



Children's Whole Life

Application Submission Checklist - (Please submit with application)

- Children's Whole Life Application
- State Replacement Forms (if applicable)
- State Specific Forms (if applicable)

DID YOU REMEMBER TO:

- Sign all forms, include the allocation form, and PRINT your name on the application?
- Include your United of Omaha production number, Agency/Broker's Name, Date and your signature on the application?
- Have your client sign all forms and complete the city and state in the "Signed at" section of the application?
- Give these notices to the applicant: Notice of Information Practices, Investigative Consumer Reports Notice, Conditional Receipt
- Financial Institution Consumer Disclosure**
If this insurance product or annuity is sold, solicited, advertised or offered to a customer at an office of the financial institution, or on behalf of the financial institution, the "Financial Institution Consumer Disclosure" form must be presented and signed at the time of application, and a copy provided with the submitted application.

Activities on behalf of a financial institution include activities where a person, whether at the office of the financial institution or at another location, sells, solicits, advertises, or offers an insurance product or annuity and at least one of the following applies:

- The person represents to a consumer that the sale, solicitation, advertisement or offer of any insurance product or annuity is by or on behalf of the financial institution,
- The financial institution refers a consumer to a seller or insurance products and annuities and the financial institution has a contractual arrangement to receive commissions or fees derived from a sale or an insurance product or annuity resulting from that referral, or
- Documents evidencing the sale, solicitation, advertising, or offer of an insurance product or annuity identify or refer to the financial institution.

Division Office/Brokerage General Agency/Bank Information

Printed Name of Producer/Production No.

Printed Name of Producer/Production No.

Commission % Share

Commission % Share

Phone No.

Phone No.

E-Mail Address

E-Mail Address

Date

Date

Reviewed By:

(Division Office, BGA, Bank Name)

(DSM, Assistant Wholesaler or Authorized Reviewer's Printed Name)

Agency Stamp

DSM Stamp

Bank Service Plan Request Form

I List the policies/certificates to be paid by your checking account.

- (1) _____
Plan of Insurance Proposed Insured
- (2) _____
Plan of Insurance Proposed Insured
- (3) _____
Plan of Insurance Proposed Insured

II Complete the following only if you are adding the above coverages to an existing BSP account.

_____ Existing BSP Policy Number
Insured Under Existing BSP

III Specify the date premiums will be withdrawn (1st through the 28th of the month): _____

IV _____
Routing Number and Transit Number Account Number

Or, attach your voided check from the account where premiums will be withdrawn.

Bank Service Plan Authorization

As a convenience to me, I authorize Mutual of Omaha Insurance Company and/or its affiliated companies* to withdraw funds from my account.

I also authorize you, my financial institution, to pay from my account any checks, drafts or preauthorized electronic fund transfers from my account to the appropriate company(ies) below. Your rights with each charge will be the same as if personally paid by me. This authorization will be effective until I give you at least three business days' notice to cancel it. If notice is given verbally, you may require written confirmation from me within 14 days after my verbal notice.

Date _____
Authorized Signature as Shown on Account _____
Joint Account or Other Authorized Signature _____

*Mutual of Omaha Insurance Company
*United of Omaha Life Insurance Company
*United World Life Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175

Conditional Receipt

ALL CHECKS FOR PREMIUMS MUST BE MADE PAYABLE TO UNITED OF OMAHA LIFE INSURANCE COMPANY (“UNITED OF OMAHA”). DO NOT MAKE CHECKS PAYABLE TO THE PRODUCER OR LEAVE THE PAYEE BLANK.

Received \$ _____ from _____ for a life insurance application on _____, dated _____.
(Proposed Insured(s))

This Conditional Receipt will provide insurance for each Proposed Insured prior to the date the policy(ies) is/are delivered, but only if **all** of the following conditions have been completely met:

- (i) payment of the full first premium according to the method of payment selected in the application;
- (ii) the Proposed Insured is, on the Effective Date described below, an acceptable risk, according to the underwriting standards of United of Omaha, for the plan, benefits, class and amount of coverage applied for; and
- (iii) all of the statements and answers in the application are true and complete when made, and there is no material misrepresentation in the application furnished to United of Omaha.

EFFECTIVE DATE: If all of the above conditions are exactly met, then insurance under this Conditional Receipt (subject to all of the terms and conditions of the policy applied for and as if the policy had been issued and delivered) will become effective on the date the application is signed.

If (a) any of the above conditions are not exactly met, or (b) the above conditions are exactly met but the Proposed Insured dies by suicide, whether sane or insane (except in Colorado and Missouri), or (c) the application is not accepted by United of Omaha, no insurance coverage will be provided under this Conditional Receipt, and United of Omaha’s only liability will be to notify the applicant in writing and return the premium paid.

For each Proposed Insured, the maximum death benefit that may become effective under this Conditional Receipt will be the lesser of (a) the total death benefit (including any accidental death benefit) payable under the policies of all pending applications with United of Omaha, or (b) \$50,000.

Regardless of any other provision of this Conditional Receipt, any coverage that becomes effective under this Conditional Receipt will terminate on the earliest of the following: (a) the date the policy applied for is delivered and accepted; or (b) the date United of Omaha mails notice that the coverage applied for will not be issued and refunds any premium paid; or (c) 60 days following the date of the application. Either party may terminate this Conditional Receipt by providing written notice to the other party.

In no event will benefits be paid for the same loss of a Proposed Insured under both this Conditional Receipt and any life insurance policy issued from the application.

I understand and agree to the terms, conditions and limitations of this Conditional Receipt and the Agreement Section of the application. These have been fully explained to me by the Producer(s).

Date: _____

Signature of Owner/Applicant

Signed at: _____
City State

Signature of Producer(s)

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Date: _____

Signature of Owner/Applicant

Signed at: _____
City State

Signature of Producer(s)

United of Omaha Life Insurance Company - Notice of Information Practices

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also collect information from others, such as medical professionals who have treated you, hospitals, other insurance companies, and consumer reporting agencies.

In certain circumstances, and in compliance with applicable law, we or our reinsurers may also release your personal or privileged information in our/their files, to third parties without your authorization. You have the right to be told about and to see a copy of items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of personal information you believe to be inaccurate.

In compliance with applicable law, we or our reinsurers may also release information in our/their files, including information in an application, to other insurance companies to which you apply for life or health insurance or to which a claim is submitted.

So that there will be no question that the insurance benefits will be payable at the time a claim is made, we urge you to review your application carefully to be sure the answers are correct and complete.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THESE PRACTICES, PLEASE SEND YOUR REQUEST TO: UNITED OF OMAHA LIFE INSURANCE COMPANY, DIRECTOR OF INDIVIDUAL UNDERWRITING, MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175.

Investigative Consumer Reports Notice

United of Omaha Life Insurance Company (“we”) may request that an investigative consumer report be prepared, whereby information about you is obtained through personal interviews with your neighbors, friends, associates, acquaintances or others who may have knowledge relating to your character, general reputation, personal characteristics, or mode of living. Upon request, we will inform you whether an investigative consumer report was done, and the nature and scope of the investigation. You may request to be interviewed in connection with the preparation of an investigative consumer report. You also have the right, upon request, to receive a copy of the investigative consumer report from the consumer reporting agency that prepared it. We will provide you the name, address and telephone number of the consumer reporting agency so that you may request a copy of any such report directly from the agency. You may question the accuracy or seek correction of information contained in such report.

Remove and Give to Proposed Insured