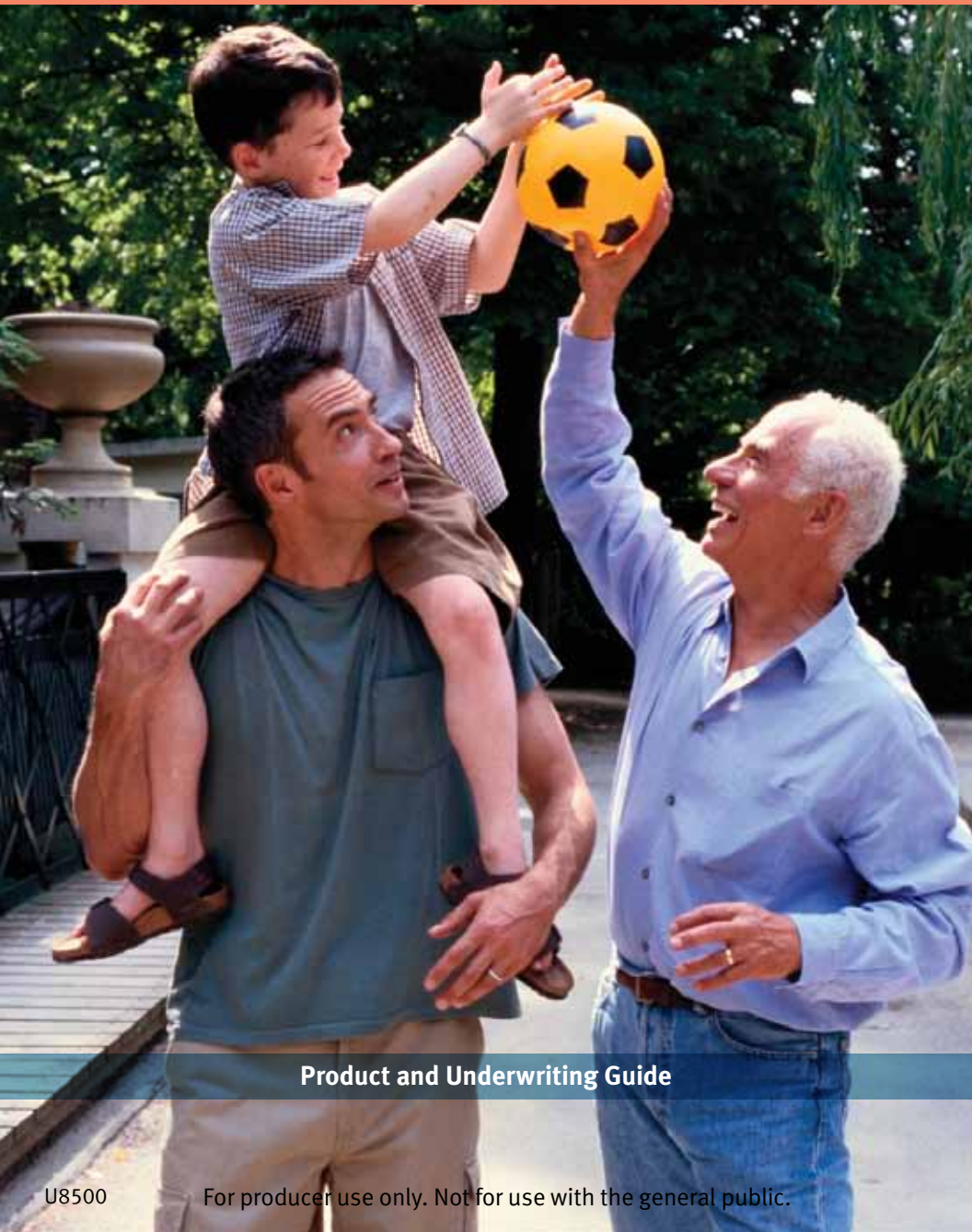


Living Promise
Whole Life Insurance



Product and Underwriting Guide

Living Promise Whole Life Insurance

LEVEL BENEFIT PLAN:

- Death Benefit: 100%
- Issue Ages: 45-85
- Face Amounts: \$2,000 – \$40,000
- Underwriting Classes: Standard Tobacco/Nontobacco
- Underwriting Requirements: MIB, pharmaceutical check, random phone interviews

Additional Benefits – Level Benefit Plan Only

Accelerated Death Benefit for Terminal Illness or Nursing Home Confinement Rider

Allows the owner a one-time election to receive the Accelerated Benefit if the insured is either: (a) diagnosed as having a terminal illness that, with a reasonable degree of certainty, will result in the insured's death within 12 months or less from the date a physician signs the statement of proof of terminal illness, or (b) has been confined to a nursing home for 90 consecutive days or more and is expected to remain confined in a nursing home for the duration of the insured's life.

Optional: Accidental Death Benefit Rider

This Rider provides an additional death benefit equal to the policy's face amount if the death of the insured results from accidental bodily injury and independently of sickness and all other causes.

GRADED BENEFIT PLAN*

- Death Benefit: This policy contains a graded benefit meaning that for death due to natural causes (any cause other than accidental) during the first two years, the beneficiary will receive all premiums paid plus 10 percent. After the two years, the full benefit is paid for death due to all causes. Full death benefits will be paid, in all years, if death results from an accidental bodily injury.
- Issue Ages: 45-80
- Face Amounts: \$2,000 – \$20,000
- Underwriting Class: Standard (no tobacco distinction)
- Underwriting Requirements: MIB, pharmaceutical check, random phone interviews

*not available in AR, MT or NC

Policy Exclusion for Both Plans

The *death benefit* will not be paid if the insured commits suicide, while sane or insane, within two years from the *contestability date* (in ND, within one year). Instead, we will return all premiums paid, minus any *loan*. If this policy is reinstated, we will not pay the *death benefit* if the insured commits suicide, while sane or insane, within two years from the date of reinstatement. Instead, we will return all premiums paid, minus any *loan*.

Build Chart

Height	Minimum Weight	Level Benefit Maximum Weight	Graded Benefit Maximum Weight
4 Feet			
8"	74	197	221
9"	77	202	225
10"	79	208	231
11"	82	214	237
5 Feet	85	220	244
1"	88	226	250
2"	91	232	257
3"	94	238	264
4"	97	245	270
5"	100	251	277
6"	103	258	285
7"	106	265	293
8"	109	274	300
9"	112	282	309
10"	115	289	316
11"	119	298	325
6 Feet	122	305	333
1"	126	313	340
2"	129	321	349
3"	133	329	358
4"	136	338	367
5"	140	347	376
6"	143	358	385
7"	147	367	394
8"	151	376	405
9"	154	385	415
10"	158	395	427

Annual Premiums per \$1,000 of Coverage

Level Benefit Plan*

Age	Male		Female		Age	Male		Female	
	NonTobacco	Tobacco	NonTobacco	Tobacco		NonTobacco	Tobacco	NonTobacco	Tobacco
45	\$24.99	\$31.50	\$21.80	\$28.02	66	\$63.08	\$91.34	\$45.21	\$63.30
46	\$25.81	\$32.58	\$22.27	\$28.74	67	\$67.11	\$97.65	\$47.93	\$67.27
47	\$26.76	\$33.91	\$22.86	\$29.58	68	\$71.15	\$103.85	\$50.66	\$71.24
48	\$27.82	\$35.35	\$23.57	\$30.42	69	\$75.18	\$110.04	\$53.49	\$75.22
49	\$28.45	\$36.37	\$23.91	\$31.04	70	\$79.21	\$116.35	\$56.22	\$79.19
50	\$29.16	\$37.85	\$24.12	\$31.71	71	\$84.44	\$124.53	\$60.03	\$84.92
51	\$30.45	\$40.09	\$25.00	\$33.36	72	\$89.57	\$132.83	\$63.95	\$90.52
52	\$31.37	\$41.91	\$25.48	\$34.43	73	\$95.29	\$141.12	\$68.23	\$96.25
53	\$32.58	\$44.25	\$26.31	\$36.07	74	\$101.07	\$149.30	\$72.56	\$101.86
54	\$34.16	\$46.70	\$27.26	\$37.59	75	\$108.23	\$157.60	\$77.76	\$107.58
55	\$35.83	\$49.51	\$28.31	\$39.46	76	\$116.48	\$168.00	\$84.32	\$115.06
56	\$37.36	\$51.96	\$29.29	\$40.86	77	\$124.09	\$179.26	\$90.23	\$123.14
57	\$38.99	\$54.30	\$30.17	\$42.15	78	\$131.07	\$190.75	\$95.77	\$131.28
58	\$40.52	\$56.64	\$31.04	\$43.43	79	\$138.23	\$202.21	\$101.36	\$139.50
59	\$42.26	\$59.44	\$32.02	\$44.83	80	\$145.45	\$213.78	\$107.00	\$147.79
60	\$44.44	\$62.71	\$33.33	\$46.59	81	\$157.07	\$232.47	\$115.74	\$159.70
61	\$47.39	\$67.15	\$35.18	\$49.16	82	\$168.92	\$252.48	\$124.44	\$172.55
62	\$50.22	\$71.71	\$36.92	\$51.73	83	\$180.01	\$272.67	\$132.70	\$185.39
63	\$53.16	\$76.15	\$38.78	\$54.30	84	\$191.10	\$291.55	\$140.84	\$197.41
64	\$56.11	\$80.71	\$40.63	\$56.75	85	\$202.19	\$310.54	\$149.10	\$209.55
65	\$59.05	\$85.15	\$42.48	\$59.32					

Graded Benefit Plan*

Age	Male	Female	Age	Male	Female	Age	Male	Female	Age	Male	Female
45	\$43.61	\$35.71	54	\$60.50	\$47.00	63	\$93.75	\$64.00	72	\$153.25	\$111.00
46	\$44.50	\$36.43	55	\$63.75	\$48.50	64	\$98.75	\$66.75	73	\$165.25	\$120.50
47	\$45.42	\$37.18	56	\$67.00	\$50.25	65	\$103.00	\$69.50	74	\$176.25	\$129.25
48	\$46.34	\$37.93	57	\$70.25	\$52.00	66	\$108.50	\$73.75	75	\$187.50	\$138.75
49	\$47.29	\$38.71	58	\$73.75	\$53.00	67	\$114.25	\$79.00	76	\$206.75	\$151.75
50	\$48.25	\$39.50	59	\$77.00	\$54.75	68	\$119.75	\$83.25	77	\$225.25	\$164.75
51	\$51.50	\$41.00	60	\$80.25	\$56.50	69	\$125.50	\$88.50	78	\$244.25	\$177.00
52	\$54.75	\$43.25	61	\$84.50	\$59.25	70	\$131.00	\$92.75	79	\$262.75	\$190.00
53	\$57.25	\$44.75	62	\$89.50	\$62.00	71	\$142.25	\$102.25	80	\$282.00	\$203.00

Accidental Death Benefit Rider

Age	Premium	Age	Premium	Age	Premium
45	\$2.77	59	\$3.16	73	\$6.34
46	\$2.80	60	\$3.25	74	\$6.92
47	\$2.82	61	\$3.36	75	\$7.57
48	\$2.83	62	\$3.48	76	\$8.26
49	\$2.84	63	\$3.62	77	\$9.00
50	\$2.85	64	\$3.77	78	\$9.77
51	\$2.86	65	\$3.93	79	\$10.59
52	\$2.88	66	\$4.13	80	\$11.46
53	\$2.89	67	\$4.38	81	\$12.35
54	\$2.92	68	\$4.61	82	\$13.26
55	\$2.94	69	\$4.84	83	\$14.44
56	\$2.97	70	\$5.11	84	\$15.68
57	\$3.00	71	\$5.44	85	\$16.97
58	\$3.08	72	\$5.82		

*Annual policy fee of \$36 will be added.

Conditional Receipt

A Receipt is furnished in connection with an application for insurance on the proposed insured(s) bearing the same date as the Receipt. Insurance under the Receipt will become effective on the Effective Date defined below, but only if **all** conditions below have been completely met:

- (1) The amount received is sufficient to pay the first premium at the mode applied for.
- (2) The proposed insured is, as of the application date, eligible for the exact policy applied for, according to our underwriting standards in effect, without modification of the plan, premium rate, benefits, class and amount of coverage applied for.
- (3) To the best knowledge and belief of those signing the application, all the statements and answers in the application are true and complete when made.
- (4) All parts of the application, and if required, supplements to the application, questionnaires and amendments to the application are completed and received by the home office.

The amount of conditional insurance coverage provided under this Receipt, if any, shall not exceed the maximum face amount of the plan applied for (\$40,000 Level Benefit/\$20,000 Graded Benefit) and shall also not exceed the death benefit paid under terms of the policy. If the application is not approved and accepted within 60 days of the Effective Date of this Receipt, conditional insurance coverage will cease. In that case, our liability will be limited to the return of the premium paid. We have the right to terminate conditional insurance coverage at any time prior to the expiration of 60 days of the Effective Date of this Receipt by mailing a refund of the premium paid.

Telephone Interview

Your client may be contacted for a confidential telephone interview to complete the application process. This call should last approximately 20 minutes. It is important to note that the telephone dialogue between your client and the phone representative will be recorded and relied upon as part of our risk analysis. As a result, it's important that your client be prepared to answer questions as accurately as possible.

Non-Smoker/Non-Nicotine Qualifications

In order to qualify for non-nicotine rates, the proposed insured must not have used tobacco or nicotine products in any form (gum, patches, cigar, etc.) within one year prior to the application.

Completing the Application

- Complete the Proposed Insured and Owner (if applicable) sections
- Part One of the Underwriting section – If proposed insured answers “YES” to any questions in Part One, that person is not eligible for any coverage under this application
- Part Two of the Underwriting section – If proposed insured answers “YES” to any questions in Part Two, that person is eligible only for the Graded Benefit Product
- If the proposed insured answers all underwriting questions “NO,” that person is eligible for the Level Benefit Product
- Plan Info – Select Plan, Accidental Death Benefit Rider (if applicable), Payment Mode and Amount
- Always obtain signed MIB and HIPAA authorizations
- Complete Conditional Receipt Form, **If a check for the initial premium was collected** at the time of application, otherwise do not complete this form
- **Have client sign state replacement forms (if applicable)**
- Leave all required forms with the client
- Attach cover letter or additional information, as needed

Please mail application and appropriate forms to:

For regular mail submission:

United of Omaha Life Insurance Company
Attn: Individual Life Underwriting
P.O. Box 2476, Omaha, NE 68103-2476

For overnight submission:

Attn: Individual Life Underwriting
9330 State Hwy. 133, Blair, NE 68008

For Fax submission:

Fax to 1-402-997-1800 and verify that the correct fax number is dialed to protect the privacy of the information contained in the application/forms. Use the maximum resolution to ensure the readability of the application.

All applications received and in process of underwriting will be reported on your pending status report found on Sales Professional Access.

Mutual of Omaha’s underwriting team is a great resource for you to help you get your cases placed. You can contact us at 1-800-775-7896 with any questions you may have.



UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

MUTUAL *of* OMAHA'S
WILD KINGDOM



Whole Life Insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha is licensed in all states except NY. Product base plans, provisions, features and riders may not be available in all states and may vary by state.