



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

DISCLOSURE STATEMENT AS REQUIRED BY FL STATUTES § 626.99296

Date:

RE: Claimant:

Claim Number:

- 1. Amount and due dates of the periodic payments and % increases, if applicable: As specified in the Structured Settlement Agreement
- 2. Amount of premium payable to the Annuity Issuer:

- 3. Discounted Present Value of all periodic payments that are not life contingent:

- Discount Rate (Applicable Federal Rate):

- 4. The nature and amount of any costs that may be deducted from the periodic payments:

- 5. **Transfer of the periodic payments is prohibited by the terms of the structured settlement and may otherwise be prohibited or restricted under applicable law.**
- 6. **Any transfer of the periodic payments by the Claimant may subject the Claimant to serious adverse tax consequences.**

valid as of date shown above

This disclosure statement is intended to comply with the law cited and may be used solely in conjunction with an actual or illustrative quotation for an annuity from United of Omaha Life Insurance Company. The value illustrated does not necessarily reflect the fair market value of the annuity benefits.