



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

## BENEFICIARY DESIGNATION

DESIGNATION OF BENEFICIARY(IES) FOR \_\_\_\_\_ (ANNUITANT)

- If more than one beneficiary is listed and the share % is not completed, the % will be split equally among all beneficiaries. (Please print)

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