

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 Омана Сомрану 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.			🗌 Male 🗌 Female
Home Address (Street, City, State,	I		Date of Birth (Month, Day Year)				
Phone Number			E-mail Address				
Are you a legal permanent resident	t of the United	d States	?				🗆 Yes 🗆 No
SECTION B BENEFICIARY							
rimary Beneficiary		% of Proceeds	Relationship to Proposed Insu		nsured	Date of Birth	
Contingent Beneficiary			% of Proceeds	Relationship to Proposed Insured		nsured	Date of Birth
If more space is needed, attach a s	heet for addi	tional de	etails.				
SECTION C SECONDARY ADDRE		nal) - T	HIS PERSON WIL	L RECEIVE COPIES	OF OVERDU		
Name (First Name, Initial, Last Name)						Phone Number	
Address (Street, City, State, ZIP)						· · ·	
SECTION D PROPOSED INSURE	d(s) Inform	ATION (LIST CHILDREN	N AGES 14 DAY	י <mark>א ד</mark> ס אי	YEARS)	_
First Name, Middle Initial, Last Name	Date of Birth	Sex M/F	Coverage Amount	Premium		elationship Isured	Legal Permanent Resident of the United States?
				\$			□Yes □No
				\$			□Yes □No
				\$			Yes No
				\$			Yes No
				\$ \$			☐ Yes ☐ No
				⊅ \$			□Yes □No
				\$			
NOTE: Use additional sheet if nece	essary.		1	Į .	I		
SECTION E OTHER COVERAGE A	ND REPLACE	MENT IN	FORMATION				
Do any of the Proposed Insureds: 1. have any existing life insurance or 2. intend for this insurance to replor or any other company?	lace or chang	e any ex	isting life insu	rance or annui	ty contract	: with the co	ompany
IF "YES" to either question, GIVE DETAILS BELOW: Proposed Insured's Name			Company	F	Policy Number		Will this insurance be replaced?
							☐Yes ☐No
							□Yes □No
THE PRODUCER SHALL COMPLY WIT	TH ANY ADDITI	ONAL ST	ate and/or Co	MPANY REPLAC	EMENT REC	QUIREMENT	S.

Section F Health Information			
 (a) a heart or circulatory system disease, birth definition (b) any other chronic medical condition which 	DIAGNOSED OR TREATED BY A LICENSED MEMBI fect, or mental or developmental disorder including ich has required care within the past 3 years? ase include Proposed Insured's name and illness o	autism and Down's Syndrome	? Yes
Proposed Insured's Name	Details of	Illness or Condition	
SECTION G PREMIUM AND BILLING IN	IFORMATION		
1 Amount collected \$	Modal Premium for Proposed Insured	l(s) \$	
2 Mode of Payment: Monthly Bank	Service Plan 🗌 Annual 🗌 Semi-Ar	nnual 🗌 Quarterly	
Section H Agreement			
coverage will not be in force until this appli and the initial premium is received during f Fraud Warning: Any person who knowingly p offense and subject to penalties under state	presents a false statement in an application for	or insurance may be guilty of	a criminal
and the initial premium is received during the fraud Warning: Any person who knowingly proffense and subject to penalties under state.	presents a false statement in an application fo e law. Action and I approve all the answers as recorded in	this application.	
and the initial premium is received during t Fraud Warning: Any person who knowingly p offense and subject to penalties under state	presents a false statement in an application fo e law. Action and I approve all the answers as recorded in	this application. Today's Date:	
and the initial premium is received during the fraud Warning: Any person who knowingly proffense and subject to penalties under state.	presents a false statement in an application fo e law. Action and I approve all the answers as recorded in	this application.	
and the initial premium is received during the fraud Warning: Any person who knowingly proffense and subject to penalties under states. I have read and understand this Agreement Sectors Signed at: City Signature of Owner/Applicant In addition to the above Agreement Insured has one or more existing life Do you, the Producer(s), have reaso any existing life insurance policy(ies)	t, has the Applicant informed you, the Prode e insurance policies and/or annuity contract on to believe that the policy applied for has s) and/or annuity contract(s)?	this application. Today's Date: Month Date: ducer(s), that any Proposed ts in force? s replaced or will replace	ay Ya I Yes
and the initial premium is received during the initial premium is received during the fraud Warning: Any person who knowingly profense and subject to penalties under states. I have read and understand this Agreement Sectors Signed at:	presents a false statement in an application for e law. ection and I approve all the answers as recorded in State t, has the Applicant informed you, the Prod e insurance policies and/or annuity contract on to believe that the policy applied for has	this application. Today's Date: Month Data lucer(s), that any Proposed ts in force? s replaced or will replace requirements, including es of these forms with the a	ay Ye I □Yes pplication.
and the initial premium is received during the initial premium is received during the fraud Warning: Any person who knowingly profense and subject to penalties under states. I have read and understand this Agreement Sectors Signed at:	t, has the Applicant informed you, the Prod state t, has the Applicant informed you, the Prod state	this application. Today's Date: Month Data ducer(s), that any Proposed ts in force? s replaced or will replace requirements, including es of these forms with the a r completely and accurately?	ay Ye Yes pplication. Yes
and the initial premium is received during the initial premium is received during the fraud Warning: Any person who knowingly professe and subject to penalties under states. I have read and understand this Agreement Sectors Signed at:	t, has the Applicant informed you, the Prod state t, has the Applicant informed you, the Prod State t, has the Applicant informed you, the Prod state t, has the Applicant informed you, the Prod on to believe that the policy applied for has s) and/or annuity contract(s)?	this application. Today's Date: Month Data ducer(s), that any Proposed ts in force? s replaced or will replace requirements, including es of these forms with the a r completely and accurately?	ay Ye Yes pplication. Yes
 and the initial premium is received during the initial premium is received during the solution of the	t, has the Applicant informed you, the Prode state t, has the Applicant informed you, the Prode insurance policies and/or annuity contract on to believe that the policy applied for has s) and/or annuity contract(s)?	this application. Today's Date:	ay Ye I Yes pplication. Yes Yes



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 \$
\Box 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
\Box Choose the day payments will be deducted every month from your bank account:
(1st through the 28th or Last Day of every month)
 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:
PAYOR ACCOUNT INFORMATION
 Account Type (check one): Checking Savings Savings Anne of Financial Institution: Account Type (check one): Checking Savings S
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:
I:123456789:I 12345678II" 1234 II"
Bank RoutingBank AccountCheck Number (if shown at bottom, mayNumberNumberbe 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