



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	_____
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.

**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.**

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

**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: \_\_\_\_\_ Florida License I.D. Number: \_\_\_\_\_

Name of Brokerage Firm: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
(street) (city) (state) (zip)