



FLORIDA - APPLICATION FOR CHILDREN'S WHOLE LIFE INSURANCE

Please mail application and appropriate forms to:

United of Omaha Life Insurance Company, Attn: Individual Life Underwriting, 9330 State Hwy 133, Blair, NE 68008

APPLICATION SUBMISSION GUIDELINES

- Attach a cover letter or additional information as needed.
- Leave all applicable forms and Life Insurance Buyer's Guide with the Proposed Insured.
- Please make sure all questions are answered and signatures completed.
- All changes should be initialed by the Owner/Applicant.
- If a Financial Institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client.

IMPORTANT FORMS

- Replacement Notice – if applicable, the client must sign and retain a copy for their records
- Payment Authorization – Complete this form if applicable



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
3300 Mutual of Omaha Plaza, Omaha, NE 68175



APPLICATION FOR CHILDREN'S WHOLE LIFE INSURANCE

SECTION A OWNER/APPLICANT

Owner/Applicant Name (First Name, Initial, Last Name)	Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Home Address (Street, City, State, ZIP)	Date of Birth (Month, Day Year)
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Phone Number	E-mail Address
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Are you a legal permanent resident of the United States?..... Yes No

SECTION B BENEFICIARY

Primary Beneficiary	% of Proceeds	Relationship to Proposed Insured	Date of Birth
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Contingent Beneficiary	% of Proceeds	Relationship to Proposed Insured	Date of Birth
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If more space is needed, attach a sheet for additional details.

SECTION C SECONDARY ADDRESSEE (OPTIONAL) - THIS PERSON WILL RECEIVE COPIES OF OVERDUE PREMIUM AND LAPSE NOTICES.

Name (First Name, Initial, Last Name)

Address (Street, City, State, ZIP)

SECTION D PROPOSED INSURED(S) INFORMATION (LIST CHILDREN AGES 14 DAYS TO 17 YEARS)

First Name, Middle Initial, Last Name	Date of Birth	Sex M/F	Coverage Amount	Premium	Owner Relationship to Insured	Legal Permanent Resident of the United States?
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: Use additional sheet if necessary.

SECTION E OTHER COVERAGE AND REPLACEMENT INFORMATION

Do any of the Proposed Insureds:

1. have any existing life insurance or annuity contracts with the company or any other company?..... Yes No
2. intend for this insurance to replace or change any existing life insurance or annuity contract with the company or any other company? Yes No

IF "YES" to either question, GIVE DETAILS BELOW:

Proposed Insured's Name	Company	Policy Number	Will this insurance be replaced?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

THE PRODUCER SHALL COMPLY WITH ANY ADDITIONAL STATE AND/OR COMPANY REPLACEMENT REQUIREMENTS.

T147LFL17A

UNITED OF OMAHA LIFE INSURANCE COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



PAYMENT AUTHORIZATION FORM

Proposed Insured/Insured: _____ Policy Number(s) if known: _____

Complete this form only when authorizing a bank account for withdrawal for a premium payment.

PAYMENT INFORMATION FOR THE FIRST PAYMENT- CAN BE DIFFERENT THAN THE ONGOING PAYMENTS

Initial Premium Payment (select only one option) Amount Quoted \$ _____

- Deduct premium immediately upon approval/issue
- Deduct initial premium on or after: _____/_____/_____ (Please Note: If the policy issue is after the date selected, the initial payment will be deducted on the date the policy is issued or all delivery requirements are received.)
- Check collected and mailed to Mutual of Omaha

Money will be deducted from your account as stated above. The first deduction may occur on a date different than the ongoing payments. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the first deduction may exceed one regular payment amount. We **CANNOT** establish electronic payments from foreign banks.

PAYMENT INFORMATION FOR ONGOING PAYMENTS- AUTOMATIC BANK ACCOUNT DEDUCTION

Ongoing Automatic Monthly Premium Payments (Once a Month)- Select only one option

- Choose the day payments will be deducted every month from your bank account:
(1st through the 28th or Last Day of every month) _____
-OR-
- Choose the week and weekday that payments will be deducted every month from your bank account:
(For example, 3rd Wednesday of every month)
Week (1st, 2nd, 3rd, 4th, Last) _____ **Weekday (Mon, Tue, Wed, Thu, Fri)** _____

Each month, payments will be automatically deducted from the account below on the day selected above. If no date is selected, premiums will be deducted on the policy date (which is determined at the time the policy is issued and can be found within the policy). **Ongoing deductions will begin once the policy is issued. If the scheduled deduction date lands on a weekend or holiday, the payment will process on the following business day.**

PAYOR INFORMATION

Name of payor as shown on bank account: _____

If premium is **NOT** paid by Proposed Insured/Insured, indicate the bank account owner's relationship to Proposed Insured/Insured by selecting one of the following. (Additional documentation may be required)

- Employer Living Trust
- Business owned by Proposed Insured/Insured or spouse Other _____
- Power of Attorney or legal guardian

PAYOR ACCOUNT INFORMATION

1. Account Type (check one): Checking Savings
2. Name of Financial Institution: _____
3. Complete information below or attach a voided check here.
Bank Routing Number: _____ Bank Account Number: _____
(Do not use Debit/Credit Card numbers)

Memo _____	Signed By: _____
Bank Routing Number	Bank Account Number
	Check Number (if shown at bottom, may be shown before or after the account #)

PAYOR AUTHORIZATION

I authorize United of Omaha Life Insurance Company to initiate any initial or recurring preauthorized electronic transfers from my account. I understand the amounts may vary as premium shortages may result from a variety of reasons, including underwriting adjustments. This authorization will be effective until I give you at least three business days notice to cancel. If notice is given verbally, United of Omaha Life Insurance Company may require written confirmation within 15 days after my verbal notice.

Date _____ X _____
Mo./Day/Yr. Payor Authorized Signature as Shown on Account

UNITED OF OMAHA LIFE INSURANCE COMPANY

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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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8									
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11									
12									
13									
14									
15									
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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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									
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UNITED OF OMAHA LIFE INSURANCE COMPANY

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Replacement Form

Notice to Applicant Regarding Replacement of Life Insurance or Annuity Contract

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

Yes No

Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it acceptable.

I have read this notice and received a copy of it.

Applicant's/Owner's Signature

Date

Agent's Signature

Date

Agent's Name (printed or typed)

Agent's Address (printed or typed)

Agent's Company (printed or typed)

Information on policies which may be replaced:

Company Name	Policy Number	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

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Yes No

Do not take action to terminate your existing policy until your new policy has been issued and you have examined it and found it acceptable.

I have read this notice and received a copy of it.

Applicant's/Owner's Signature

Date

Agent's Signature

Date

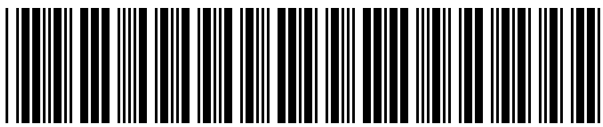
Agent's Name (printed or typed)

Agent's Address (printed or typed)

Agent's Company (printed or typed)

Information on policies which may be replaced:

Company Name	Policy Number	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____



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PLEASE READ CAREFULLY. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see the reverse side of this form for explanatory notes and instructions as to how this form has been completed.

Part A – Current Policy Information Life Annuity

Policyowner's Name: _____ Policy Number: _____

Current Death Benefit: \$ _____ Current Premium Amount: \$ _____ Mode of Payment: _____

Cash Surrender Value: \$ _____ Paid-up Addition Value: \$ _____ Dividend Value: \$ _____

(The BENEFIT and VALUES stated above will be reduced as funds are used to purchase the policy proposed in Part B below.)

Part B – Proposed Policy Information Life Annuity

Initial Death Benefit: \$ _____ Proposed Premium Amount: \$ _____ Mode of Payment: _____

Proposed Effective Date: _____ Premium Payable to Age _____ or for _____ Years

NOTE: If you are replacing your current policy, or using 25% or more of your policy values, you may request a WRITTEN comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

Part C – Source of Funding For The Proposed Policy

A loan in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode), bearing a current loan interest rate of _____%.

A partial surrender in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

A dividend withdrawal in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

Part D – Your Current Policy Could Terminate

If the policy values of your CURRENT POLICY are used as a source of funding for the purchase of an additional policy, it is estimated that your CURRENT POLICY will terminate on _____ (date).

It is estimated that you will begin making premium payments for the PROPOSED POLICY from your own funds on _____ (date) in the amount of \$ _____ to be paid each _____ (mode).

NOTE: Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the PROPOSED POLICY may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans are paid when due.

Policyowner Signature: _____ Date: _____

Agent/Broker or Company Officer Signature: _____ Date: _____

Florida Licensed Agent/Broker I.D. No. or Corporate Title: _____

Florida Form D14-1180 (9/95)

(See reverse side for instructions)



UNITED OF OMAHA LIFE INSURANCE COMPANY

Policy Disclosure Form and Instructions

Complete one form for each previously issued policy. Any required replacement and sales forms must also be completed. One copy is delivered to the policyowner and one copy maintained by the insurer.

Any and all information applicable to the transaction shall be fully and completely disclosed on Form D14-1180. If the information requested does not apply to the transaction, the words “not applicable” or “N/A” shall be entered.

Part A

The information to be disclosed in Part A of Form D14-1180 shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, “current death benefit” is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term “cash surrender value” is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term “paid-up addition value” is defined as the cash value of additional insurance purchased with policy dividends. The term “dividend value” is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

Part B

The information to be disclosed in Part B of Form D14-1180 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, “proposed premium amount” is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

Part C

The information to be disclosed in Part C of Form D14-1180 shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a “partial surrender” is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term “mode” is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words “one time only” shall be entered in the space provided. The term “loan interest rate” is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

Part D

The information to be disclosed in Part D of Form D14-1180 shall apply to the current, in-force policy and the proposed additional policy, respectively.

Signatures

In order to evidence that the required disclosure has been made, Form D14-1180 shall be signed and dated by the soliciting agent/broker or by a Corporate Officer, as well as by the policyowner. For identification purposes, the agent/broker or Corporate Officer shall enter his or her Florida License Number or Corporate title respectively, in the space provided.



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PLEASE READ CAREFULLY. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see the reverse side of this form for explanatory notes and instructions as to how this form has been completed.

Part A – Current Policy Information Life Annuity

Policyowner's Name: _____ Policy Number: _____

Current Death Benefit: \$ _____ Current Premium Amount: \$ _____ Mode of Payment: _____

Cash Surrender Value: \$ _____ Paid-up Addition Value: \$ _____ Dividend Value: \$ _____

(The BENEFIT and VALUES stated above will be reduced as funds are used to purchase the policy proposed in Part B below.)

Part B – Proposed Policy Information Life Annuity

Initial Death Benefit: \$ _____ Proposed Premium Amount: \$ _____ Mode of Payment: _____

Proposed Effective Date: _____ Premium Payable to Age _____ or for _____ Years

NOTE: If you are replacing your current policy, or using 25% or more of your policy values, you may request a WRITTEN comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

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A loan in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode), bearing a current loan interest rate of _____%.

A partial surrender in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

A dividend withdrawal in the amount of \$ _____ will be taken from the value of your CURRENT POLICY each _____ (mode).

Part D – Your Current Policy Could Terminate

If the policy values of your CURRENT POLICY are used as a source of funding for the purchase of an additional policy, it is estimated that your CURRENT POLICY will terminate on _____ (date).

It is estimated that you will begin making premium payments for the PROPOSED POLICY from your own funds on _____ (date) in the amount of \$ _____ to be paid each _____ (mode).

NOTE: Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the PROPOSED POLICY may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans are paid when due.

Policyowner Signature: _____ Date: _____

Agent/Broker or Company Officer Signature: _____ Date: _____

Florida Licensed Agent/Broker I.D. No. or Corporate Title: _____

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(See reverse side for instructions)

