

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Notice Regarding Replacement of Life Insurance or Annuity Replacing Your Life Insurance Policy or Annuity?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one — or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the insurance producer or company that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

After we issue your policy, you will have 20 days from the date the new policy is delivered to you to cancel the policy and receive back all payments you made to us.

The following policy(policies) may be replaced as a result of this transaction:

Insurer as it appears on the policy	Insured as it appears on the policy	Policy* Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Application or receipt number, if policy has not yet been issued.

If purchasing an annuity, have you had another annuity exchange or replacement within the past 36 months? YES NO

Applicant's/Owner's Signature

Date

Insurance Producer's Signature

ATTENTION CONSUMER. THIS NOTICE IS REQUIRED BY THE INSURANCE COMMISSIONER. PLEASE READ IT CAREFULLY **BEFORE** SIGNING.



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**Notice Regarding Proposed Replacement
Of Life Insurance Or Annuity**

Name of Existing Insurer

Address of Existing Insurer

You are herewith given notice that we are in receipt of application(s) for life insurance or annuity (annuities) for an individual presently insured with your company.

Identification

Name of Insured _____

Address _____

Your Contract Number(s) _____

This notice is given pursuant to 50 ILL. ADM. CODE 917.70(c)

Insurance Producer's Signature

Date



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