

**UNITED OF OMAHA LIFE INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175



**APPLICATION for  
CHILDREN'S WHOLE LIFE INSURANCE**

**NATIONAL**

<b>ALASKA</b>	<b>NORTH DAKOTA</b>
<b>ALABAMA</b>	<b>NEBRASKA</b>
<b>ARIZONA</b>	<b>NEW HAMPSHIRE</b>
<b>GEORGIA</b>	<b>NEVADA</b>
<b>HAWAII</b>	<b>SOUTH CAROLINA</b>
<b>IDAHO</b>	<b>SOUTH DAKOTA</b>
<b>ILLINOIS</b>	<b>TEXAS</b>
<b>IOWA</b>	<b>UTAH</b>
<b>MASSACHUSETTS</b>	<b>VIRGINIA</b>
<b>MICHIGAN</b>	<b>VIRGIN ISLANDS</b>
<b>MISSISSIPPI</b>	<b>WEST VIRGINIA</b>
<b>MISSOURI</b>	<b>WYOMING</b>
<b>NORTH CAROLINA</b>	

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Mutual of Omaha Plaza, Omaha, NE 68175



## CHECKLIST FOR SUBMITTING A COMPLETED APPLICATION

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**

- 1 Answer all questions completely.
- 2 Leave all applicable forms with the proposed insured.
- 3 Sign and Date in all places indicated.

**Complete Premium Collection Section**

A full modal premium is collected at the time of application unless the Bank Service Plan (BSP) is selected. Complete the Payment Authorization form if applicable.

**Financial Institution Consumer Disclosure**

If a Financial Institution would receive compensation for a sale, the Financial Institution Consumer Disclosure must be signed by the client.

**Any Additional Information or Comments**

**include any supplemental information about your client**

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**NOTE:** Replacement forms can be downloaded from Sales Professional Access (SPA) at [www.mutualofomaha.com](http://www.mutualofomaha.com) as needed to accompany the application.

**DO NOT DETACH – MUST BE SUBMITTED WITH THE APPLICATION**

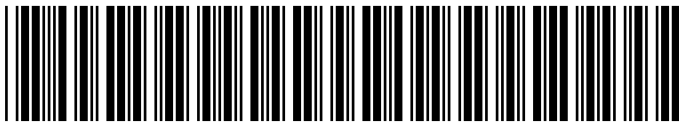


# Children's Whole Life Application

Application for Whole Life Insurance

United of Omaha Life Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175

Home Office Use  
CWL



## SECTION A OWNER/APPLICANT

Owner/Applicant Name (First Name, Initial, Last Name)	Social Security No.	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Legal Residence Address (Street, City, State, ZIP)	Birth Date (Month, Day Year)
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Phone Number	E-mail Address
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Are you a citizen of the United States?.....  Yes  No  
 If "No," do you have an Alien Registration Receipt Card (also known as a "Permanent Residency Card" or "Green Card")?..  Yes  No  
 If "Yes," Card Number \_\_\_\_\_ Date of arrival in the United States \_\_\_\_\_

**Beneficiary:** You will be the beneficiary unless you name someone else below.

(Please Print) \_\_\_\_\_  
 First Name Initial Last Name Relationship to Proposed Insured(s)

## SECTION B PROPOSED INSURED(S) INFORMATION

	First Name, Middle Initial, Last Name	Date of Birth	Sex M/F	Coverage Amount	Premium	Owner Relationship to Insured
1					\$	
2					\$	
3					\$	
4					\$	
5					\$	
6					\$	
7					\$	
8					\$	

Are all Proposed Insureds citizens of the United States?.....  Yes  No  
 If "No," do all Proposed Insureds have an Alien Registration Receipt Card (also known as a "Permanent Residency Card" or "Green Card")?..  Yes  No  
 If "Yes," Card Number(s) \_\_\_\_\_  
 Date(s) of arrival in the United States \_\_\_\_\_  
 NOTE: Use additional sheet if necessary.

## SECTION C OTHER COVERAGE AND REPLACEMENT INFORMATION

- List below all life insurance policies and/or annuity contracts on any of the Proposed Insureds that have terminated in the last 13 months, are now in force (including any that have been assigned or sold), or that are now pending. (This includes any life insurance policies and/or annuity contracts under a binding or conditional receipt or within an unconditional refund period.) If none, check the following box:.....  None
- Have any of the Proposed Insureds had, or do they intend to have, any life insurance policies and/or annuity contracts replaced, converted, reduced, reissued, sold, subjected to borrowing, or otherwise discontinued because of this application?.....  Yes  No  
**If "Yes," check the appropriate box(es) below. The Producer shall comply with any additional state and/or Company replacement requirements.**

Company	Proposed Insured	Policy or Contract Number	Face Amount	Pending?	ADB Amount	1035 Exchange?	To Be Replaced?	Assigned or Sold?
				<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3** If this is a replacement, have you received a copy of the Notice of Replacement (if required in your state)?.....  Yes  No

**SECTION D HEALTH INFORMATION**

**HAVE ANY OF THE PROPOSED INSUREDS RECEIVED MEDICAL CARE FOR OR HAD:**

- (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
1		
2		
3		
4		
5		
6		
7		
8		

**SECTION E PREMIUM AND BILLING INFORMATION**

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

**SECTION F AGREEMENT**

I am the parent, grandparent or guardian of the Proposed Insured(s) and 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).

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

Signed at: \_\_\_\_\_ Date \_\_\_\_\_  
 City State 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



# 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 withdrawal for premium payment.**

### PAYMENT INFORMATION

1. **Initial Monthly Premium Payment (select only one option)** Amount Quoted \$ \_\_\_\_\_

- Draft premium immediately upon approval/issue
- Draft initial premium on or after: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Please Note: If policy issue is after date selected, premium will be withdrawn on the policy issue date or receipt of delivery requirements)
- Check collected and mailed to Mutual of Omaha

When choosing automatic bank account withdrawal, MONEY WILL BE WITHDRAWN FROM YOUR ACCOUNT AS STATED ABOVE. The first Withdrawal date may be different from the monthly date selected for ongoing premiums. Depending on the amount of time elapsed between the policy date and the date the policy is issued, the amount of the first ongoing withdrawal may exceed one modal premium and may occur on a date other than the policy date. We **CANNOT** establish electronic payments from foreign banks.

2. **Ongoing Premium Payments- Automated Bank Account Withdrawal (Monthly)**

Specify the date ongoing premiums will be withdrawn: (1st through the 28th of each month) \_\_\_\_\_  
Ongoing premiums are due and will be automatically withdrawn from the account below on the same day of the month as the policy date or the date selected above. The policy date is determined at the time the policy is issued and can be found within the policy. **Ongoing withdrawals will begin once the policy is issued.**

### PAYOR INFORMATION

Name of payor as shown on bank account: \_\_\_\_\_ Social Security No. \_\_\_\_\_

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 required)

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

### ACCOUNT INFORMATION

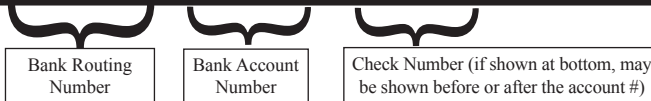
1. Account Type (check one):  Checking  Savings

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: _____	
1:123456789:1	12345678 11*	1234 11*



### AUTHORIZATION

I authorize United of Omaha Life Insurance Company ("United of Omaha") to withdraw funds from my account for the initial and/or monthly renewal premiums and understand that the amounts may differ. Premium shortages may result from a variety of causes, including underwriting adjustments. I authorize my financial institution to pay from my account to United of Omaha any preauthorized bank account withdrawals. I agree that my financial institution shall be fully protected in honoring any such payment and that its rights and responsibilities regarding the payment shall be the same as if the payment were signed personally by me. I agree to notify the business in writing of any changes in my account information. 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 may require written confirmation from me within 14 days after my verbal notice.

Date \_\_\_\_\_ X \_\_\_\_\_  
Mo./Day/Yr. Authorized Signature as Shown on Account

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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?





