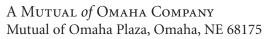
UNITED OF OMAHA LIFE INSURANCE COMPANY





	Speed eTicket SM Request Page 1 of 2					
NER	Proposed Insured/Owner					
PROPOSED INSURED/OWNER	Legal Name					
		3 amNoon □N	loon - 5 pm. 🗌 5p	m - 9 pn Phone I	n.	
	1					
LAN INFORMATION	What is the purpose of this insurance? (Check ALL that apply) ☐ Income Replacement ☐ Mortgage Protection ☐ Key Person ☐ Buy-Sell					
	□ Other:					
	Product Name: Term Life Answers: □ 10-year □ 15-year □ 20-year □ 30-year					
	Amount of Insurance Requested: \$					
	Tobacco Status: Tobacco Status: Tobacco Status: Tobacco Nontobacco					
	Risk/Rate Class Applied for: Best Available (Risk Class Proposed)					
PL	Riders Requested: Waiver of Premium Accidental Death Benefit: \$					
	☐ Child Rider (If selected, please select one): ☐ \$5,000 ☐ \$10,000					
	Payment Mode: Annual Semiannual Quarterly Modal Premium \$					
	Proposed Insured History:					
HISTORY	Mark the one item that best describes the Proposed Insured's history of tobacco and other nicotine product use:					
	□ Never Used □ Completely Stopped □ Use Now					
	If completely stopped, please indicate number of years completely stopped:					
Ī	\square Less than one \square 1 or more/less than 2 \square 2 or more/less than 3 \square 3 or more/less than 5 \square 5 or more					
	This information is a	REQUESTED SOLELY FO	OR THE PURPOSE OF AS	SSISTING	THE PRODUCER IN PROVIDING A QUOTE.	
	Primary Beneficiary	% of Proceeds	Relationship to Ir	sured	Birth date or Date of Trust (Mo./Day/Yr.)	
_ ≿						
CIAR						
BENEFICIARY	Contingent Beneficiary	% of Proceeds	Relationship to Ir	sured	Birth date or Date of Trust (Mo./Day/Yr.)	
B						

	Speed eTicket SM Request Page 2 of 2					
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. None					
0						
Отнек	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? Yes No					
JEST	Special Requests/Additional Information (include here any instructions, additional comments, save age requests, etc.):					
EQL						
I R	Special Requests/Additional Information (include here any instructions, additional comments, save age requests, etc.):					
ECIA						
SP						
CER STATEMENT	 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? ☐ Yes ☐ 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 contacts? Yes 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? Yes No If No, please explain.					
PRODUCER						
a						
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					
	resulting from this form and to any other forms related to such application requiring my signature.					
TURE	resulting from this form and to any other forms related to such application requiring my signature.					
SIGNATURE	resulting from this form and to any other forms related to such application requiring my signature. Signature of Producer Production Number Mo. Day Yr.					
RODUCER SIGNATURE	resulting from this form and to any other forms related to such application requiring my signature.					