

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DEFINITIONS

Capitalized terms used in this contract are used with the meanings assigned to them in this section of the contract.

Annuitant means the person named as the Annuitant in the Contract Information and whose life determines the Annuity Payments. The Annuitant cannot be changed.

Annuity Payments means the payment(s) described in the payment schedule of the Contract Information.

Annuity Start Date means the date when the first Annuity Payment is payable under the payment schedule, and specified as the "Annuity Start Date" in the Contract Information.

Beneficiary means the person(s) or legal entity(ies) described in the Owner and Beneficiary section of this contract to receive the Annuity Payments under the circumstances set forth in this contract.

Code means the Internal Revenue Code of 1986, and the regulations promulgated thereunder, as amended.

Contract Information means the page(s) of this contract following the cover page and identified as "Contract Information." The Contract Information contains information specific to you, the Annuitant, the Joint Annuitant (as applicable), and information regarding Annuity Payments.

Executive Officer means the chief executive officer, the president, any vice-president, the corporate secretary or assistant corporate secretary of United of Omaha Life Insurance Company.

Home Office means, at the time of the delivery of this contract, our offices located at the address shown on the cover page of this contract. Upon any relocation of our Home Office, Home Office will mean the offices located at such changed address.

Issue Date means the date shown as the "Issue Date" in the Contract Information and the date from which all contract years and anniversaries are computed.

Joint Annuitant means the person named as the Joint Annuitant in the Contract Information and whose life is used to determine the Annuity Payments under the applicable payment arrangement.

Owner means the person(s) or entity(ies) shown as the "Owner" in the Contract Information.

Payee means the person(s) or entity(ies) described in the Payee section of this contract to receive the Annuity Payments under the circumstances set forth in this contract.

Single Premium Amount means the premium payment shown as the "Single Premium Amount" in the Contract Information.

Written Request means a request, in writing, signed, dated, and submitted to our Home Office. The request must be on a form we supply or be in a form acceptable to us.

CONSIDERATION

The consideration for this contract is the application and the payment of the Single Premium Amount.

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CONTRACT PARTIES

Owner

As the Owner, you have all rights of ownership in this contract while the Annuitant is living. Your rights of ownership end at your death, if you are an individual, or your dissolution, if you are a legal entity. These rights include the right to:

1) name a new Owner;
2) name and change the Beneficiary;
3) receive the Annuity Payments; and
4) name and change the Payee to receive the Annuity Payments.

Change of Ownership

You may name a new person or legal entity to become the Owner of this contract by Written Request to us. Unless you otherwise specify in the Written Request, a change of Owner shall be effective on the date of the Written Request, subject to any payments made or actions taken by us prior to our receipt and processing of such Written Request.

Payee

The Payee is named by you in the application as the person to receive Annuity Payments. You may change the Payee by Written Request to us. Unless you otherwise specify in the Written Request, a change of Payee shall be effective on the date of the Written Request, subject to any payments made or actions taken by us prior to our receipt and processing of such Written Request.

Beneficiary

The Beneficiary is named by you in the application. If there is no Beneficiary named or living, the Beneficiary will be the estate of the Annuitant, Joint Annuitant, or Payee, as applicable. The Beneficiary may be one or more persons or legal entities. If the Beneficiary is more than one person or legal entity, each Beneficiary will share the benefit equally or as you may otherwise specify in the application or by Written Request to us. If you name a contingent Beneficiary, that person becomes the Beneficiary if the Beneficiary dies before the Annuitant, Joint Annuitant or Payee, as applicable.

You may change the Beneficiary by Written Request to us. Unless you otherwise specify in the Written Request, a change of Beneficiary shall be effective on the date the Written Request is signed by you, subject to any payments made or actions taken by us prior to our receipt of such Written Request.

ANNUITY PAYMENTS

Annuity Payments

We will make Annuity Payments to the Payee if the Single Premium Amount for this contract has been paid. Annuity Payments will be made in the amount and for the period of time shown in the payment schedule of the Contract Information.

Collateral Assignment

You may assign a security interest in this policy to a Payee to the extent authorized by Section 130 of the Code.

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Non-assignable

The benefits payable under this contract may not be anticipated, sold, assigned or pledged as collateral, except as provided in the collateral assignment provision. Payment dates and amounts may not be accelerated, deferred, increased or decreased. All benefits shall be exempt from the claims of creditors to the extent permitted by law. No Payee or Beneficiary shall have the power to commute or anticipate Annuity Payments, unless expressly provided in a benefit commutation rider attached to this contract at the Issue Date. Unless permitted by law, Annuity Payments will not be subject to:

1) transfer;
2) assignment;
3) alteration, except for misstatement of age or sex;
4) claims by creditors before a payment is due;
5) encumbrance by creditors or Beneficiary; or
6) judicial or legal process by creditors.

Any attempt to transfer or assign any Annuity Payments in violation of this provision shall be void and of no effect.

GENERAL PROVISIONS

Entire Contract

This contract is an agreement between you and us. The entire contract is:

1) this contract;
2) the attached signed application;
3) any riders; and
4) any endorsements and amendments.

All statements made in the application will be considered representations and not warranties.

Any change made to this contract requires an Executive Officer's written consent. An agent does not have authority to change this contract or waive any of its terms.

Incontestability

We will not contest the validity of this contract after its Issue Date.

Misstatement of Age or Sex

If the age or sex of the Annuitant or Joint Annuitant, as applicable, has been misstated, we will adjust the Annuity Payments to that which would have been purchased at the correct age and sex. Any adjustment will be made to the Annuity Payments next following such date of adjustment.

Proof of Age or Survival

We reserve the right to require proof of the age or survival of any Annuitant, Joint Annuitant, Payee or Beneficiary prior to our making any Annuity Payment.

Notification of Death

You must report to us promptly the death of any Owner, Annuitant, Joint Annuitant, Payee, or Beneficiary. We will require a certified copy of the death certificate. We are entitled to recover any overpayments made because of your failure to timely notify us of death. You are liable to us for any

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overpayments, including any overpayments made to a Payee other than the Owner. We are not responsible for any mispayments that result from your failure to timely notify us of such death.

Nonparticipating

This contract will not pay dividends nor share in any of our surplus or earnings.

Conformity with Law

We reserve the right to make any change to the provisions of this contract to comply with, or give you the benefit of, any applicable federal or state statute, rule, or regulation.

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SINGLE PREMIUM IMMEDIATE ANNUITY

THIS CONTRACT IS NOT PARTICIPATING AND THEREFORE IT WILL PAY NO DIVIDENDS

THIS CONTRACT IS IRREVOCABLE AND HAS NO CASH VALUE OR SURRENDER VALUE AND CANNOT BE SURRENDERED OR COMMUTED UNLESS A BENEFIT COMMUTATION RIDER IS ATTACHED TO THIS CONTRACT.

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Mutual of Omaha

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

SINGLE PREMIUM IMMEDIATE ANNUITY APPLICATION

OWNER

Name: Mutual Of Omaha Structured Settlement Company
Address: 50 Weston Street
Hartford (city) CT (state) 06120-1537 (zip)

Tax Identification Number: 80-0725213
Telephone Number: (800) 617-2861
Owner is: ☐ Individual ☐ Partnership ☐ Trustee ☑ Corporation ☐ Other:

ANNUITANT INFORMATION:

Name: John Doe
Address: 123 Main Street
Anytown (city) XX (state) XXXXX (zip)

Sex: ☑ Male ☐ Female
Social Security Number: XXX-XX-XXXX
Date of Birth: XX/XX/XXXX
Telephone Number: (XXX) XXX-XXXX

PAYEE INFORMATION: (IF OTHER THAN ANNUITANT)

Name:
Address:
(city) (state) (zip)

Sex: ☐ Male ☐ Female
Social Security Number:
Date of Birth:
Telephone Number:

JOINT ANNUITANT INFORMATION: (IF APPLICABLE)

Name:
Address:
(city) (state) (zip)

Sex: ☐ Male ☐ Female
Social Security Number:
Date of Birth:
Telephone Number:

BENEFICIARY(IES) DESIGNATIONS: (☐ CHECK IF ADDITIONAL SHEET IS ATTACHED.)

Name:
Address:
(city) (state) (zip)

Relationship to Annuitant:
Social Security Number:
Date of Birth:
Share %*:

Name:
Address:
(city) (state) (zip)

Relationship to Annuitant:
Social Security Number:
Date of Birth:
Share %*:

*If more than one beneficiary is listed and the share % is not completed, the % will be split equally among all beneficiaries.
Please list additional beneficiaries on a separate piece of paper and attach it to this form.

PAYMENT SCHEDULE: (☑ CHECK IF ADDITIONAL SHEET IS ATTACHED.)

Start Date	Type (e.g., life only, lump sum, period certain)	Amount	Number of Payments	Frequency of Payments	Commutable (Yes/No)

PREMIUM:

Amount paid with application: $ $1.00 and Valuable Consideration

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REPLACEMENT:

(a) Do you have one or more individual life insurance policies and/or annuity contracts in force (including any that have been assigned or sold), pending, or terminated in the last 13 months? This includes any life insurance policy(ies) and/or annuity contract(s) under a binding or conditional receipt, or any life insurance policy(ies) and/or annuity contract(s) within an unconditional refund period. ☑ Yes ☐ No If answered "Yes," complete (b)

(b) Have you had or do you intend to have any life insurance policy(ies) and/or annuity contract(s) replaced, converted, reduced, reissued, subjected to borrowing, or otherwise discontinued because of this application? ☐ Yes ☑ No

If "Yes," give name of Company(ies) and Policy/Contract Number(s):

Company _____ Policy/Contract Number _____

Company _____ Policy/Contract Number _____

Company _____ Policy/Contract Number _____

If you answered "Yes" to (a) or (b), certain state laws require that a replacement notice and other information be given to you.

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.

AGREEMENT:

This application will attach to and be made a part of the annuity contract.

I, the undersigned, certify that I have read the application and all statements and answers.

I, the undersigned, understand and agree that:

1. All statements and answers on this application are true and complete to the best of my knowledge and belief.
2. All statements and answers are the basis for any annuity contract issued by United of Omaha Life Insurance Company and no information about them will be considered to have been given to United of Omaha Life Insurance Company unless it is stated on this application or in the supplemental pages attached hereto regarding the Payment Schedule or Beneficiary Designations.
3. No producer or representative is authorized to waive or change any of the conditions or provisions on the application or in the contract.
4. The annuity contract applied for will not take effect until it is issued by United of Omaha Life Insurance Company and all the following requirements are met: (a) the contract is delivered to and accepted by the Owner(s); (b) United of Omaha Life Insurance Company receives the total purchase payment; and (c) the Annuitant and Owner(s) must be living on the Issue Date as shown in the Contract Information.

I represent that my answers above are true and complete to the best of my knowledge and belief.

Owner: Mutual of Omaha Structured Settlement Company **Owner's Signature**: _____

Signed at: _____ Date: _____
(city) (state)

Title: _____

If the Owner is a legal entity, the entity name must be stated as the "Owner" and an officer of such entity must sign his/her name and state his/her title.

AGENT/BROKER INFORMATION:

1. Does the owner(s) have any existing individual life insurance and/or annuity contracts? ☑ Yes ☐ No

2. Do you have any reason to believe the contract applied for has replaced or will modify any existing individual life insurance policy and/or annuity contract? ☐ Yes ☑ No

If the answer to 1 or 2 above is "Yes," I represent that I have fulfilled any state requirements, including completing any state required replacement forms.

Producer Signature: _____ Date: Date Producer Completed Application

Agent/Broker Name: Joe Producer Agent Number: _____

Name of Brokerage Firm: Structured Settlement Firm Phone Number: (XXX) XXX-XXXX

Agency Address: Broker Street Address Broker City XX XXXXX
(street) (city) (state) (zip)

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Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company
Mutual of Omaha Plaza, Omaha, NE 68175 1-800-617-2861

SCHEDULE A

Payments for: John Doe

Guaranteed Payments
$X.XX monthly beginning XX/XX/XXXX. Payable for life with XXX months guaranteed.
Guaranteed payments through XX/XX/XXXX.

$X.XX lump sum payment on XX/XX/XXXX.

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