

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
 Mutual of Omaha Plaza, Omaha, NE 68175



Speed eTicket SM Request Page 1 of 2

PROPOSED INSURED/OWNER	Proposed Insured/Owner Legal Name _____	
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Social Security No. _____ Date of Birth _____	
	Legal Residence Address _____ _____	
	Best Time to Call: <input type="checkbox"/> 8 am. - Noon <input type="checkbox"/> Noon - 5 pm. <input type="checkbox"/> 5pm - 9 pm. <input type="checkbox"/> Other _____	
	E-mail: _____	Phone Number: Home: _____
	Occupational/Duties: _____	Cell: _____ Work: _____

PLAN INFORMATION	What is the purpose of this insurance? (Check ALL that apply)	
	<input type="checkbox"/> Income Replacement <input type="checkbox"/> Mortgage Protection <input type="checkbox"/> Key Person <input type="checkbox"/> Buy-Sell <input type="checkbox"/> Other: _____	
	Product Name: Term Life Answers: <input type="checkbox"/> 10-year <input type="checkbox"/> 15-year <input type="checkbox"/> 20-year <input type="checkbox"/> 30-year	
	Amount of Insurance Requested: \$ _____	
	Tobacco Status: <input type="checkbox"/> Tobacco <input type="checkbox"/> Nontobacco	
	Risk/Rate Class Applied for: <input type="checkbox"/> Best Available (Risk Class Proposed _____)	
	Riders Requested: <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Accidental Death Benefit: \$ _____ <input type="checkbox"/> Child Rider (If selected, please select one): <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000	
Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Bank Draft		
Modal Premium \$ _____		

HISTORY	Proposed Insured History: _____	
	Mark the one item that best describes the Proposed Insured's history of tobacco and other nicotine product use:	
	<input type="checkbox"/> Never Used <input type="checkbox"/> Completely Stopped <input type="checkbox"/> Use Now	
	If completely stopped, please indicate number of years completely stopped:	
	<input type="checkbox"/> Less than one <input type="checkbox"/> 1 or more/less than 2 <input type="checkbox"/> 2 or more/less than 3 <input type="checkbox"/> 3 or more/less than 5 <input type="checkbox"/> 5 or more	
THIS INFORMATION IS REQUESTED SOLELY FOR THE PURPOSE OF ASSISTING THE PRODUCER IN PROVIDING A QUOTE.		

BENEFICIARY	Primary Beneficiary	% of Proceeds	Relationship to Insured	Birth date or Date of Trust (Mo./Day/Yr.)
	Contingent Beneficiary	% of Proceeds	Relationship to Insured	Birth date or Date of Trust (Mo./Day/Yr.)

OTHER COVERAGE	List below all life insurance policies and/or annuity contracts on any person proposed for insurance 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.) If none, check the following box. <input type="checkbox"/> None
	Has any person proposed for insurance had, or intend to have, any life insurance policies, or annuity contracts replaced, converted, reduced, reissued, sold, subjected to borrowing, or otherwise discontinued because of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL REQUEST	Special Requests/Additional Information (include here any instructions, additional comments, save age requests, etc.):

PRODUCER STATEMENT	1. Has any person proposed for insurance informed you, the Producer(s), that he/she has one or more existing life insurance policies and/or annuity contracts in force? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. Do you, the Producer(s), know or have reason to believe that the policy(ies) requested has replaced, or will replace, any existing life insurance policies or annuity contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Did you, the Producer(s), give the person proposed for insurance the Life Insurance Buyer's Guide and comply with all state and company replacement requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , please explain.

PRODUCER ATTESTATION	By signing this form, I hereby acknowledge and agree that:
	1. The product and amount of insurance I have recommended to the proposed insured is suitable in view of his or her insurance needs and financial objectives.
	2. The information provided on this form by the proposed insured is complete and correctly recorded.
	3. All documents required at the time of completing this form have been provided to the owner/proposed insured/applicant.
	4. I have explained to the proposed insured that a fulfillment center representative will obtain such information as may be necessary to complete any life insurance application resulting from this form; provided, however, the fulfillment center representative has been instructed that any item of information or question from proposed owner or proposed insured requiring the act or advice of a licensed life insurance agent must be referred to me for action before the application can be completed and processed.
	5. I will personally review any insurance policy that results from this form and will contact the proposed insured concerning any incomplete, inconsistent or inaccurate information and I will not deliver the policy unless I have completed my review and am satisfied that the policy, application and all attached papers, if any, are complete, consistent and accurate.
	6. I authorize the fulfillment center representative to affix my signature to any life insurance application resulting from this form and to any other forms related to such application requiring my signature.

PRODUCER SIGNATURE	Signature of Producer	Production Number	Mo.	Day	Yr.	
	Print or Stamp Producer Name					
	Managing Brokerage Printed Name			Managing Brokerage Code #		