



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

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 _____

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 and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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: _____ **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:** _____

Agent/Broker Name: _____ **Agent Number:** _____

Name of Brokerage Firm: _____ **Phone Number:** _____

Agency Address: _____
(street) (city) (state) (zip)

Upon written request, United of Omaha Life Insurance Company will, within a reasonable time, provide you with factual information regarding the benefits and provisions of the annuity policy you have purchased. Additionally, if for any reason you are not satisfied with the policy, you may return it to United of Omaha or your Licensed Representative within 30 days of delivery and receive a refund of all monies paid.