

SERFF Tracking Number: UNTD-127128840 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 48558  
Company Tracking Number: FORM 705-GANC-11  
TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Product Name: Single Premium Immediate Annuity  
Project Name/Number: Structured Settlement Annuity/705-GANC-11

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Single Premium Immediate Annuity SERFF Tr Num: UNTD-127128840 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 48558

Sub-TOI: A05I.000 Annuities - Immediate Non- variable Co Tr Num: FORM 705-GANC-11 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Phyllis Gunter, Jake Curtiss, Lisa Lehan, Amy

Disposition Date: 04/28/2011

Lawrenson, Shannon Taylor, Mick Messbarger, Jeremy Christensen

Date Submitted: 04/21/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Structured Settlement Annuity

Project Number: 705-GANC-11

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Nebraska, our state of domicile, is a member of the Interstate Insurance Compact. A substantially similar filing is pending review with the Compact.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/28/2011

State Status Changed: 04/28/2011

Deemer Date:

Submitted By: Jake Curtiss

Created By: Jake Curtiss

Corresponding Filing Tracking Number:

SERFF Tracking Number: UNTD-127128840 State: Arkansas  
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**Filing Description:**

RE: United of Omaha Life Insurance Company

NAIC #. 261-69868

FEIN 47-0322111

**Single Premium Immediate Annuity**

ICC11-705-GANA-11(AR) – Single Premium Immediate Annuity Application  
Form 705-GANC-11 – Single Premium Immediate Annuity Contract  
Form 696-GANR-11 – Benefit Commutation Rider  
Actuarial Memorandums

On behalf of United of Omaha Life Insurance Company, I am submitting the above captioned forms and actuarial memorandums in final printed format for review and approval. The above captioned forms are new and will not replace any previously approved forms.

These forms will be solicited by independent brokers specializing in the structured settlement annuity market. This product will be purchased with tax-qualified funds. It will be available to applicants through age 85 and the minimum initial purchase payment required for this contract is \$10,000.

Form 705-GANC-11 will be applied for using application ICC11-705-GANA-11(AR). Form 696-GANR-11 is a rider to be made part of the contract at issuance and includes the commutation provision which will only be utilized if the settlement documents associated with the structured settlement annuity specifically state commutation is available.

Form 705-GANC-11 has achieved a minimum Flesch Score in excess of 50. ICC11-705-GANA-11(AR) and Form 696-GANR-11 achieved a minimum Flesch Score of 50 when scored with the contract.

The required filing materials and supporting actuarial memorandums are enclosed. Thank you for your consideration of this submission. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Jake Curtiss  
Compliance Consultant  
Retirement Plans Division

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Product Name: Single Premium Immediate Annuity  
 Project Name/Number: Structured Settlement Annuity/705-GANC-11

Phone: 402-351-4193  
 Fax: 402-997-1901  
 E-mail: jake.curtiss@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Jake Curtiss, Compliance Consultant jake.curtiss@mutualofomaha.com  
 Mutual of Omaha 402-351-4193 [Phone]  
 Mutual of Omaha Plaza 402-997-1901 [FAX]  
 Omaha, NE 68175-0001

### Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska  
 10 - Retirement Plans Division Group Code: 261 Company Type: Life Insurance  
 Mutual of Omaha Plaza Group Name: State ID Number:  
 Omaha, NE 68175 FEIN Number: 47-0322111  
 (402) 351-6926 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	04/21/2011	46837729
United of Omaha Life Insurance Company	\$50.00	04/25/2011	46915168
United of Omaha Life Insurance Company	\$50.00	04/25/2011	46915186

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/28/2011	04/28/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/27/2011	04/27/2011	Jake Curtiss	04/27/2011	04/27/2011
Pending Industry Response	Linda Bird	04/25/2011	04/25/2011	Jake Curtiss	04/25/2011	04/25/2011



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 Product Name: Single Premium Immediate Annuity  
 Project Name/Number: Structured Settlement Annuity/705-GANC-11

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification of Compliance with Rule 19		Yes
Form	Single Premium Immediate Annuity Application		Yes
Form	Single Premium Immediate Annuity Contract		Yes
Form	Benefit Commutation Rider		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/27/2011  
Submitted Date 04/27/2011  
Respond By Date 05/27/2011

Dear Jake Curtiss,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/27/2011  
Submitted Date 04/27/2011

Dear Linda Bird,

### Comments:

### Response 1

Comments: See attached Certification of Compliance with Arkansas Rule 19.

United complied with Regulation 49 by attaching the Guaranty Association Notice provided in Appendix A at the time of policy issuance.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Certification of Compliance with Rule 19

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued review of this submission. Please feel free to contact me to discuss any further questions you may have.



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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/25/2011  
Submitted Date 04/25/2011  
Respond By Date 04/25/2011

Dear Jake Curtiss,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/25/2011  
Submitted Date 04/25/2011

Dear Linda Bird,

### Comments:

### Response 1

Comments: An additional \$100 has been submitted via EFT.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you,  
Jake Curtiss

Sincerely,  
Amy Lawrenson, Jake Curtiss, Jeremy Christensen, Lisa Lehan, Mick Messbarger, Phyllis Gunter, Shannon Taylor

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## Form Schedule

### Lead Form Number: Form 705-GANC-11

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ICC11-705-GANA-11(AR)	Application/ Single Premium Enrollment Form Application	Initial		0.000	ICC11-705-GANA-11(AR).pdf
	Form 705-GANC-11	Policy/Cont ract/Fratern al Contract Certificate	Initial		0.000	Form 705-GANC-11.pdf
	Form 696-GANR-11	Policy/Cont ract/Fratern al Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		0.000	Form 696-GANR-11.pdf

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

(Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-843-2455 )



Mutual of Omaha

a stock company

## 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



# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

[ Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-843-2455 ]



a stock company

## SINGLE PREMIUM IMMEDIATE ANNUITY

*United of Omaha Life Insurance Company will hereafter also be referred to as “we,” “our,” and “us.”  
The Owner will hereafter also be referred to as “you” or “your.”*

United of Omaha Life Insurance Company will make Annuity Payments as provided in the Contract Information. Payments will be made to the person or persons designated in the Contract Information until otherwise directed by you.

**Right to Return This Contract.** If you are not satisfied with your contract, return it within 10 days after you receive it. It may be returned by delivering or mailing it to our Home Office or the producer through whom it was purchased. If you return this contract within the specified time, we will promptly refund the Single Premium Amount you paid and cancel your contract as of the Issue Date.

### ***READ YOUR CONTRACT CAREFULLY.***

*This contract is a legal agreement between you, the Owner,  
and us, United of Omaha Life Insurance Company.*

**THIS CONTRACT IS NOT PARTICIPATING AND THEREFORE IT WILL PAY NO  
DIVIDENDS.**

**THIS CONTRACT IS IRREVOCABLE AND HAS NO CASH VALUE OR SURRENDER  
VALUE AND CANNOT BE SURRENDERED OR COMMUTED UNLESS A BENEFIT  
COMMUTATION RIDER IS ATTACHED TO THIS CONTRACT.**

For customer service or questions about your coverage, please call [(XXX) XXX-XXXX].

Chairman of the Board and  
Chief Executive Officer

Corporate Secretary

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## CONTRACT INFORMATION

CONTRACT NUMBER: [1234567]  
REFERENCE NUMBER: [1234]  
OWNER: [ABC ASSIGNMENT COMPANY]  
ANNUITANT: [JOHN J. DOE] [JOINT ANNUITANT: [JANE DOE]]  
SEX: [MALE] [SEX: [FEMALE]]  
DATE OF BIRTH: [XX/XX/XXXX] [DATE OF BIRTH: XX/XX/XXXX]]  
ISSUE DATE: [April 1, 2011]  
ANNUITY START DATE: [May 1, 2011]  
SINGLE PREMIUM AMOUNT: [\$100,000.00]  
CONTRACT FORM: FORM 705-GANC-11  
[CONTACT NUMBER FOR OWNER'S STATE INSURANCE DEPARTMENT: [123-456-7890]]  
[RIDERS ATTACHED TO CONTRACT: [UNITED OF OMAHA RIDER]]

## PAYMENT SCHEDULE

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### [NONGUARANTEED PAYMENT ARRANGEMENT(S)]

ANNUITY PAYMENT	BENEFIT DESCRIPTIONS
[\$XXX,XXX.XX][*]	[A <b>Life Only Annuity</b> is payable for the lifetime of the Annuitant with [monthly] Annuity Payments beginning on [XX/XX/XXXX] and ending with the last payment due preceding or coinciding with the death of the Annuitant.]

#### [COLA BENEFIT]

[\* The Annuity Payment will increase at a rate of [XXX%] per annum beginning on the first [January 1<sup>st</sup>] following [XX/XX/XXX] and ending as of the last [January 1<sup>st</sup>] immediately preceding the date of the Annuitant's death.]

### [GUARANTEED PAYMENT ARRANGEMENT(S)]

[ANNUITY PAYMENT	BENEFIT DESCRIPTIONS]
[\$XXX,XXX.XX]	[A <b>Guaranteed Lump Sum</b> payment payable to the Annuitant. A guaranteed payment will be made on [XX/XX/XXXX].]

[\$XXX,XXX.XX]	[A <b>Period Certain Only Annuity</b> is payable [monthly] for [XX] months guaranteed with Annuity Payments beginning on [XX/XX/XXXX] and concluding with the last guaranteed payment on [XX/XX/XXXX]. If the Annuitant dies after benefits have commenced but prior to the end of the guaranteed period, Annuity Payments for the remaining guaranteed period will be payable, as they come due, to the Annuitant's Beneficiary.]
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## DEFINITIONS

Capitalized terms used in this contract are used with the meanings assigned to them in this section of the contract.

**Annuitant** means the person named as the Annuitant in the Contract Information and whose life determines the Annuity Payments. The Annuitant cannot be changed.

**Annuity Payments** means the payment(s) described in the payment schedule of the Contract Information.

**Annuity Start Date** means the date when the first Annuity Payment is payable under the payment schedule, and specified as the “Annuity Start Date” in the Contract Information.

**Beneficiary** means the person(s) or legal entity(ies) described in the Owner and Beneficiary section of this contract to receive the Annuity Payments under the circumstances set forth in this contract.

**Code** means the Internal Revenue Code of 1986, and the regulations promulgated thereunder, as amended.

**Contract Information** means the page(s) of this contract following the cover page and identified as “Contract Information.” The Contract Information contains information specific to you, the Annuitant, the Joint Annuitant (as applicable), and information regarding Annuity Payments.

**Executive Officer** means the chief executive officer, the president, any vice-president, the corporate secretary or assistant corporate secretary of United of Omaha Life Insurance Company.

**Home Office** means, at the time of the delivery of this contract, our offices located at the address shown on the cover page of this contract. Upon any relocation of our Home Office, Home Office will mean the offices located at such changed address.

**Issue Date** means the date shown as the “Issue Date” in the Contract Information and the date from which all contract years and anniversaries are computed.

**Joint Annuitant** means the person named as the Joint Annuitant in the Contract Information and whose life is used to determine the Annuity Payments under the applicable payment arrangement.

**Owner** means the person(s) or entity(ies) shown as the “Owner” in the Contract Information.

**Payee** means the person(s) or entity(ies) described in the Payee section of this contract to receive the Annuity Payments under the circumstances set forth in this contract.

**Single Premium Amount** means the premium payment shown as the “Single Premium Amount” in the Contract Information.

**Written Request** means a request, in writing, signed, dated, and submitted to our Home Office. The request must be on a form we supply or be in a form acceptable to us.

## CONSIDERATION

The consideration for this contract is the application and the payment of the Single Premium Amount.

## CONTRACT PARTIES

### **Owner**

As the Owner, you have all rights of ownership in this contract while the Annuitant is living. Your rights of ownership end at your death, if you are an individual, or your dissolution, if you are a legal entity. These rights include the right to:

- 1) name a new Owner;
- 2) name and change the Beneficiary;
- 3) receive the Annuity Payments; and
- 4) name and change the Payee to receive the Annuity Payments.

### **Change of Ownership**

You may name a new person or legal entity to become the Owner of this contract by Written Request to us. Unless you otherwise specify in the Written Request, a change of Owner shall be effective on the date of the Written Request, subject to any payments made or actions taken by us prior to our receipt and processing of such Written Request.

### **Payee**

The Payee is named by you in the application as the person to receive Annuity Payments. You may change the Payee by Written Request to us. Unless you otherwise specify in the Written Request, a change of Payee shall be effective on the date of the Written Request, subject to any payments made or actions taken by us prior to our receipt and processing of such Written Request.

### **Beneficiary**

The Beneficiary is named by you in the application. If there is no Beneficiary named or living, the Beneficiary will be the estate of the Annuitant, Joint Annuitant, or Payee, as applicable. The Beneficiary may be one or more persons or legal entities. If the Beneficiary is more than one person or legal entity, each Beneficiary will share the benefit equally or as you may otherwise specify in the application or by Written Request to us. If you name a contingent Beneficiary, that person becomes the Beneficiary if the Beneficiary dies before the Annuitant, Joint Annuitant or Payee, as applicable.

You may change the Beneficiary by Written Request to us. Unless you otherwise specify in the Written Request, a change of Beneficiary shall be effective on the date of the Written Request, subject to any payments made or actions taken by us prior to our receipt and processing of such Written Request.

## ANNUITY PAYMENTS

### **Annuity Payments**

We will make Annuity Payments to the Payee if the Single Premium Amount for this contract has been paid. Annuity Payments will be made in the amount and for the period of time shown in the payment schedule of the Contract Information.

### **Collateral Assignment**

You may assign a security interest in this policy to a Payee to the extent authorized by Section 130 of the Code.

## **Non-assignable**

The benefits payable under this Contract may not be anticipated, sold, assigned or pledged as collateral, except as provided in the collateral assignment provision. Payment dates and amounts may not be accelerated, deferred, increased or decreased. All benefits shall be exempt from the claims of creditors to the extent permitted by law. No Payee or Beneficiary shall have the power to commute or anticipate Annuity Payments, unless expressly provided in a benefit commutation rider attached to this contract at the Issue Date. Unless permitted by law, Annuity Payments will not be subject to:

- 1) transfer;
- 2) assignment;
- 3) alteration, except for misstatement of age or sex;
- 4) claims by creditors before a payment is due;
- 5) encumbrance by creditors or Beneficiary; or
- 6) judicial or legal process by creditors.

Any attempt to transfer or assign any Annuity Payments in violation of this provision shall be void and of no effect.

## **GENERAL PROVISIONS**

### **Entire Contract**

This contract is an agreement between you and us. The entire contract is:

- 1) this contract;
- 2) the attached signed application;
- 3) any riders; and
- 4) any endorsements and amendments.

All statements made in the application will, in the absence of fraud, be considered representations and not warranties.

Any change made to this contract requires an Executive Officer's written consent. An agent does not have authority to change this contract or waive any of its terms.

### **Incontestability**

We will not contest the validity of this contract after its Issue Date.

### **Misstatement of Age or Sex**

If the age or sex of the Annuitant or Joint Annuitant, as applicable, has been misstated, we will adjust the Annuity Payments to that which would have been purchased at the correct age and sex. Any adjustment will be made to the Annuity Payments next following such date of adjustment. Any amount deducted from or added to the Annuity Payments will include interest on that amount at an annual rate of 6%.

### **Proof of Age or Survival**

We reserve the right to require proof of the age or survival of any Annuitant, Joint Annuitant, Payee or Beneficiary prior to our making any Annuity Payment.

### **Notification of Death**

You must report to us promptly the death of any Owner, Annuitant, Joint Annuitant, Payee, or Beneficiary. We will require a certified copy of the death certificate. We are entitled to recover any

overpayments made because of your failure to timely notify us of death. You are liable to us for any overpayments, including any overpayments made to a Payee other than the Owner. We are not responsible for any mispayments that result from your failure to timely notify us of such death.

**Nonparticipating**

This contract will not pay dividends nor share in any of our surplus or earnings.

**Conformity with Law**

We reserve the right to make any change to the provisions of this contract to comply with, or give you the benefit of, any applicable federal or state statute, rule, or regulation.

**SINGLE PREMIUM IMMEDIATE ANNUITY**

**THIS CONTRACT IS NOT PARTICIPATING AND THEREFORE IT WILL PAY NO DIVIDENDS.**

**THIS CONTRACT IS IRREVOCABLE AND HAS NO CASH VALUE OR SURRENDER VALUE AND CANNOT BE SURRENDERED OR COMMUTED UNLESS A BENEFIT COMMUTATION RIDER IS ATTACHED TO THIS CONTRACT.**

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-843-2455



a stock company

## BENEFIT COMMUTATION RIDER

CONTRACT NUMBER: [1234567]  
REFERENCE NUMBER: [1234]  
OWNER: [ABC ASSIGNMENT COMPANY]  
ANNUITANT: [JOHN DOE]

This rider amends and is part of the contract to which it is attached. It is subject to all of the contract provisions that are not inconsistent with the provisions of this rider. It is effective as of the contract's Issue Date.

If directed by you in a Written Request, and upon the death of the Annuitant, we will commute [100%] of the remaining guaranteed Annuity Payments to the designated Beneficiary as a single lump sum payment. At any time while this contract is in force, and the commutation benefit is available, you may request from us information regarding the value of any guaranteed Annuity Payments. The election to receive the commuted value must be received at our Home Office within [one year] of the death of the Annuitant to be valid.

The calculation of the present value of any remaining guaranteed Annuity Payments, which we will pay as a single lump sum, will be made based upon the commutation interest rate. The commutation interest rate is the effective rate of interest used to establish this contract plus 1.00%. The commuted value of any remaining Annuity Payments is always less than the sum of those benefit payments, and the higher the interest rate, the lower the commuted value.

Upon receipt at our Home Office of a properly completed Written Request for payment of the commutation benefit, we will provide you the amount payable at a future specified date and the amount of any remaining Annuity Payments (if applicable). Such information will be provided within 15 days of our receipt of the Written Request. The actual commuted benefit to be paid will be determined as of the designated date specified by you.

If you elect to receive the commuted value, we will pay the benefit within 15 days of receipt at our Home Office of your affirmative election to commute, and no further Annuity Payments will be paid by us.

UNITED OF OMAHA LIFE INSURANCE COMPANY

  
Corporate Secretary

\* Call [1-800-843-2455] to present inquiries, obtain information about coverage and resolve complaints.

SERFF Tracking Number: UNTD-127128840 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 48558  
Company Tracking Number: FORM 705-GANC-11  
TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Product Name: Single Premium Immediate Annuity  
Project Name/Number: Structured Settlement Annuity/705-GANC-11

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability Certification(AR).pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Certification of Compliance with Rule 19 <b>Comments:</b> <b>Attachment:</b> AR Certif of Compliance with Rule 19.pdf		



## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: United of Omaha Life Insurance Company

Form Number(s): C666LAR08P, C613LNA08A

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

  
Signature of Company Officer

Daniel J. Kennelly

Name

Vice President and Chief Compliance Officer

Title

September 22, 2008

Date