



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

3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-617-2861

SINGLE PREMIUM IMMEDIATE ANNUITY APPLICATION

OWNER

Name: _____ Tax Identification Number: _____
 Address: _____ Telephone Number: _____
 _____ (city) _____ (state) _____ (zip)
 Owner is: Individual Partnership Trustee
 Corporation Other: _____

ANNUITANT INFORMATION:

Name: _____ Sex: Male Female
 Address: _____ Social Security Number: _____
 _____ (city) _____ (state) _____ (zip) Date of Birth: _____
 Telephone Number: _____

PAYEE INFORMATION: (IF OTHER THAN ANNUITANT)

Name: _____ Sex: Male Female
 Address: _____ Social Security Number: _____
 _____ (city) _____ (state) _____ (zip) Date of Birth: _____
 Telephone Number: _____

JOINT ANNUITANT INFORMATION: (IF APPLICABLE)

Name: _____ Sex: Male Female
 Address: _____ Social Security Number: _____
 _____ (city) _____ (state) _____ (zip) Date of Birth: _____
 Telephone Number: _____

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

Name: _____ Relationship to Annuitant: _____
 Address: _____ Social Security Number: _____
 _____ (city) _____ (state) _____ (zip) Date of Birth: _____
 Share %*: _____

Name: _____ Relationship to Annuitant: _____
 Address: _____ Social Security Number: _____
 _____ (city) _____ (state) _____ (zip) 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

