A MUTUAL of Omaha Company

Annuity Suitability Information and Buyer's Guide Certification

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. 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	Name(s):			
Owner/Annuitant			Age Last Birthday:	
	Marital Status: 🗌 Married 🔲 Single 🗌 Widowed 🔲 Divorced			
	Occupation:			
Financial	Appual Household Inc.	e contra		
Information				
mormation	<pre>\$</pre>			
	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? \Box Yes \Box No			
	Federal Tax Bracket %			
	\Box 0 to 10% \Box Greater than 10%			
Source of Income	□		Retirement Plans	
(Check all that apply)	Employment	_		
(Oneek un that appiy)	 Investments/Saving Other 		Social Security	
Insurance Product	Stocks		Certificate of Deposit	
or Investment	□ Bonds		Fixed Annuities	
Experience (Check all that apply)	☐ Mutual Funds		☐ Variable Annuities	
	Life Insurance		□ Variable Life Insurance	
Source of Premium	□ Stocks		□ Checking/Savings Account	
(Check all that apply)	□ Bonds		Certificate of Deposit	
	☐ Mutual Funds		☐ Fixed Annuities *	
	Reverse Mortgage		□ Variable Annuities *	
	Other		Life Insurance *	
	* Is this a replacement of another annuity or life contract?			
	Yes	No		
	If yes, what is the surren	nder charge(s) %,	if any?%	

Submit to Home Office, Licensed Producer to Retain Copy

Goals for this	☐ Future Income	Education Planning	
Annuity Product	Immediate Income	Liquidity	
(Check all that apply)	U Wealth Accumulation	Charity/Inheritance	
	Tax Deferral	Preservation of Capital	
	Other	-	
Product Time	When do you expect to start needing income from this annuity product?		
Horizon	1 Year or Less	7-9 Years	
	1-3 Years	10 Years or More	
	4-6 Years	Never (money is for charity/inheritance)	
	How do you expect to withdraw funds from this annuity product?		
	Interest Only	Specific Dollar Amount	
	Penalty Free Withdraw		
	Annuitization	(Tax Qualified Plan only)	
	Other		
Future Income	Do you anticipate any change in your financial situation in the next several years, such as:		
Needs	• Health care	• Change in employment status/occupation	
	• Housing	• An income stream that will cease	
	• Change in pension		
	Yes [No	
	If yes, please explain, to the extent possible (e.g. when you expect the changes to occur, and the amount of each change)		

NOTE: YOUR CONTRACT CANNOT BE ISSUED WITHOUT YOUR SIGNATURE BELOW.

Owner's Confirmation

I acknowledge receipt of the *Buyer's Guide to Annuities* and that the information I have provided above is true and complete to the best of my knowledge. I understand that United of Omaha and my licensed producer can only assist me in determining the suitability of this product based upon the information that I actually provide to them. I have reviewed the Annuity Disclosure and have determined that the product meets my goals and financial objectives and is suitable for me. I further acknowledge that the product I am applying for may carry penalties for early withdrawal of funds.

X	
Signature of Owner(s)	Date

Licensed Producer's Confirmation

I acknowledge that I have provided the Owner the *Buyer's Guide to Annuities* and obtained the above information from the Owner concerning the Owner's financial status, tax status, investment objectives, and other information considered reasonable. It is my belief that, based on the information the Owner provided and based on all the circumstances known to me at the time the recommendation was made, the annuity being applied for, based on my recommendation, is suitable for the Owner's insurance needs and/or financial objectives.

X

Signature of Licensed Producer