

MY WISHES RECORD KEEPER



To My Family

My goal is to make it easy as possible for you at what is probably a difficult time. I know you have many decisions to make on my behalf and I hope this information will help.

Thank you.

Signature

Date

About Me

This is information about me that will help you in locating records and in writing an obituary.

Full Name

First: _____ Middle: _____ Last: _____

Social Security Number: _____

Country of citizenship: _____

Address

Street: _____ City: _____ State: _____

ZIP: _____ At this address since (date): _____

Birth

City: _____ State: _____

Date of birth: _____ Country: _____

Work

Occupation: _____

Date retired: _____ Employer(s): _____

Retirement benefits from previous employer?: _____

Previous Employer: _____

Marital Status

____ Married ____ Single ____ Divorced ____ Widowed

Birth name (if different): _____

Spouse's name: _____

Date and place of marriage: _____

Parents

Father's name: _____

Birthplace: _____

Mother's birth name: _____

Birthplace: _____

Military Record:

Branch of Service: _____ Serial Number: _____

Rank: _____

Date and place of induction: _____

Date and place of discharge: _____

Education

<i>Insitution(s)</i>	<i>Year(s)</i>	<i>Degrees Earned</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clubs and Organizations: _____

Social Media

<i>Social Media Platform</i>	<i>Login</i>	<i>Password</i>
_____	_____	_____
_____	_____	_____

Digital Assets

Hardware: _____

Online Accounts: _____

Information or Data (photos, music, etc.): _____

Domain Names: _____

People to Contact

Name: _____ ***Phone number:*** _____

Address: _____ ***Relationship:*** _____

Name: _____ ***Phone number:*** _____

Address: _____ ***Relationship:*** _____

Name: _____ ***Phone number:*** _____

Address: _____ ***Relationship:*** _____

Name: _____ ***Phone number:*** _____

Address: _____ ***Relationship:*** _____



My Advisors

The people I sought for advice on important matters and their contact information.

	Name	Phone
Attorney:		
Accountant:		
Financial Advisor:		
Insurance Agent:		
Physician:		
Employer Benefits:		
Other:		



My Finances

Information about some of my financial dealings.

Banking

Checking Account(s):

Institution(s):

Savings Account(s):

Institution(s):

Investments

Investment Type:

Account or Certificate Number:

Investment Type:

Account or Certificate Number:

Investment Type:

Account or Certificate Number:

Investment Type:

Account or Certificate Number:

Credit Cards

Institution: _____

Account Number: _____

Institution: _____

Account Number: _____

Institution: _____

Account Number: _____

Loan

Institution: _____

Account Number: _____

Institution: _____

Account Number: _____

Real Estate

Owners: _____

Title Held as: _____

Purchase Price and Date: _____

Other Assets

Description: _____

Purchase Price and Date: _____

Location of Asset: _____

Insurance Coverages

Health: _____

Life: _____

Disability: _____

Critical Illness: _____

Property and Casualty: _____

Long-term Care: _____

My Important Documents

Location of the documents you may need to settle my affairs.

Safety Deposit Box Location: _____

Box Number _____ *Location of Keys:* _____

Will: _____

Living Will: _____

Medical Power of Attorney: _____

Financial Power of Attorney: _____

Trusts: _____

Social Security Card: _____

Military Records: _____

Insurance Cards: _____

Insurance Policies: _____

Pensions & Retirement Plans: _____

Income Tax Documents: _____

Stocks and Bonds: _____

Property Deeds or Mortgages: _____

Bank Records: _____

Automobile Titles: _____

Birth Certificate: _____

Marriage License: _____

Other: _____



My Memorial Service

Here are my wishes for my memorial service and final resting place.

Funeral Home: _____

Pre-arrangements:: ____YES ____NO

Type of Service: _____

Desired Location: _____

Religious Affiliation: _____

Clergyman or Officiant: _____

Phone Number: _____

Pallbearers: _____

Speacial Requests

Clothing: _____

Viewing: _____

Eulogy: _____

Music: _____

Prayers or Readings: _____

Flowers: _____

Donations: _____

Preferred Cemetery or Mausoleum: _____

Plot Purchased: ____YES ____NO

Location: _____

Headstone or Monument: _____

Inscription: _____

Special Request Instructions: _____

One Last Wish

This is what I would like my family and friends to remember about me.

My Early Life: _____

My Hopes and Dreams: _____

My Career: _____

My Hobbies and Interests: _____

My Travels: _____

My Favorite Places: _____

My Greatest Accomplishments: _____

My Fondest Memories: _____

My Family History: _____

Final Thoughts and Instructions

Here are a few more things I'd like for you to know.

[illegible]

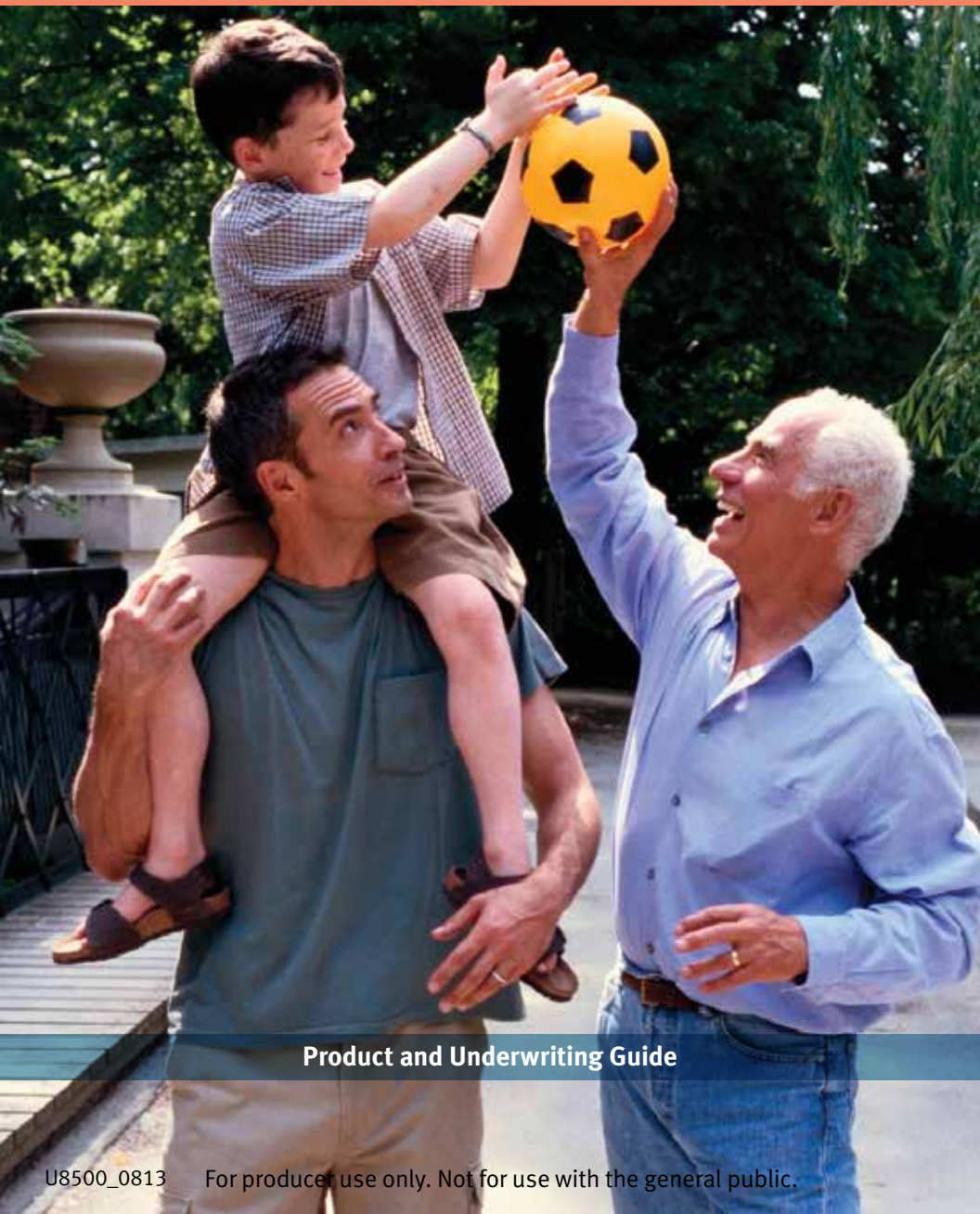


Courtesy of
MUTUAL OF OMAHA INSURANCE COMPANY

[Agent/Marketer Name]
[Agent/Marketer Phone Number]
[Agent/Marketer Email Address]

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 (in WA, \$25,000 – \$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* (not available in New York)

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, (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; in FL, or (c) certified by a physician that the insured is unable to perform (without substantial assistance from another person) at least two activities of daily living due to a chronic illness.

*Accelerated Death Benefit for Terminal Illness or Chronic Illness Rider in FL; Accelerated Death Benefit for Terminal Illness Rider in CT.

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 (in NY, 50-75)
- 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, NC or WA

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					

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

NOTE: In MT only, Unisex rates apply. The Male rates listed apply to Unisex rates in MT.

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

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

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		

Premium Modes (modal factors)

- Annual (1.00)
- Semiannual (.52)
- Quarterly (.275)
- Monthly BSP (.089)

Policy Fee

\$36.00 per year

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*.

Living Promise Build Chart

Height	Minimum Weight	Level Benefit Maximum Weight	Graded Benefit Maximum Weight
4 Feet			
8"	74	204	221
9"	77	209	225
10"	79	214	231
11"	82	220	237
5 Feet	85	226	244
1"	88	233	250
2"	91	239	257
3"	94	246	264
4"	97	252	270
5"	100	259	277
6"	103	268	285
7"	106	275	293
8"	109	283	300
9"	112	291	309
10"	115	300	316
11"	119	307	325
6 Feet	122	315	333
1"	126	322	340
2"	129	331	349
3"	133	339	358
4"	136	348	367
5"	140	357	376
6"	143	366	385
7"	147	375	394
8"	151	385	405
9"	154	395	415
10"	158	407	427

Combined Maximum Limits

Living Promise Level:

- No more than \$40,000 of Living Promise Level Benefit coverage
- No more than \$50,000 of all simplified issue coverage with United of Omaha

Living Promise Graded:

- No more than \$20,000 of Living Promise Graded Benefit coverage
- No more than \$25,000 of all graded benefit coverage with United of Omaha

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 may not be 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

NOTE: If your client answers yes to any of the health questions but you would like to explain further or you have additional information such as current medications and reason for use, you may include that information in the Optional Comments section of the application. Any additional information available will increase the speed of application processing.

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.

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.



UNITED OF OMAHA LIFE INSURANCE COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

COMPANION LIFE INSURANCE COMPANY

Home Office: Hauppauge, NY 11788-2934

mutualofomaha.com

800-775-6000

MUTUAL of OMAHA'S
WILD KINGDOM



OFFICIAL SPONSOR

Product base plan provisions, features and riders may not be available in all states and may vary by state.

Life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, 800-775-6000. United of Omaha is not licensed in New York and does not conduct business in New York. In New York, Companion Life Insurance Company, Hauppauge, NY 11788-2934, underwrites life insurance and is licensed in New York. These policies have limitations and exclusions. For costs and complete details of coverage, contact your insurance agent* or the company.

*In OR and WA: producer

“I want to leave my
grandkids an everlasting
legacy of **LOVE.**”

For a modest premium, you can help
create a financial foundation for kids and
grandkids. You can tell your grandkids not
to worry about college tuition. Or tell them
they'll have access to money in case of
emergencies. Help make a safe and secure
future for your kids and grandkids a reality
instead of just a dream.

You can leave an ever-lasting legacy of
love.



Life insurance underwritten by:
UNITED OF OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

Availability of products and features may vary
by state.

MUTUAL of OMAHA'S
WILD KINGDOM



UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL OF OMAHA COMPANY

What would you like
to pass along to your
grandkids?



PROTECTION | SAFETY | SECURITY | COLLEGE TUITION

LC6177_0112

Along with family recipes, coin collections and other keepsakes, how about help with peace of mind and security? Grandparents just like you want to leave financial legacies to help secure the futures of their kids and grandkids.

There are many financial options available to you, but have you considered life insurance? Not only can life insurance be affordable, but it can be versatile, too.

With the help of life insurance, you can:

- Provide death benefit protection for grandkids
- Provide grandkids with a safe and secure savings vehicle
- Ensure grandkids' insurability later in life
- Provide college tuition for grandkids

United of Omaha Life Insurance Company offers a variety of life insurance products with features designed to meet specific needs. Your insurance agent can explain how each product works and what you and your loved ones can expect.

Types of life insurance include:

Term Insurance

Pure protection defined by the length of time you elect to hold the policy. Term covers a specific time period and has no cash accumulation feature.

Permanent Insurance

Whole Life

Permanent life insurance that helps you meet unexpected expenses while protecting your assets for future needs. You can use the cash value accumulation feature to supplement your retirement income or as a loan source, while the death benefit can help provide for your children's or grandchildren's educations or trust funds.

Universal Life

Permanent life insurance that provides a guaranteed death benefit plus the opportunity to conservatively accumulate future wealth in a tax-advantaged way.



“We want to leave a legacy to our grandchildren and be remembered long after we’re gone.”



Living Promise Whole Life Insurance



PLAN HIGHLIGHTS

A Living Promise Whole Life Insurance policy from United of Omaha Life Insurance Company (United of Omaha) pays benefits directly to the person you choose. It can help take care of your final expenses, outstanding medical bills or debt that you may leave behind.

Did you know that funeral expenses today can cost more than \$11,700? The cost of a funeral may surprise you, but if you plan ahead, Living Promise can help reduce the burden of these costs on your family and help them focus on what is most important during a difficult time.

*Includes funeral and burial costs. National average according to the National Funeral Directors Association, 2013 and eFuneral.com, 2013. Most current available.

LEVEL BENEFIT PLAN FEATURES

- Issue Ages: 45-85
- Face Amounts: \$2,000 - \$40,000
- **Accelerated Death Benefit for Terminal Illness or Nursing Home Confinement (ICC12L084R):****
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 to a nursing home for the duration of the Insured's life.
- **Accelerated Death Benefit for Terminal Illness or Chronic Illness Rider in FL (D359LFL12R):**
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) certified by a physician that the Insured is unable to perform (without substantial assistance from another person) at least two activities of daily living due to a chronic illness.
- **Accelerated Death Benefit for Terminal Illness Rider in CT (D358LCT12R):**
Allows the owner a one-time election to receive the Accelerated Benefit if the insured is 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.

■ **Optional Accidental Death Benefit Rider (ICC12L082R):****

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. (additional premium required)

**May not be available in all states.

GRADED BENEFIT PLAN FEATURES

- Issue Ages: 45-80
- Face Amounts: \$2,000 - \$20,000
- 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

ADDITIONAL FEATURES

- No medical exam – coverage is based on your answers to a few simple health questions
- Premiums never increase
- Benefits never decrease
- Cannot be canceled for any reason as long as premiums are paid
- Builds cash value that you may borrow against
- Benefits paid to your beneficiary income tax free under current federal tax laws***

***Consult with a professional tax and/or legal advisor before taking any action that may have tax and legal consequences. (In MN, death benefit proceeds from a life insurance policy are generally not included in the gross income of the taxpayer/beneficiary (Internal Revenue Code Section 101(a)(1)). There are certain exceptions to this general rule including policies that were transferred for valuable consideration (IRC §101(a)(2)). This information should not be construed as tax or legal advice. Consult with your tax or legal professional for details and guidelines specific to your situation.)

MATURITY AGE

Age 100 (121 in FL)

At that age, the face amount will be paid less any outstanding policy loans and loan interest.

POLICY FEE

\$36 per year

POLICY EXCLUSION

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.

Whole Life Insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-775-6000. 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.

Level Benefit Policy Form: ICC12L080P or state equivalent. In FL, D354LFL12P.

Graded Benefit Policy: ICC12L081P or state equivalent. In FL, D355LFL12P.

Accidental Death Benefit Rider: ICC12L082R or state equivalent. In FL, D345LNA12R.

Accelerated Death Benefit for Terminal Illness or Nursing Home Confinement Rider: ICC12L084R or state equivalent. In FL, D359LFL12R.

This life insurance does not specifically cover funeral goods or services, and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance may use the proceeds for any purpose, unless otherwise directed.



UNITED OF OMAHA LIFE INSURANCE COMPANY
COMPANION LIFE INSURANCE COMPANY
 MUTUAL of OMAHA AFFILIATES

Whole Life Insurance underwritten by:

UNITED OF OMAHA LIFE INSURANCE COMPANY

Mutual of Omaha Plaza
 Omaha, NE 68175

COMPANION LIFE INSURANCE COMPANY

Home Office: Hauppauge, NY
 11788-2934

mutualofomaha.com
 1-800-775-6000

MUTUAL of OMAHA'S
WILD KINGDOM



OFFICIAL SPONSOR

Living Promise
 Whole Life Insurance



My granddaughter is **everything** to me. I would do anything to make her happy and keep her safe.

Maria is using **Living Promise Whole Life Insurance** to help protect her family from the strain of her final expenses. Now she can **relax...** because the planning is done.

This story portrays a situation our customers may have faced or could face. It does not represent an actual person.

This is a solicitation of insurance. A licensed agent may contact you.

Product base plans, provisions, features, and riders may not be available in all states and may vary by state.

Life insurance is underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, 800-775-6000. United of Omaha Life Insurance Company is not licensed in New York and does not conduct business in New York. In New York, Companion Life Insurance Company, Hauppauge, NY 11788-2934, underwrites life insurance and is licensed in New York. These policies have limitations and exclusions. For costs and complete details of coverage, contact your insurance agent* or the company. Each company is responsible for its own financial and contractual obligations.

This life insurance does not specifically cover the funeral goods or services, and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance may use the proceeds for any purposes, unless otherwise directed.

*In OR and WA: producer

Level Benefit Policy Form: ICC12L080P or state equivalent. In FL, D354LFL12P. In NY, 945Y-0612.

Graded Benefit Policy: ICC12L081P or state equivalent. In FL, D355LFL12P. In NY, 946Y-0612.

Accidental Death Benefit Rider: ICC12L082R or state equivalent. In FL, D345LNA12R. In NY, 947Y-0612.

Accelerated Death Benefit for Terminal Illness or Nursing Home Confinement: ICC12L084R or state equivalent. In FL, D359LFL12R.



Helping with your final expenses and more.

UC8166_0413



Living Promise is designed to help provide affordable protection that pays benefits directly to the person you choose to take care of your outstanding medical bills, unexpected expenses or debt that you may leave behind. Having a whole life insurance policy in place can be a very loving and considerate thing to do for your loved ones.

Living Promise Whole Life Insurance

Planning ahead is smart especially when loved ones are concerned. Living Promise Whole Life insurance is one way for you to help protect loved ones during a difficult time. Funds may be used for final expenses and other purposes. With two plans, varying face amounts and premium options available, you may be able to continue taking care of your loved ones.

Living Promise provides two plans:

1) Level benefit plan:

- For ages 45-85
- Face amounts from \$2,000 to \$40,000 (in WA, \$25,000 to \$40,000)
- Accelerated Death Benefit for Terminal Illness or Nursing Home Confinement
- Optional: Accidental Death Benefit Rider

2) Graded benefit plan:***

- For ages 45-80 (in NY, 50-75)
- Face amounts from \$2,000 to \$20,000
- 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 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.

Plus:

- We offer competitive premiums that fit many budgets
- Simplified underwriting. No medical exam – coverage is based on your answers to a few simple health questions.
- A great product with a strong brand and from a stable and secure company that you know

***not available in AR, MT, NC or WA

Additional Benefits**

Accelerated Death Benefit for Terminal Illness or Nursing Home Confinement (ICC12L084R)

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.

Accelerated Death Benefit for Terminal Illness or Chronic Illness Rider in FL (D359LFL12R): 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) certified by a physician that the insured is unable to perform (without substantial assistance from another person) at least two activities of daily living due to a chronic illness.

Accelerated Death Benefit for Terminal Illness Rider in CT (D358LCT12R):

Allows the owner a one-time election to receive the Accelerated Benefit if the insured is 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.

Optional: Accidental Death Benefit Rider (ICC12L082R)

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. (additional premium required)

Policy Exclusion

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 return all premiums paid, minus any loan.

**may not be available in all states.