

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

Proposed Insurer: _____

Insurer's Address: _____

Replacing Agent's Name: _____

Applicant Information	Policy Information
Name _____	Policy Generic Name _____
Address _____	Policy Number _____
Telephone (_____) _____	Date of Issue _____ Issue Age _____
Date of Birth _____ Age _____	Contestable Period Expires _____
	Suicide Period Expires _____
	Policy Loan Rate _____

Policy/Rider Description

Policy/Rider Name	Initial/Continuing Benefit	(Age) Benefit From - To	Initial/Renewal Annual Premium	(Age) Payable From - To

Total Initial Annual Premium \$ _____ Mode of Pymt. _____ Amt. \$ _____
 Total Renewal Annual Premium \$ _____ Amt. \$ _____

Composite Disclosure of Proposed Insurance For Primary Insured

Yr	AGE	GUARANTEES				PROJECTIONS*			
		ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT	ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT
1									
2									
3									
4									
5									
6									
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16									
17									
18									
19									
20									
	55								
	60								
	65								
	75								
	85								
	95								

* Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE – The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implications.



Instructional Notes for Completion of Comparative Information Form

1. Existing life or annuity insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, alternative identification information such as an application or receipt number must be shown.
2. If more than one existing life insurance policy or annuity contract is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values, premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
7. The dividend option elected by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.



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