



Annuity Consumer Profile Information

We appreciate your interest in purchasing an annuity from United of Omaha Life Insurance Company. United of Omaha and your licensed producer are required to ask you for information to help you determine if this product is suitable for you, in light of your investment goals and your current and anticipated future financial situation. If your producer has not already provided, you can contact United of Omaha for a free Annuity Buyer's Guide. Prior to purchasing an annuity it is important for you to have thought through your financial condition – now and what you expect in the future – as well as the goals you are pursuing in purchasing an annuity.

Product Name _____

Contract Owner/Annuitant

Name(s): _____

Phone Number: _____ Age Last Birthday: _____

Email: _____

Financial Information

Annual Household Income \$ _____

Estimated Net Worth (excluding primary residence, automobile(s) and furnishings) \$ _____

Are you able to meet debts or other obligations, and do you have sufficient sources of cash, other income, or liquid assets, other than the amount paid for this annuity, available for living expenses and emergencies?

Yes No

Federal Tax Bracket %

0 to 10% Greater than 10%

Source of Income
(Check all that apply)

Employment Retirement Plans Reverse Mortgage
 Investments/Savings Social Security Other _____

Insurance Product or Investment Experience
(Check all that apply)

Stocks Mutual Funds Certificate of Deposit Variable Annuities
 Bonds Life Insurance Fixed Annuities Variable Life Insurance

Risk Tolerance

Low Moderate High

Are you willing to accept the non-guaranteed elements in the annuity, if any?

Yes No

Source of Premium
(Check all that apply)

Stocks Reverse Mortgage Fixed Annuities *
 Bonds Checking/Savings Account Variable Annuities *
 Mutual Funds Certificate of Deposit Life Insurance *
 Other _____

*Is this a replacement of another annuity or life contract?

Yes No

If yes, what is the surrender charge(s) %, if any? _____%

Have you had another annuity exchange or replacement within the past 60 months?

Yes No

Do you have any existing policies or contracts previously sold by this producer?

Yes No

If you are a California resident, do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit?

Yes No

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

ONLY complete section(s) below if page 1 and/or 2 are not complete.

Why are you being given these forms? You are buying a financial product – an annuity.

To recommend a product that effectively meets your needs, objectives and situation, the agent, broker, or company has the responsibility to learn about you and needs information about you, your financial situation, insurance needs and financial objectives.

Consumer Refusal to Provide Information

NOTE: Complete ONLY if you choose NOT to complete all of the Annuity Consumer Profile Information.

Statement of Owner:

I **REFUSE** to provide this information at this time.

I have chosen to provide LIMITED information at this time.

By checking one of these boxes and signing it means you have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets your needs, objectives and situation. You may lose protections under the Insurance Code of this state if you sign this form or provide inaccurate information. **Do Not Sign Unless You Have Read and Understand this Information.**

X _____
Signature of Owner(s) Signed State Date

Consumer Decision to Purchase an Annuity NOT based on a Recommendation

NOTE: Complete ONLY if the Annuity was NOT recommended but you still want to purchase.

Statement of Owner:

I understand that I am buying an annuity, but the agent, broker or company did not recommend that I buy it. If I buy it without a recommendation, I understand I may lose protections under the Insurance Code of this state. By checking this box and signing it means I know that I'm buying an annuity that was not recommended. **Do Not Sign Unless You Have Read and Understand this Information.**

X _____
Signature of Owner(s) Signed State Date

X _____
Signature of Licensed Producer Date



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