Application for Change of Beneficiary

Mutual of Omaha Insurance Company and Insurance Affiliates* Mutual of Omaha Plaza Omaha, NE 68175



*United of Omaha LIfe Insurance Company • United World Life Insurance Company • Omaha Insurance Company

Instructions for Completing the Change of Beneficiary Form

The Change of Beneficiary Form is attached. Examples of wording that can be used to designate a beneficiary on this Form are set forth below. If the policy proceeds are to be paid other than in a single sum, do not use this form and contact United of Omaha Life Insurance Company for further instructions.

Sample Wording Type of Beneficiary Single Named Person 1. "Jane Doe, wife" "John Doe, father, and Mary Doe, mother, in equal shares" 2. Two or more named persons in equal shares "40 percent to John Doe, father, and 60 percent to Mary 3. Two or more named persons in unequal shares Doe, mother" - [do not use dollar amounts] Unnamed children of a specified marriage "Children of the marriage of the Insured 4. (excluding children by a previous marriage, and Jane Doe" foster children and stepchildren) Trustee under Last Will and Testament of Insured "Trustee, or successor in Trust, named in the 5. Last Will and Testament of the Insured; provided, however, that if no Trustee is appointed within one year of the Insured's death, payment shall be made to the Insured's estate" "Professional Trust Company, Trustee, or its Other Trust Arrangements 6. successor in Trust, under Trust Agreement dated Jan. 1, 1982" 7. Corporation "XYZ, Inc., a New York corporation" "ABC Company, a partnership" 8. Partnership "Insured's estate" 1. Executor or administrator

Instructions for Signing the Change of Beneficiary Form

Who Must Sign: The Change of Beneficiary Form must be signed by the person or persons who, under the terms of the policy, have the right to change the beneficiary. If the previous beneficiary was designated as an irrevocable beneficiary, that irrevocable beneficiary must also sign.

How to Sign: Your request cannot be processed without the correct signature(s), date and applicable documentation. If signed by:

- (a) a **corporation,** an authorized officer must sign. Be sure to include the title of the officer and the full corporate name.
 - If **president** no additional requirements
 - If any other officer provide a Board of Directors resolution authorizing the change
- (b) a partnership with at least two general partners, two authorized general partners must sign with the title "general partner" after each name (if only one use "sole general partner") and include the full name of the partnership. Also submit a copy of the pages of the partnership agreement showing the authorized partner(s) names and signature(s).
- (c) a **limited liability company,** the individual(s) authorized to act must sign. Be sure to include the title of the individual and the company name. Also provide the document (e.g., operating agreement or articles of organization) that defines who is authorized to act for the company.
- (d) a **holder of power of attorney** must provide a copy of the power of attorney and include, following his or her signature, the words "Attorney-in-fact for (owner's name)."

If signed with an "X" mark or in foreign characters, the signature must be witnessed by two witnesses and the address of each witness must be given.

Changing a beneficiary will not change the ownership of the policy. The interest of any beneficiary will be subject to the interest of any collateral assignee under a collateral assignment on record with the company.

Change of Beneficiary	
Insured Name	Social Security Number
Insured Address	Telephone Number
Policyowner's Name	Policy Number
IMPORTANT!	

- 1. Proceeds payable must be expressed as percentages rather than dollar amounts.
- 2. Please use full given names. Example: "Mary E. Doe" rather than "Mrs. John E. Doe."
- 3. Forms cannot be accepted which contain corrections or erasures.
- 4. If more space is needed for additional beneficiaries, please attach a separate sheet of paper or copy of this form.
- 5. Complete, sign and return this form for each Policy and/or Policy Rider for which you are requesting a change.

Mail completed form to:	Mutual of Omaha Mutual of Omaha Plaza Omaha, NE 68175	Fax to:	ATTN: Policyowner Services 402-997-1906	
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Primary Beneficiary(ies)		
Name		Date of Birth
Address	Tele	phone ()
Social Security Number	Relationship	Benefit Percent
Name		Date of Birth
Address		phone ()
Social Security Number	Relationship	Benefit Percent

□ **Irrevocable Primary Beneficiary(ies):** If this Box is checked, the Policy will be endorsed to show that the Primary Beneficiary(ies) named above is/are irrevocable. <u>Future</u> changes to the Policy and/or rider(s), including a change of beneficiary(ies), may not be made by the Policyowner(s)/Trustee(s) without the consent of the Irrevocable Primary Beneficiary(ies) shown above.

Contingent Beneficiary(ies)		
Name		Date of Birth
Address		Telephone ()
Social Security Number	Relationship	Benefit Percent
Name		Date of Birth
Address		_ Telephone ()
Social Security Number	Relationship	Benefit Percent

Unless otherwise shown above: (a) payment will be shared equally by all Primary Beneficiaries who survive the Insured; if none, by all Contingent Beneficiaries who survive the Insured; (b) the right to change the beneficiary is reserved unless otherwise stated; (c) the word "child" or "children" shall include legally adopted children.

No changes are binding until received and recorded by the company at its home office. We will record the change(s) and send a confirmation.

The company reserves the right to declare this form void and of no effect if it is incomplete or completed in an unsatisfactory manner.

As Policyowner, I hereby revoke any previous Beneficiary designation. I request that upon the death of the Insured named above all proceeds of the Policy and/or rider(s) covering the Insured be paid to the beneficiary(ies) as shown above.

Х	X
Signature of Policyowner *If the Policyowner is a corporation or partnersh documentation indicating authorized signature	
X Signature of Joint Policyowner (if applicable) *If the Policyowner is a corporation or partnersh documentation indicating authorized signature	

For Massachusetts residents only:

State law requires that a disinterested adult, who is not a party to the Policy, witness any request to change the beneficiary arrangement.

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Witness' Signature (Massachusetts only)