

# United of Omaha Life Insurance Company

A Mutual *of* Omaha Company

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## Change of Ownership/Beneficiary Forms

Packet Contains

- Life Insurance Change of Ownership Form
- Life Insurance Application for Change of Beneficiary

# Change of Ownership Form – Life Insurance

(For Change of Ownership of Life Insurance Policies Only –  
Do Not Use This Form When Assigning a Policy for a Loan)



**UNITED OF OMAHA LIFE  
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

Instructions: Complete this form and return it to:

**Individual Life:**

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

**Fax to:**

Attn: Policyowner Services  
402-997-1906

**Note: The change of ownership of a life insurance policy may have tax consequences. We recommend that you consult your tax advisor with any questions you may have prior to making this change of ownership.**

Policy Number \_\_\_\_\_ Current Owner(s) \_\_\_\_\_  
Current Insured \_\_\_\_\_

By checking one of the boxes below. The Current Owner(s) further waive(s) all rights, on behalf of himself/herself or his/her estate, to receive any benefits whatsoever under the terms of said Policy and direct(s) that if, in the event such benefits do become payable either to himself/herself or his/her estate under the terms of the Policy, that said benefits be paid to the estate of the New Owner(s) thereunder.

- The Current Owner(s), hereby transfer(s) the ownership of the above Policy with the intention of making a gift. The Current Owner(s) hereby transfer(s) all right, title and interest in the above Policy to the New Owner(s) shown below, subject to all of the terms and conditions of the Policy.
- For valuable consideration received, the Current Owner(s) hereby transfer(s) the ownership of the above Policy, and hereby transfer(s) all right, title and interest in the above Policy to the New Owner(s) shown below, subject to all of the terms and conditions of the Policy.

**1. NEW OWNER\* (Note: If the New Owner is a Trust, skip to Paragraph 3. below.)**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Tax ID/Social Security No. \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*If multiple New Owners, the policy will be owned as joint tenants with rights of survivorship and not as tenants in common.

**2. NEW JOINT OWNER**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Tax ID/Social Security No. \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**3. NEW OWNER-TRUST**

Name of Trust \_\_\_\_\_  
Date of Trust \_\_\_\_\_  
Name of Trustee \_\_\_\_\_  
Name of Co-Trustee \_\_\_\_\_

Trustee Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Tax ID/Social Security No. \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
(Attach the above information for any Co-Trustee)

If the Current Owner is a Trust, please send a copy of the pages showing that the Trust has been executed and identifying the Trustee(s) and Successor Trustee(s).

**Authorized Signature:**

United of Omaha Life Insurance Company is not responsible for the sufficiency or validity of this Change of Ownership. No Change of Ownership shall be binding on us until we receive and record it at the company's home office. This Change of Ownership is unconditional and irrevocable, and the New Owner(s) shall have the power to exercise all rights of ownership under said Policy.

**Notice**

The death benefit of the Policy is payable to the Beneficiary(ies) of record. If the New Owner(s)/Trustee(s) desire(s) the Beneficiary(ies) to be changed, the New Owner(s)/Trustee(s) must request this change in accordance with the Policy Provisions. The Beneficiary Change Request Form included may be used to change the Beneficiary(ies).

X \_\_\_\_\_  
Personal Signature of Current Owner/Trustee

X \_\_\_\_\_  
Personal Signature of Current Joint Owner/Trustee  
(if any)

X \_\_\_\_\_  
Personal Signature of New Owner/Trustee

X \_\_\_\_\_  
Personal Signature of New Joint Owner/Trustee  
(if any)

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ .  
(City and State)

**Party-in-Interest Consent:**

**IMPORTANT INFORMATION THAT MAY IMPACT YOU:**

**Do you live in a community property state?** CA, AZ, ID, NV, PR, TX, WA, LA, NM and WI

If you are the Current Owner of this Policy and reside in one of the states listed above and want to change the ownership of this contract, your spouse's consent may be required and your spouse must sign as **Party-in-Interest** below.

If this change is a result of marriage, divorce or death, we require a copy of your marriage certificate, divorce decree or death certificate.

X \_\_\_\_\_  
Personal Signature of Party-in-Interest of Current  
Owner/Trustee

X \_\_\_\_\_  
Personal Signature of Party-in-Interest of Joint Owner/  
Trustee (if any)

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ .  
(City and State)

**Irrevocable Beneficiary Consent:**

**Do you have an Irrevocable Beneficiary named?**

If you are the Current Owner of this Policy and have previously named an irrevocable beneficiary, the irrevocable beneficiary(ies) consent is required and must sign as **Irrevocable Beneficiary** below.

X \_\_\_\_\_  
Personal Signature of Irrevocable Beneficiary(ies)  
(if applicable)

X \_\_\_\_\_  
Personal Signature of Irrevocable Beneficiary(ies)  
(if applicable)

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ .  
(City and State)

# 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.

Type of Beneficiary	Sample Wording
1. Single Named Person . . . . .	“Jane Doe, wife”
2. Two or more named persons in equal shares . . . . .	“John Doe, father, and Mary Doe, mother, in equal shares”
3. Two or more named persons in unequal shares . . . . .	“40 percent to John Doe, father, and 60 percent to Mary Doe, mother” — <b>[do not use dollar amounts]</b>
4. Unnamed children of a specified marriage . . . . . (excluding children by a previous marriage, foster children and stepchildren)	“Children of the marriage of the Insured and Jane Doe”
5. Trustee under Last Will and Testament of Insured . . . . .	“Trustee, or successor in Trust, named in the 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”
6. Other Trust Arrangements . . . . .	“Professional Trust Company, Trustee, or its successor in Trust, under Trust Agreement dated Jan. 1, 1982”
7. Corporation . . . . .	“XYZ, Inc., a New York corporation”
8. Partnership . . . . .	“ABC Company, a partnership”
1. Executor or administrator . . . . .	“Insured’s estate”

## 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

### Primary 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 \_\_\_\_\_

- 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. Future 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 \_\_\_\_\_

Please see reverse side

