

SERFF Tracking Number: MUTM-125558302 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38475  
Company Tracking Number: MIKE DILORENZO  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Individual Whole Life Insurance - C086LNS08A  
Project Name/Number: JWL Super App 2008/C086LNS08A

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Individual Whole Life Insurance SERFF Tr Num: MUTM-125558302 State: ArkansasLH  
- C086LNS08A

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 38475

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Co Tr Num: MIKE DILORENZO

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Kim Meyerring, Mike  
DiLorenzo, Emy Sandberg, Kendra  
Sayler, Amy Peitz

Disposition Date: 04/03/2008

Date Submitted: 03/19/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: JWL Super App 2008

Project Number: C086LNS08A

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/03/2008

State Status Changed: 04/03/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC 261-69868 FEIN 47-0322111

Individual Whole Life Insurance

C086LNS08A Whole Life Application

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/14/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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On behalf of United of Omaha Life Insurance Company, I am submitting the above captioned form in final printed format for review and approval. This form contains no unusual or controversial items according to normal company and industry standards. To the best of my knowledge, it complies with all your applicable statutes.

Currently we maintain three applications for different direct-response distribution channels involving our Juvenile Whole Life block of business. We would like to file a variable application that will provide the required options for all direct-response distribution channels, help reduce the number of application forms we currently maintain, and continue to meet the needs of our customers.

Application C086LNS08A is new and being filed to replace the following previously approved applications:

Previous Application Approval Date

A009LNA05A June 10, 2005

A010LNA05A June 10, 2005

A011LNA05A June 10, 2005

Additionally, C086LNS08A will be used in conjunction with the following policies:

Policy Form Approval Date

A013LAR05P June 10, 2005

A014LAR05P June 10, 2005

A015LAR05P June 10, 2005

A016LAR05P June 10, 2005

A017LAR05P June 10, 2005

A018LAR05P June 10, 2005

Please see attached Memorandum of Variability and Appendix A-Variable Payment Methods regarding all variable options for application form C086LNS08A. We ask that all application information shown in brackets be filed as variable to accommodate any changes in marketing criteria and the needs of our different distribution channels.

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Nebraska, our state of domicile, approved a substantially similar form on March 14, 2008.

This application when combined with each policy has achieved a Flesch score of (52.4).

Enclosed are the required filing materials. Thank you for your consideration of this submission. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Mike DiLorenzo  
Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-5979  
Fax: 402-351-5298  
E-mail: mike.dilorenzo@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Mike DiLorenzo, Product & Advertising Compliance Analyst  
Regulatory Affairs  
Omaha, NE 68175  
mike.dilorenzo@mutualofomaha.com  
(402) 351-5979 [Phone]  
(402) 351-5298[FAX]

### Filing Company Information

United of Omaha Life Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175  
(402) 351-6420 ext. [Phone]  
CoCode: 69868  
Group Code: 261  
Group Name:  
FEIN Number: 47-0322111  
State of Domicile: Nebraska  
Company Type: Life Insurance  
State ID Number:  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: Application = \$20.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$20.00	03/19/2008	18796659

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/03/2008	04/03/2008

*SERFF Tracking Number:*      *MUTM-125558302*                      *State:*                      *Arkansas*  
*Filing Company:*              *United of Omaha Life Insurance Company*      *State Tracking Number:*      *38475*  
*Company Tracking Number:*      *MIKE DILORENZO*  
*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.101 Fixed/Indeterminate Premium - Single*  
*Product Name:*                      *Individual Whole Life Insurance - C086LNS08A*  
*Project Name/Number:*              *JWL Super App 2008/C086LNS08A*

## **Disposition**

Disposition Date: 04/03/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Memo of Variability		Yes
<b>Supporting Document</b>	Payment Methods Appendix		Yes
<b>Form</b>	Whole Life Insurance Application		Yes

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## Form Schedule

Lead Form Number: C086LNS08A

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	C086LNS08A	Application/Whole Life Insurance Enrollment Form	Initial Application			52	Application - C086LNS08A.pdf

# Application to United of Omaha Life Insurance Company

## for [Children's] [Juvenile] [Youth] [Young Adult] Whole Life Insurance

Home Office Use Only  
Code



- 2 [Reply by \_\_\_\_]
- 3 [Keyline Code]
- 4 [Collate Code]

5 [1] 6 [Applicant Name \_\_\_\_\_]  
7 [Address \_\_\_\_\_]  
8 [City, State, ZIP Code \_\_\_\_\_]  
9 [(If name or address is incorrect, please change.)]

10 [Check the] Coverage Amount for each Proposed Insured: [Check One]  \$0,000  \$0,000  \$0,000  \$0,000

11 Please complete sections 1 through [8] in full

### 12 [2] Proposed Insureds: (List [children] [or spouse] [person(s)] age [25] [19] and under to be insured)

14	First Name	Middle Initial	Last Name	Age	Date of Birth Month/Day/Year	Sex M/F	13 [Coverage Amount [(Check One)]]
						15	<input type="checkbox"/> \$0,000 <input type="checkbox"/> \$0,000 <input type="checkbox"/> \$0,000 <input type="checkbox"/> \$0,000

17 [3] Applicant: 16 [(Parent, Grandparent[,] [or] Guardian[,] [Proposed Insured] [or Spouse])]  
17 [Name \_\_\_\_\_] 18 [  Male  Female ] 19 [Telephone Number (\_\_\_\_) \_\_\_\_\_]  
20 [Address \_\_\_\_\_] 21 [Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_]  
Street City State ZIP Code Month Day Year  
22 [Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_] 23 [E-mail Address \_\_\_\_\_]

24 Are you and all Proposed Insureds citizens of the United States?  Yes  No If "No," please provide name(s) and Permanent Resident Card [(Form I-551)] Number(s) \_\_\_\_\_

25 Beneficiary: [The Applicant shall be the Beneficiary unless otherwise requested.] [You will be the Beneficiary unless you name someone else below.]  
Please Print: \_\_\_\_\_  
First Name Initial Last Name Relationship to Proposed Insured]

26 [4] [Variable Payment Methods]

[5] Have any of the Proposed Insureds received medical care for or had:  
(a) a heart or circulatory system disease, birth defect, or mental or developmental disorder?  Yes  No  
(b) any other chronic medical condition which has required care within the past 3 years?  Yes  No  
If "Yes," please list Proposed Insured(s) and condition \_\_\_\_\_

[6] Will this insurance replace, discontinue or change any existing life insurance or annuity contract?  Yes  No If "Yes," give details, if known: Name(s) of Proposed Insured(s) \_\_\_\_\_ Company(ies) \_\_\_\_\_ Policy Number(s) \_\_\_\_\_

27 [7] I am the [parent, grandparent[,] [or] guardian[,] [Proposed Insured] [or spouse] [of the Proposed Insured(s)] and I represent that my above answers are true and complete to the best of my knowledge and belief. I also understand that this coverage will not be in force until this application is completed in full and approved by United of Omaha Life Insurance Company, and my initial premium is received during the lifetime of the Proposed Insured(s).

28 [I ACKNOWLEDGE THIS IS NOT A DEPOSIT, NOT FDIC INSURED, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY AND NOT GUARANTEED BY A BANK.]

29 [CONSUMER DISCLOSURE OF THE SALE OF INSURANCE  
THE INSURANCE PRODUCT IS NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEE BY, THE BANK OR ANY AFFILIATE OF THE BANK. THE INSURANCE PRODUCT IS NOT INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC) OR ANY OTHER AGENCY OF THE UNITED STATES, THE BANK, OR ANY AFFILIATE OF THE BANK.  
I ACKNOWLEDGE RECEIPT OF THE CONSUMER DISCLOSURE OF THE SALE OF INSURANCE.]

30 [Insurance Products are not insured by the FDIC or any other federal government agency, the bank or any other affiliate of the bank; and are not a deposit or other obligation of, or guaranteed by, the bank or an affiliate of the bank.]

31 [I acknowledge the receipt of the insurance disclosures located [above] [and] [below] [on] [the back of] [this form] and authorize premiums [(listed on the enclosed brochure)] to be added to my [Client Name] [account] [mortgage payment].]

32 [8] [Applicant's] [Cardmember's] [Cardholder's] [Mortgagor's] [Accountholder's]  
Signature X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Do Not Print) Month Day Year  
33 Relationship to Proposed Insured(s) [Check One]  Parent  Grandparent  Guardian  Proposed Insured  Spouse  \_\_\_\_\_  
34 [X] \_\_\_\_\_ X \_\_\_\_\_  
[Signature of Proposed Insured(s) [if age 15 or older]] [Signature of Parent or Guardian [(if Proposed Insured(s) under age 15)]]

35 [Complete only if [Applicant] [spouse] [or] [other Proposed Insured] is not [a] [an] [Client Name] [cardmember] [cardholder] [co-mortgagor] [accountholder]: I agree that the premiums for [my spouse's] [or] [the] [other Proposed Insured's] life insurance will be [charged to] [billed to] [withdrawn from] [collected with] my [Client Name] [checking] [/] [savings] [credit card] account [mortgage payment].

[Client Name] [Cardmember's] [Cardholder's] [Mortgagor's] [Accountholder's]

Signature X \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Do Not Print) Month Day Year

36 [Complete only if address of [Client Name] [cardmember] [cardholder] [mortgagor] [accountholder] is different than applicant address:

[Cardmember] [Cardholder] [Mortgagor] [Accountholder] Name \_\_\_\_\_  
(Please Print)

[Cardmember] [Cardholder] [Mortgagor] [Accountholder] Address \_\_\_\_\_  
(Please Print)

City, State, ZIP \_\_\_\_\_  
(Please Print)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

37 [Licensed Agent Statement:

In addition to the above, by signing below, I, the Licensed Agent, hereby agree that I know of nothing detrimental to the risk that is not recorded in this application.

Do you, the Licensed Agent, have any reason to believe the policy applied for has replaced or will replace any insurance policy and/or annuity contract? .....  Yes  No

Has the Applicant informed you, the Licensed Agent, that any Proposed Insured has one or more existing life insurance policies and/or annuity contracts in force? .....  Yes  No

(If either question is answered "Yes," fulfill all state and company requirements.)

\_\_\_\_\_  
Signature of Licensed Agent [Production] [License] [Employee] [ID] Number Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

\_\_\_\_\_  
Print or Stamp Licensed Agent Name \_\_\_\_\_  
Print or Stamp Call Center Name \_\_\_\_\_  
Applicant's City of Birth/Mother's Maiden Name]

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## **Rate Information**

Rate data does NOT apply to filing.



ARKANSAS  
INSURANCE  
DEPARTMENT

400 University Tower Building  
1123 South University Ave.  
Little Rock, Arkansas 72204

Lee Douglass  
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Mike DiLorenzo

402-351-5979

INSURANCE DEPARTMENT USE ONLY:

ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_

**ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.**

**FEE SCHEDULE FOR ADMITTED INSURERS**

**RATE/FORM FILINGS**

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

\* \_\_\_\_\_ X \$50 = \$ \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

\* \_\_\_\_\_ X \$50 = \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

\* 1 X \$20 = 20.00

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

\* \_\_\_\_\_ X \$25 = \$ \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

**AMEND CERTIFICATE OF AUTHORITY**

Review and processing of information to amend an Insurer's Certificate of Authority

\* \_\_\_\_\_ X \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority.

\*\*\* \_\_\_\_\_ X \$100 = \_\_\_\_\_

**\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

**\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

**\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**

**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

	<u>Form</u>	<u>Description</u>	<u>Score</u>
C086LNS08A		Individual Whole Life Application	52.4*

\* When scored with each policy.

United of Omaha Life Insurance Company

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Date: March 19, 2008



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Daniel J. Kennelly  
Vice President and Chief Compliance Officer

# Arkansas Insurance Department

Mike Huckabee  
Governor



Julie Benafield Bowman  
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.
2. The company must certify that failure to pay the credit card bill will not affect the premium payment.
3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.

  
SIGNATURE

March 19, 2008  
DATE

United of Omaha Life Insurance Company  
COMPANY

CC-1

**Memorandum of Variability**  
**Explanation of Variable Statements and Fields**  
**For United of Omaha Life Insurance Company Application Form**  
**C086LNS08A.**

Each variable section, statement or field is denoted by [brackets] and annotated with numbers in **RED**. The explanations below follow the order in which the variable fields appear in the form.

The large numbers bracketed represent section numbers, **[2.]** etc. These are subject to change based on the different sections of the application that may vary depending on marketing layout and distribution channel (Direct to Consumer Market, 3<sup>rd</sup> Party Mass Marketing, Telemarketing and Internet).

<b>PAGE 1</b>	
<i>Variable Statements/Fields</i>	<i>How or When Used</i>
<b>1</b> [Children's] [Juvenile] [Youth] [Young Adult]	One will print depending on marketing layout.
<b>2</b> [Reply by]	Will print depending on marketing layout.
<b>3</b> [Keyline Code]	Will print depending on marketing layout.
<b>4</b> [Collate Code]	Will print with certain payment methods only.
<b>5</b> [Applicant Name and Address...]	Either variables (6-9) <b>OR</b> (17 and 20) will print depending on whether fields are pre-populated and marketing layout.
<b>6</b> [Applicant Name]	Will print depending on if fields are pre-populated.
<b>7</b> [Address]	Will print depending on if fields are pre-populated.
<b>8</b> [City, State, ZIP]	Will print depending on if fields are pre-populated.
<b>9</b> [(If name or address is incorrect...)]	Will print depending on marketing layout.
<b>10</b> [[Check the] Coverage Amount for each Proposed Insured: [Check one] <input type="checkbox"/> \$0,000]...	A combination will print depending on a range of benefits offered up to \$30,000.
<b>11</b> Please complete sections 1 through [8] in full.	Section numbers vary depending on marketing layout and distribution channel.
<b>12</b> [children] [or spouse] [person(s)] age...  [25] [19]	One or a combination will print depending on coverage offered and marketing layout.  Either 25 or 19 will print depending the product being offered and issue ages offered for that product.
<b>13</b> [Coverage Amount [(Check One)]]  [(Check One)]	Entire column may or may not print depending on marketing layout.  Will print if more than one coverage amount is offered.
<b>14</b> [Entire Row]	Additional rows will print depending on marketing layout.

15 [ <input type="checkbox"/> \$0,000] [ <input type="checkbox"/> \$0,000] [ <input type="checkbox"/> \$0,000] [ <input type="checkbox"/> \$0,000]	A combination will print depending on a range of benefits offered up to \$30,000.
16 [(Parent, Grandparent [,][or] Guardian [,][Proposed Insured] [or Spouse])]	None or a combination will print depending on marketing layout.
17 [Name]	Will print depending on if fields are pre-populated.
18 [ <input type="checkbox"/> Male <input type="checkbox"/> Female]	Will print depending on marketing and printing layout.
19 [Telephone Number]	Will print depending on marketing and printing layout.
20 [Address]	Will print depending on if fields are pre-populated.
21 [Date of Birth]	Will print depending on marketing and printing layout.
22 [Social Security Number]	Will ask for a social security number if required to do so by state or federal law or if internal company decision is made to request this information.
23 [E-mail address]	Will print depending on marketing and printing layout.
24 If "No," Please provide Permanent Resident Card [(Form I-551)] Number:	Variable to comply with future updates to federal form identification number.
25 <b>Beneficiary:</b> [The Applicant shall be the Beneficiary...] [You will be the Beneficiary unless you name someone else below...]	One will print depending on marketing and printing layout.
26 [Variable Payment Methods]	A combination or none will print depending on payment method offered and marketing layout.  See the <b>Explanation of Payment Method Variability for Appendix A</b> below for an explanation of variability for this section.
27 I am the [parent, grandparent] [,] [or] guardian [,] [Proposed Insured] [or spouse] [of the Proposed Insured(s)]...	A combination will print depending on marketing layout.
28 [I ACKNOWLEDGE THIS IS NOT A DEPOSIT...]	Will print depending on distribution channel for 3 <sup>rd</sup> party marketing.
29 [CONSUMER DISCLOSURE OF THE SALE OF INSURANCE...]	Will print depending on distribution channel for 3 <sup>rd</sup> party marketing.
30 [Insurance Products are not insured by the FDIC...]	Will print depending on distribution channel for 3 <sup>rd</sup> party marketing.
31 [I acknowledge the receipt of the insurance disclosures...]	A combination will print depending on 3 <sup>rd</sup> party marketing layout.
32 [Applicant's] [Cardmember's] [Cardholder's] [Mortgagor's] [Accountholder's] Signature	One of these variables will print depending on marketing layout.

33 [Check one] [ <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian] [ <input type="checkbox"/> Proposed Insured] [ <input type="checkbox"/> Spouse] [ _____ ]	None or a combination will print depending on marketing layout and coverage offered.
34 [[Signature of Proposed Insured(s) [if age 15 or older]] [Signature of Parent or Guardian [if Proposed Insured(s) under age 15)]]]	None or a combination will print depending on marketing layout.

**PAGE 2**

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
35 [Complete only if...]	A combination will print depending on payment method provided.
36 [Complete only if address of...is different...]	A combination will print depending on marketing layout.
37 [Licensed Agent Statement...]	Will print for solicitations involving telemarketing via a licensed agent.

**Explanation of Payment Method Variability for Appendix A**

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
<b>A-Z</b> The Method of Payment section in its entirety may or may not print depending on distribution channel and marketing layout.	
<b>A</b> [Method of Payment...]	A combination or none of these headers may print depending on payment method and marketing layout.
<b>B-N</b> [ <input type="checkbox"/> ]	A combination of check boxes will print if more than one payment method is provided depending on marketing layout.
<b>B</b> [Send no money [now!]] [Bill me [later].] [Send money]	A combination of these options will print depending on the payment method provided.
<b>C</b> [(Please check one)]	Will print when more than one payment method is provided.
<b>D-Z</b> These variable paragraphs comprise the billing modes (options) we may offer in varying combinations to the applicant.	
<b>D</b> [I understand that I will receive a statement to collect my first month's premium...]	A combination will print depending on payment method offered.
<b>E</b> [I understand payment is not required at this time...]	Will print depending on payment method offered.
<b>F</b> [I prefer to send my first payment now. [Coverage will begin at the earliest possible date.]] [Payment enclosed. [Start coverage at the earliest possible date.]]	One or a combination of these options will appear depending on marketing layout.
[See section [7.]]	Directs applicant to agreement section.

G [I have enclosed...\$__ to pay...]	A combination will print depending on payment method.
H [I have enclosed the...initial premium...]	A combination will print depending on payment method.
I [I have enclosed [number] dollar[s]...]	A combination will print depending on payment method.
J [I have enclosed \$__ to pay for the first month of coverage for myself.]	Will print depending on payment method.
K [I have enclosed \$__ to pay for the first month of coverage for my spouse (only if to be insured).]	Will print depending on payment method and if spouse coverage is being offered.
L [Make check...payable to United of Omaha.]	A combination will print depending on payment method provided.
M [...I wish to...(Please check one)]	A combination will print depending on payment method provided.
N [Direct Bill...]	A combination of these options will print depending on the payment method provided.
O [Save Money...]	A combination will print if Easy Pay is provided as a payment method.
P [Complete Easy Pay...]	A combination will print if Easy Pay is provided as a payment method.
Q [[Select only one option.]...]	A combination will print depending on payment method.
R [Provide your...digit...account number]	A combination will print depending on marketing layout.
S [Monthly, quarterly...credit card]	A combination will print depending on marketing layout.
T [VISA, MasterCard, other credit card]	A combination will print depending on marketing layout.
U [By signing below...]	A combination will print depending on payment method provided.
V [I wish to...]	A combination will print depending on payment method provided.
W [I wish to...mortgage payment]	A combination will print depending on payment method provided.
X [Enter your personal identification number...]	Will print depending on marketing layout.
Y [I understand the...]	A combination will print depending on marketing layout.
Z [EASY PAY AUTHORIZATION...]	A combination will print depending on marketing layout.

## Appendix A – Variable Payment Methods

- A** **[Method of Payment] [(Check One [Payment Method] Only)]**
- B**  [Send no money [now!]] [Bill me [later].] [Send money]
- C** [(Please Check One)]
- D**  [I understand that I will receive a statement to collect my first month's premium [of \$ [000.00].] Once that premium is received, my request will be processed and coverage will begin.]
- E**  [I understand payment is not required at this time. I wish to set up my future premiums to be paid as selected below:]
- F**  [I prefer to send my first payment now. [Coverage will begin at the earliest possible date.]] [Payment enclosed. [Start coverage at the earliest possible date.]] [See section [7.]]
- G**  [I have enclosed [a total of] \$ \_\_\_\_\_ to pay [the] [my] first month's premium [for the benefit amount selected above].]
- H**  [I have enclosed the [(\$0.00)] initial premium [of] [number] [dollar[s] [(\$0.00)] for [each of] the proposed insured[s] shown above.]
- I**  [I have enclosed [number] dollar[s] to pay my first [number] [month's] [months'] premium.]
- J**  [I have enclosed \$ \_\_\_\_\_ to pay for the first month of coverage for myself.]
- K**  [I have enclosed \$ \_\_\_\_\_ to pay for the first month of coverage for my spouse (only if to be insured).]
- L** [Make check [or money order] payable to United of Omaha.]
- M** [(After) [that] [the first] [number] [month] [months], I wish to [be billed] [have] [future] [and] [the full] [renewal] [premiums] [billed to me] [paid] [as selected below:] [(Please Check One)]
- N**  [Direct Bill]  [Annually [(once a year)]  [Semiannually [(twice a year)]  [Quarterly [(four times a year)]  [Monthly [(twelve times a year)]]
- O** [(Save Money...)]  [Monthly]  [Quarterly]  [Semiannually] [Semiannual]  [Annually] [Annual] [through the] EASY PAY OPTION [(automatic deductions from your [or your] spouse's] [checking] [savings] account.) I understand [the] [initial] [future] [and] [renewal] premium[s] for this coverage will be automatically [deducted] [withdrawn] from [my] [the] [or my] [spouse's] [Client Name] [checking] [savings] account.]
- P** [Complete Easy Pay [Option] Authorization [Form] [enclosed] [below] [on back of application] [attached to reply envelope] [and attach a sample check marked "VOID".]
- Q** [(Select only one option.)  [Client Name] [account] [or]  [checking] [savings] [account] ]
- R** [Provide your [number]-digit [Client Name] account number [ \_\_\_\_\_ ]]
- S** [ [Monthly]  [Quarterly]  [Semiannual]  [Annual] Credit Card]
- T** [ VISA® [Plan code]]  MasterCard® [Plan code]]  [other credit card] [Plan code]]  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_]
- U**  [(By signing below,) I authorize the [initial] [future] [and] [renewal] premium[s] for this coverage to be automatically billed through [my] [the] [or my] [spouse's] [Client Name] [credit card] account  [monthly]  [quarterly]  [semiannually]  [annually].]
- V**  [I wish to [bill] [pay] [charge] this insurance [through] [to] my [or my] [spouse's] [Client Name] [checking] [savings] [credit card] [issued by] [Client Name] [account]. I understand the [initial] [future] [and] [renewal] premium[s] for this [coverage] [life insurance] will be automatically billed through [my] [the] account  [monthly]  [quarterly]  [semiannually]  [annually].]
- W**  [(I wish to [bill this through] [pay this with] my [or my] [spouse's] Mortgage Payment] [By signing below,] I [authorize] [understand] the [initial] [future] [and] [renewal] premium[s] for this [coverage] [life insurance] [to be] [will be] automatically [charged to] [billed] [to] [through] [collected with] my [or my] [spouse's] [Client Name] [account] [mortgage payment]  [monthly]  [quarterly]  [semiannually]  [annually].]
- X** [Enter your personal identification number found on your invitation to apply for coverage: \_\_\_\_\_.]
- Y**  [I understand the [initial] [future] [and] [renewal] premium[s] for this coverage will be automatically [charged] [billed] [deducted] [withdrawn]  [monthly]  [quarterly]  [semiannually]  [annually] [to] [through] [from] [collected with] my [or my] [spouse's] [Client Name] [mortgage payment] [checking] [savings] [account] as with my present [underwriting company] coverage.]

### EASY PAY OPTION AUTHORIZATION

[Save Money...] [As a convenience to me and by] [By] signing below, I authorize United of Omaha Life Insurance Company and/or its affiliates\* to automatically withdraw  [monthly]  [quarterly]  [semiannual]  [annual] premiums from [my] [the] [or my] [spouse's] account on the \_\_ (1st through 28th) of the month. I understand I can cancel withdrawals anytime with 3 days notice. [Please enclose [a sample check marked "VOID"] [or] [your initial payment] using a check for the account from which payments are to be made.]

\*Mutual of Omaha Insurance Company • United World Life Insurance Company • In New York, Companion Life Insurance Company

[Date \_\_\_\_\_] **X** \_\_\_\_\_

Authorized Signature as Shown on Account

**X** \_\_\_\_\_

Joint Account or Other Authorized Signature ]

**Z**