

Flexible Purchase Payment Deferred Annuity Application

United of Omaha Life Insurance Company
Home Office: Mutual of Omaha Plaza
Omaha, Nebraska 68175



Amount Paid with Application \$ _____

1 Type of Plan:

- Non-Qualified Qualified
 IRA SEP

2 Purchase Payment Mode

- Single Purchase Payment
 Rollover/Transfer (Qualified)
 1035 Exchange (Non-Qualified)
- Subsequent Planned Purchase Payments \$ _____
 Annual Payroll Deduction
 Semiannual Annual
 Quarterly Semiannual
 Monthly Quarterly
 Bank Service Plan Monthly
(Monthly Only) Semi-Monthly
 Bi-Weekly

3 Annuitant

Name _____ Sex Male Female
Address _____ Social Security Number _____ - _____ - _____
City _____ State _____ ZIP _____ Age _____ Date of Birth ____/____/____
Telephone () _____ E-mail Address _____

4 Owner (If different than Annuitant – For Non-Qualified Annuities Only)

Name _____ Sex Male Female
Address _____ Employee Tax ID Number _____
City _____ State _____ ZIP _____ Social Security Number _____ - _____ - _____
Telephone () _____ Age _____ Date of Birth ____/____/____
E-mail Address _____

5 Joint Owner (For Non-Qualified Annuities Only)

Name _____ Sex Male Female
Address _____ Social Security Number _____ - _____ - _____
City _____ State _____ ZIP _____ Age _____ Date of Birth ____/____/____
Telephone () _____ E-mail Address _____

6 Beneficiaries: (If multiple Beneficiaries, attach separate sheet)

Primary Beneficiary _____ Contingent Beneficiary _____
Relationship to Owner _____ Relationship to Owner _____
Social Security or Tax I.D. No. _____ Social Security or Tax I.D. No. _____

Note: If there are Joint Owners, the surviving Joint Owner is the Primary Beneficiary regardless of whether any other beneficiary, including an irrevocable beneficiary, is named above. If both Joint Owners die simultaneously, we will pay the death benefit as you direct in this section or by later written request.

7 Annuity Starting Date

____ / ____ / ____ If an Annuity Starting Date is not selected, your Annuity Starting Date will be the policy anniversary date following the annuitant's 95th birthday. The Annuity Starting Date is the date on which annuity income payments begin. The Annuity Starting Date must be at least 8 years from the Issue Date.

8 Replacement

- (a) Do you have one or more individual life insurance policies and/or annuity contracts in force, pending, or terminated in the last 13 months? This includes any life insurance policy(ies) and/or annuity contract(s) under a binding or conditional receipt, or any life insurance policy(ies) and/or annuity contract(s) within an unconditional refund period. Yes No (If answered "Yes" complete (b))
- (b) Have you had or do you intend to have any life insurance policy(ies) and/or annuity contract(s) replaced, converted, reduced, reissued, subjected to borrowing, or otherwise discontinued because of this application? Yes No
If "Yes," give name of Company(ies) and Policy Number(s):

Company _____ Policy Number _____
Company _____ Policy Number _____
Company _____ Policy Number _____

If you answered "Yes" to (a) or (b), certain state laws require that a replacement notice and other information be given to you.

Notice to Arkansas/Kentucky/Louisiana/Maine/New Mexico/Ohio/Tennessee Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Notice to Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Notice to District of Columbia/Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to New Jersey Residents Only: Any person who includes any false or misleading information on an application for insurance policy/certificate is subject to criminal and civil penalties.

Notice to Rhode Island Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Washington Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

9 Signature Authorization

The statements in this application are true and complete to the best of my knowledge and belief. I understand that no agent or representative is authorized to waive or change any of the conditions or provisions in the policy. The policy will become effective on the Issue Date shown in the policy.

Owner's Signature _____ Date _____ Signed at _____
City State

Joint Owner's Signature _____ Date _____ Signed at _____
City State

10 Agent Information

1. Does any owner(s) have any existing individual life insurance and/or annuity contracts? Yes No
2. Do you have any reason to believe the policy applied for has replaced or will modify any existing individual life insurance policy and/or annuity contract? Yes No

If the answer to 1 or 2 above is "Yes," I represent that I have fulfilled any state requirements, including completing any state required replacement forms.

3. In the presence of the Owner(s) have you asked each question exactly as written and recorded the answers completely and accurately? Yes No

Agent Signature _____ Agent Production Number _____

Agent Name (Please Print) _____

Agency Name _____ Phone Number _____

Agency Address _____ City _____ State _____ Zip _____

Bonus Flexible Annuity

A Flexible Purchase Payment Deferred Annuity

FIXED DEFERRED ANNUITY DISCLOSURE

This document reviews important points to think about before you buy this United of Omaha Life Insurance Company annuity. It is a fixed annuity which means it earns a specified interest rate during the guaranteed period. This annuity is **tax-deferred**, which means you don't pay taxes on the interest it earns until the money is paid to you.

You can use an annuity to save money for retirement and to receive retirement income for life. It is not meant to be used to meet short-term financial goals.

100% of the purchase payment is guaranteed by United of Omaha Life Insurance Company. Upon cancellation, an Owner will always receive at least 100% of their purchase payment, less any prior removal of funds and applicable withdrawal charges. Any premium tax incurred by United of Omaha may be deducted from the account value. (Premium taxes affect CA, ME, NV, SD, WV and WY.)

Annuities are an insurance product therefore not a deposit, not FDIC insured, not insured by any Federal Government Agency, not guaranteed by the bank, may lose value and the bank may not condition an extension of credit on either: 1) The consumer's purchase of an insurance product or annuity from the bank or any of its affiliates; or 2) The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from an unaffiliated entity.

If you have questions about this annuity, please ask your agent, producer, broker, or advisor, or contact the company at 800-646-7592.

THE ANNUITY CONTRACT

How will the value of my annuity grow?

The **Bonus Flexible Annuity** is a flexible Purchase Payment fixed deferred annuity policy. Interest is credited on each Purchase Payment until the Annuity Starting Date or the date of withdrawal.

BENEFITS

How do I get income (payouts) from my annuity?

When you apply for your annuity, you choose a payout commencement date—when you start to get income from your annuity. You also choose how to get the income—the payout option.

- **Proceeds held on deposit of interest:** while the proceeds are held by us, we will annually pay interest to the payee or add interest to the proceeds.
- **Income of a specified amount:** we will pay the proceeds in installments of a specified amount until the proceeds with interest have been fully paid.
- **Income for a specified period:** we will pay the proceeds in installments for the number of years you choose.
- **Lifetime Income:** we will pay the proceeds as monthly income for as long as the annuitant lives. The following guarantees are available:

- (a) **Guaranteed Period:** we will pay the monthly income for a minimum of 10 years and as long thereafter as the original annuitant lives; or
- (b) **Guaranteed Amount:** we will pay the monthly income until the sum of all payments equals the proceeds placed under this option and as long thereafter as the annuitant lives.

- **Lump sum:** we will pay the proceeds in one sum.
- **Alternative schedule:** upon request and if available, we will provide payments for other options, including joint and survivor periods.

ANNUITY STARTING DATE — The Annuity Starting Date is flexible. The earliest Annuity Starting Date allowed is the eighth policy anniversary. The latest Annuity Starting Date allowed is the policy anniversary following the annuitant's 95th birthday.

A selection of fixed payout options is available, including lifetime income with a guaranteed period and lifetime income with a guaranteed amount. **The policy may result in loss if kept for only a few years.**

What happens after I die?

If you die before we start to pay you income from your annuity, we pay the value of your annuity to your beneficiary. If you die after the payouts start, depending on the type of payout you chose, we pay the remaining value in the annuity, if any, to your beneficiary.

A beneficiary may also have the death benefit applied to a payout option. If the beneficiary does not choose an option within 60 days of the date we receive due proof of death, we will make payment in a lump sum.

FEES, EXPENSES AND OTHER CHARGES

What happens if I take out some or all of the money from my annuity?

You can't take any of the money out of your annuity after the payout begins. Before it begins, you can take out all of your annuity's value (**full surrender**) or part of it (**partial surrender**). You can take a partial surrender as long as the amount you take is 10% of the accumulated value. The 10% withdrawal amount is available immediately. \$100 minimum per month.

We take a **contingent deferred sales charge (also known as a surrender charge)** from amounts you withdraw before the end of the eighth contract year. Here's how the charge is calculated:

WITHDRAWAL CHARGES

Year	1	2	3	4	5	6	7	8	9+
%	8	8	7	6	5	4	3	2	0

Example: If you withdraw \$5,000 from your annuity in the fourth year contract year, your surrender charge is \$5,000 x 0.06 = \$300. If you take out any amount after the end of the eighth contract year, there's no charge.

Interest earnings are derived from a base rate which is compounded daily to achieve the annual rate. The stated rate for any rate period assumes that the annuity is held for the entire period; any prior removal of funds will reduce the amount of interest earnings.

Do I pay any other fees or charges?

If the accumulation value is less than \$20,000 on any policy anniversary prior to the Annuity Starting Date, a policy fee of \$30 will be deducted on the policy anniversary date. If the accumulation value is equal to or greater than \$20,000 on any policy anniversary prior to the Annuity Starting Date, the policy fee will be waived for that policy year.

In PA, SC, & WA — \$30 annually if accumulated value is under \$20,000. Policy fee will only be taken out of excess interest. Fee is waived and the accumulated value is \$20,000 or more on the policy anniversary.

TAXES

How will payouts and withdrawals from my annuity be taxed?

For Non-qualified Annuities: If any annuity payout option is elected, a portion of each payout is considered a tax-free return of purchase payment, until the total purchase payment has been distributed. A selection of fixed payout options is available, including lifetime income with a guaranteed period and lifetime income with a guaranteed amount. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. You also pay a 10% federal income tax penalty on earnings you withdraw before age 59 1/2. If your state imposes a premium tax, it will be deducted from the money you receive.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, compare the benefits, features, and costs of the two annuities. You may pay a surrender charge if you make the exchange during the first eight years you own the annuity. Also, you may pay a surrender charge if you make withdrawals from the new annuity during the first years you own it.

Some states impose an annuity premium tax. If a tax is charged or due, we reserve the right to deduct this amount from the single annuity premium or annuity value.

Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA, 401(k), or other tax-deferred retirement plan doesn't give you any extra tax benefits. Choose your annuity based on its other features and benefits as well as its risks and costs, not its tax benefits.

OTHER INFORMATION

What else do I need to know?

- Once you start to receive your payouts, you can't surrender your annuity.
- We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we'll tell you about the changes in writing.
- We pay the agent, producer, broker, or firm for selling the annuity to you.

■ **RETURN OF PURCHASE PAYMENT** — The policy provides for a refund of purchase payment during a period of time required by state laws.

■ **PURCHASE PAYMENT LIMITATIONS** — The minimum initial Purchase Payment allowed is \$100 based on a monthly payment made and \$5,000 for a single Purchase Payment mode. The minimum subsequent Purchase Payment allowed is \$100. The maximum total Purchase Payments allowed in one policy year without prior Home Office approval is \$1,000,000.

■ **ILLUSTRATED VALUES** — For any sales illustration of accumulated values or annuity payments presented that is based on excess interest credits, those values or annuity payments are illustrations only and are not guaranteed.

■ **CONTRACT SUMMARY** — A complete summary of the policy values and benefits on current and guaranteed bases will be provided upon request.

■ **I UNDERSTAND THAT:** The 1-Year Base Interest Rate is _____%. An Additional Interest Rate of 1% is guaranteed by United of Omaha for the first policy year. Additions received in the 1st year will also receive the extra 1% interest rate. Any excess Interest credited after the first policy year will not include this additional Interest. United of Omaha guarantees a minimum interest rate as shown on the policy data page.

What should I know about the insurance company?

United of Omaha Life Insurance Company offers a wide variety of retirement and financial security products, including life insurance, annuities, long-term care, and disability income insurance. Our financial strength ratings are: A+ (A.M. Best); Aa3 (Moody's); and AA- (S&P).

I acknowledge that I have read these disclosure statements and understand the descriptions of these provisions as they apply to my application.

Owner's Signature _____

Date ____/____/____

Joint Owner's Signature (if applicable) _____

Date ____/____/____

I certify receipt of \$ _____ given to purchase a Tax-deferred Annuity.

Producer's Signature _____

Producer's Printed Name _____

Address _____

Date ____/____/____

Annuities are underwritten by

UNITED OF OMAHA LIFE INSURANCE COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

Annuity Suitability Information

We appreciate your interest in purchasing an annuity from United of Omaha Life Insurance Company. United of Omaha and your licensed producer are required to ask you for information to help you determine if this product is suitable for you, in light of your investment goals and your current and anticipated future financial situation. Prior to purchasing an annuity it is important for you to have thought through your financial condition – now and what you expect in the future – as well as the goals you are pursuing in purchasing an annuity.

Product Name _____

Contract Owner/Annuitant Name(s): _____
Phone Number: _____ Age Last Birthday: _____
Marital Status: Married Single Widowed Divorced
Occupation: _____

Financial Information Annual Household Income \$ _____
Estimated Net Worth (excluding primary residence, automobile(s) and furnishings)
\$ _____

Do you have sufficient sources of cash, other income, or liquid assets, other than the amount paid for this annuity, available for living expenses and emergencies?
 Yes No

Federal Tax Bracket %
 0 to 10% Greater than 10%

Source of Income (Check all that apply)
 Employment Retirement Plans
 Investments/Savings Social Security
 Other _____

Insurance Product or Investment Experience (Check all that apply)
 Stocks Certificate of Deposit
 Bonds Fixed Annuities
 Mutual Funds Variable Annuities
 Life Insurance Variable Life Insurance

Source of Premium (Check all that apply)
 Stocks Checking/Savings Account
 Bonds Certificate of Deposit
 Mutual Funds Fixed Annuities *
 Reverse Mortgage Variable Annuities *
 Other _____ Life Insurance *

* Is this a replacement of another annuity or life contract?

Yes No

If yes, what is the surrender charge(s) %, if any? _____%

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

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:

- 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:

- 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:

- 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:

- 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:

- 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:

- 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?

Notice: You have the right to return the policy within 30 days of delivery and receive an unconditional full refund of all premiums or considerations paid on it including any policy fees or charges. In the case of a variable or market value adjustment policy, you will receive the cash surrender value plus any fees or other charges deducted from the gross premiums or considerations.

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

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

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, and the contract number if available) and whether each policy will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured	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 _____

I certify that the responses herein are, 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

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.)

UNITED OF OMAHA LIFE INSURANCE COMPANY

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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

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Insurer Name	Contract or Policy #	Insured	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 _____

I certify that the responses herein are, 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

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.)

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



Agency Qualified Business Form

Applicant Information

Applicant's Name: _____ Social Security Number: _____ - _____ - _____

Address: _____ Date of Birth: _____ / _____ / _____

City / St / ZIP: _____ Telephone: _____

This section must be completed if the transaction is a transfer, rollover or direct rollover of retirement plan assets.

The transaction below represents: *(check one)* Partial liquidation from my current plan
 Total liquidation from my current plan

Please mark the form of contribution in the appropriate section of the matrix below as it applies to your new or existing annuity contract with United of Omaha Life Insurance Company and indicate the actual or estimated dollar amount to be received by United of Omaha. Further, please carefully read the section corresponding to your retirement plan type.

	Retirement Plan Type	
	I Traditional IRA	II SEP IRA
Annuity Product	_____ Transfer _____ Indirect Rollover _____ Direct Rollover from a QRP or 457 Plan _____ Normal Contribution for tax year _____	_____ Transfer _____ Rollover from IRA, QRP or 457 Plan _____ Normal Contribution for tax year _____ _____ Employee contribution _____ Employer contribution
BFA	\$ _____	\$ _____
SPDA	\$ _____	\$ _____
SPIA	\$ _____	

Add to existing annuity contract number _____ with United of Omaha.

Section I – Traditional IRA/Section II – SEP IRA

I, the taxpayer, must be listed on the application as both the sole owner and annuitant of the annuity contract.

If a **TRANSFER** from an existing Traditional, SEP or SIMPLE IRA, I certify that these amounts are eligible to be transferred and my required minimum distribution (RMD) has been removed prior to having these funds transferred.

If a **ROLLOVER** from an existing Traditional, SEP or SIMPLE IRA, I certify that:

- a. If I received the distribution, it has not been more than 60 days since receipt; and
- b. I have not received any other distribution within the last 12 months from the distributing IRA which was also rolled over, and 12 months have elapsed since the assets involved with this transaction were rolled over from one IRA to another IRA; and
- c. if required to do so, I have removed my required minimum distribution (RMD); and
- d. if from a SIMPLE IRA, two years have passed since my initial participation in the plan; and
- e. I hereby irrevocably designate this contribution as an eligible rollover contribution and accept full responsibility for the tax consequences of this transaction.

If a **ROLLOVER** from a 401(a) Qualified Retirement Plan or Governmental 457 Plan, I certify that:

- a. these funds represent an eligible rollover distribution and do not include: required minimum distributions (RMDs), any distribution that is part of a series of substantially equal periodic payments lasting ten (10) or more years, distributions due to financial hardship or distributions to a non-spouse beneficiary; and
- b. if I received the distribution, it has not been more than 60 days since receipt; and
- c. I hereby irrevocably designate this contribution as an eligible rollover contribution and accept full responsibility for the tax consequences of this transaction.

I understand if only a portion of the eligible distribution amount is rolled over, the amount retained (less my cost basis) will be taxed as ordinary income, and, if under age 59½, may incur a 10% early distribution penalty.

If a **DIRECT ROLLOVER** from a 401(a) Qualified Retirement Plan or Governmental 457 Plan, I certify that I am eligible for a direct rollover from my existing retirement plan and these funds represent only eligible rollover distribution amounts. I hereby irrevocably designate this contribution as an eligible direct rollover contribution.

If **SUBSEQUENT** or **RECURRING IRA CONTRIBUTIONS** are received by United of Omaha without a Qualified Business Form or other written instructions, the payment received will be applied as a current year normal IRA contribution.

If a **SEP-IRA**, I understand that the annuity I am purchasing is an IRA annuity, which is a funding vehicle for a “Simplified Employee Pension” (SEP). To establish a SEP, a plan document such as IRS Form 5305-SEP, must be signed by the employer, and the SEP must be administered according to federal tax law.

Applicant and Agent Signature

Your signature below indicates your understanding of the preceding acknowledgments; that you are responsible for any tax consequences or penalties which may apply as a result of these transactions; for determining that this annuity meets your specific needs; for reviewing the IRA disclosure statement and any applicable prospectus; and for accepting the annuity contract which identifies the surrender charges or other annuity fees.

Signature of Applicant: _____ Date: _____

Agent Signature: _____ Date: _____

Division Office: _____ Agent #: _____

Complete if a direct rollover or transfer of assets

Present Trustee/
Custodian/Issuer/Employer: _____ Account Number: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ Phone: _____

Current Plan Type (Select one): IRA (Traditional, SEP or SIMPLE) 401(a) QRP 457 Plan

Applicant Status (Select one): Plan Participant Spouse Beneficiary Trustee Other _____
(Please specify)

Will this annuity replace or change an existing annuity contract? Yes No

All checks are to be made payable to **United of Omaha** and be identified as being for the benefit of the applicant.

Please forward check directly to:

FOR FIXED ANNUITY (800) 646-7592:

United of Omaha Life Insurance Company
Individual Annuity Services
PO Box 8303
Omaha, NE 68108-9908

Lost Annuity Statement

I, _____, hereby certify that annuity contract number _____, has been lost or destroyed and that the contract is not assigned or pledged in any way whatsoever. I agree that should the original contract be found or in any way come into my possession, I will return the contract to the issuing company, its successors or assignees. It is distinctly understood and agreed that the original annuity contract shall become null and void.

Dated this _____ day of _____, _____.

Witness: _____ Owner: _____

HOME OFFICE USE ONLY:

United of Omaha hereby accepts the Direct Rollover or Transfer of Assets of the IRA or Qualified Retirement Account and is willing to accept the assets and proceeds. It is understood from the applicant that the current retirement account assets are eligible for direct rollover or transfer under IRS regulations.

Authorizing Officer Signature: _____