



# NATIONAL - 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 and dated 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)	Phone Number
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Address (Street, City, State, ZIP)
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### 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.**

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**SECTION F HEALTH INFORMATION**

**HAVE ANY OF THE PROPOSED INSUREDS BEEN DIAGNOSED OR TREATED BY A LICENSED MEMBER OF THE MEDICAL PROFESSION FOR:**  
**(a)** a heart or circulatory system disease, birth defect, or mental or developmental disorder including autism and Down's Syndrome?  Yes  No  
**(b)** any other chronic medical condition which has required care within the past 3 years?.....  Yes  No  
**NOTE:** Provide details for "Yes" answers. Please include Proposed Insured's name and illness or condition. (Use additional sheet if necessary.)

Proposed Insured's Name	Details of Illness or Condition

**SECTION G PREMIUM AND BILLING INFORMATION**

1 Amount collected \$ \_\_\_\_\_ Modal Premium for Proposed Insured(s) \$ \_\_\_\_\_  
 2 Mode of Payment:  Monthly Bank Service Plan  Annual  Semi-Annual  Quarterly

**SECTION H AGREEMENT**

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 the initial premium is received during the lifetime of the Proposed Insured(s).

**Fraud Warning:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**I have read and understand this Agreement Section and I approve all the answers as recorded in this application.**

Signed at: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Today's Date: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
 Signature of Owner/Applicant

- 1 In addition to the above Agreement, has the Applicant informed you, the Producer(s), that any Proposed Insured has one or more existing life insurance policies and/or annuity contracts in force?.....  Yes  No
- 2 Do you, the Producer(s), have reason to believe that the policy applied for has replaced or will replace any existing life insurance policy(ies) and/or annuity contract(s)? .....  Yes  No  
 If "Yes," the Producer(s) shall comply with all state and/or Company replacement requirements, including completing the applicable state required replacement forms and submitting copies of these forms with the application.
- 3 Have you, the Producer(s), asked each question exactly as written and recorded the answer completely and accurately? ...  Yes  No  
 (If "No," explain.) \_\_\_\_\_
- 4 Did you, the Producer(s), give the Applicant the Life Insurance Buyer's Guide?.....  Yes  No  
 (If "No," explain.) \_\_\_\_\_

\_\_\_\_\_  
 Signature of Producer #1 \_\_\_\_\_ Production Number \_\_\_\_\_ Date \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
 Signature of Producer #2 \_\_\_\_\_ Production Number \_\_\_\_\_ Date \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
 Print or Stamp Producer #1 Name \_\_\_\_\_ Print or Stamp Producer #2 Name \_\_\_\_\_ Marketer/Agency Name \_\_\_\_\_

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# 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
- Business owned by Proposed Insured/Insured or spouse
- Power of Attorney or legal guardian
- Living Trust
- Other \_\_\_\_\_

### PAYOR ACCOUNT INFORMATION

1. Account Type (check one):  Checking  Savings

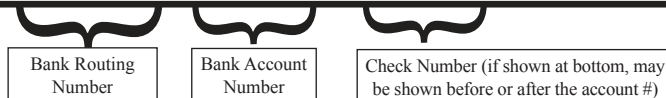
2. Name of Financial Institution: \_\_\_\_\_

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: _____
⑆123456789⑆	⑆12345678⑆ ⑆1234⑆



### 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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## Replacement of Life Insurance or Annuities

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

### PREMIUMS:

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- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

### POLICY VALUES:

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- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

### INSURABILITY:

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- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

### IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

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- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

### IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

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- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

### OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

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- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?



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## Important Notice: Replacement of Life Insurance or Annuities

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? .....  YES  NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? .....  YES  NO
3. If purchasing an annuity, have you had another annuity exchange or replacement within the past 36 months?  YES  NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_

If you are replacing, list below the form number(s) and brief description(s) of preprinted or electronic sales material which was presented, or check "NONE" box if no sales material was used in this sale: .....  NONE  
(The producer must provide the applicant with a copy of all sales material used at time of application, including electronically presented sales material in printed form no later than the time of policy or contract delivery.)

I certify that the responses herein, to the best of my knowledge, are accurate.

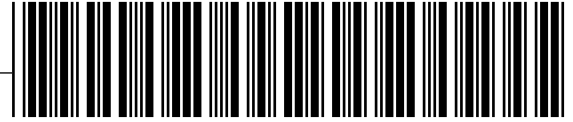
Applicant	Applicant B (if applicable)
Printed Name of Proposed Applicant/Owner	Printed Name of Proposed Applicant/Owner
Signature of Proposed Applicant/Owner	Signature of Proposed Applicant/Owner
Date	Date

Producer's Signature \_\_\_\_\_ Producer's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

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Table with 4 columns: Insurer Name, Contract or Policy #, Insured or Annuitant, Replaced (R) or Financing (F)

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(The producer must provide the applicant with a copy of all sales material used at time of application, including electronically presented sales material in printed form no later than the time of policy or contract delivery.)

I certify that the responses herein, to the best of my knowledge, are accurate.

Table for Applicant and Applicant B information: Printed Name of Proposed Applicant/Owner, Signature of Proposed Applicant/Owner, Date

Producer's Signature, Producer's Printed Name, Date

I do not want this notice read aloud to me. (Applicants must initial only if they do not want the notice read aloud.)