



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: \$ \_\_\_\_\_ Valuable Consideration





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SCHEDULE A