Life Insurance
Policy Loan, Withdrawal, Surrender or Nonforfeiture Request

Mail To:
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175-3206
ATTN: Individual Policy Services

Policy Number _____

Reply To:

☐ Policyowner
☐ Field Office _____
Name

Insured Information

Name_____
Address*_____
City/St./ZIP_____
Phone No. (____)_____
Birth Date _____
Social Security No. (Required) ____–____–____

Owner Information

Name_____
Address*_____
City/St./ZIP_____
Phone No. (____)_____
Birth Date _____
Social Security No. (Required) ____–____–____

*Is this a new mailing address? ☐ Yes ☐ No

Complete One Section Only

Subject to the Loan Provisions of the policy, place a policy loan (complete one box only):

1. ☐ For the largest amount available.

☐ For $_____(In addition to my present loan, if any).

☐ To provide a check for $_____.

Interest and any past due premiums are deducted from all loans.

☐ To pay premium due.

The owner of the policy assigns the policy to the company and acknowledges that any loan on a policy is a first lien and shall be deducted from any benefits or nonforfeiture values. The owner declares that there are no proceedings in bankruptcy against him or her and that his or her property is not subject to assignment for the benefit of creditors.

☐ Put loan proceeds back into policy number _____ as premium.

**Complete this section if INDEXED PRODUCTS only

☐ Standard Loan ☐ Index Loan ☐ Loan Type Change

According to the nonforfeiture clause of the policy (complete one box only):

2. ☐ Apply the value of my policy to provide **Extended Term Insurance**. (Extended Term Insurance is a policy provision which continues your basic coverage until your cash value is exhausted, with no further premium payments required.)

3. ☐ Apply the value of my policy to provide **Reduced Paid-up Insurance**. (Reduced Paid-up Insurance is a policy provision which uses your cash value to purchase a reduced death benefit, with no further premium payments required.)

Subject to the partial withdrawal and surrender for cash provisions of the policy (complete one box only):

4. ☐ Withdrawal $_____from the cash value.

5. ☐ Pay all of the value in my policy to me in *cash* and terminate the insurance for which I **surrender** the policy.

Please read the Tax Summary section on next page**. Note:** If you have a foreign address, a Form W-9 or form W-8BEN is required to complete this request.

Tax Summary

Federal tax laws impose withholding requirements with respect to life insurance withdrawals, surrenders, assignments and policy loans which are considered taxable distributions.

Federal Income Tax will be withheld at a flat 10% rate from all taxable distributions unless you elect to have no tax withheld. You can elect to have no income tax withheld by checking the election box below or attaching IRS Form W-4P to this form. You do not have to give a reason for your election.

Furnish your taxpayer identification number whether or not you elect income tax withholding. The taxpayer identification number for most individuals is his or her Social Security Number. **Note:** Failure to provide the correct taxpayer identification number will result in our withholding the tax required by law, even if you elect no withholding.

If a U.S. person resides in a foreign country, a Form W-9 must be completed in addition to this request.

If a non-U.S. person (whether an individual or a foreign entity) will receive income, they are subject to U.S. tax and must provide the Form W-8BEN directly to United of Omaha Life Insurance Company. This form is used to establish that he/she is not a U.S. person and to claim that they are the beneficial owner of the income. Form W-8BEN must be signed and dated by the beneficial owner of the income, or, by an authorized representative as evidenced by duly completed Power of Attorney (The IRS Form 2848, Power of Attorney, may be used for this purpose).

Caution — You are required to include any taxable distributions on your Federal Income Tax return and possibly on your State Income Tax return if required by your state of residence. If you elect to have no tax withholding from your taxable distribution, or if you do not have enough Federal Income Tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient for the tax year.

Notice About Modified Endowment Contracts

The Technical and Miscellaneous Revenue Act of 1988 (TAMRA) created a new class of life insurance policies. This new class of policies is called modified endowment contracts. Generally, a life insurance policy is a modified endowment contract if the policy is purchased with a single premium or if premium payments exceed the limits prescribed by this law. If the policy is or becomes a modified endowment contract, policy loans, withdrawals, assignments and surrenders will be taxed as income to the extent that there is gain in the contract. There is gain in the contract if your cash value exceed s your investment in the policy (generally the premiums paid). In addition, you must pay a 10% tax penalty on the taxable portion of any policy loan, withdrawal, assignment or surrender made by you before age 59½.

Important

The above "tax summary" merely summarizes the sum of the internal revenue code rules which govern the taxation of certain distributions (policy loans, withdrawals, assignments and surrenders). You should consult your tax advisor prior to making a distribution from your life insurance policy.

Community Property States

The following are community property states and require a spouse's signature to process your chosen service request: California, Washington, Arizona, Nevada, New Mexico, Idaho, Wisconsin, Texas and Louisiana.

Withholding Election

Some withdrawals, surrenders, assignments and policy loans from life insurance policies are considered taxable distributions. United of Omaha is now required to withhold income tax from all taxable distributions unless you specifically elect not to have these withholding rules apply. Read the reverse side of this form carefully before completing the following election. **If the election box below is not checked, withholding will be made as described on the reverse side of this form.** State withholding may apply and is determined by your state of residence.

☐ I elect to have no Federal/State (if applicable) Income Tax withheld from my taxable distribution.

I understand this election will remain in effect until revoked by me and that I may revoke it at any time.

Signature Requirements:

Signature of Owner(s) _____ Date _____

Signature of Assignee (if any) _____

Signature of Party-In-Interest (If Resident of a Community Property State Listed Above) _____

Signature of Irrevocable Beneficiary (if any) _____

If the owner is a corporation, this form must be accompanied by a certified copy of the board resolution authorizing the executing officer to sign this form on behalf of the corporation.

MUTUAL OF OMAHA
PRIVACY NOTICE - PERSONAL INFORMATION

This is the Privacy Notice of Mutual of Omaha Insurance Company and certain of its affiliates listed as follows (collectively, "Mutual of Omaha", "us", "our", or "we"):

- Companion Life Insurance Company
- Medicare Advantage Insurance Company of Omaha
- Mutual of Omaha Investor Services, Inc.
- Mutual of Omaha Marketing Corporation
- Mutual of Omaha Medicare Advantage Company
- Mutual of Omaha Structured Settlement Company
- Omaha Health Insurance Company
- Omaha Insurance Company
- Omaha Supplemental Insurance Company
- United of Omaha Life Insurance Company
- United World Life Insurance Company

This Notice applies to our current as well as former customers.

Why You Are Receiving This Notice

This Notice describes the **Personal Information** we collect, and how we use and protect it. Personal Information means information such as name, address, Social Security number, income, employment and similar information.

If you have a policy that is covered by the HIPAA Privacy regulations, you received a privacy notice that relates to the privacy of your protected health information. To obtain an additional copy of the privacy notice related to your protected health information you can go to our website:

https://www.mutualofomaha.com/legal-services/privacy-notices-and-forms

or you can contact us at:

Mutual of Omaha
Attn: Privacy Office
3300 Mutual of Omaha Plaza
Omaha, NE 68175-1029

Information We Collect

We may collect Personal Information about you from:

- Applications or other forms we receive from you
- Your transactions with us, such as your payment history
- Your transactions with other companies
- Other sources (such as motor vehicle reports, government agencies and medical information bureaus)
- Consumer-reporting agencies

How We Protect Your Information

We restrict access to your Personal Information. It is given only to employees of Mutual of Omaha companies and others who need to know the information to provide our insurance or financial services to you. We maintain physical, technical and administrative safeguards to protect your Personal Information in compliance with federal and state law.

Sharing Within Mutual of Omaha

Your Personal Information

We may share your Personal Information among Mutual of Omaha and with our banking affiliates. We may also share information about your transactions, such as your payment history.

We do not share your medical information, except to the extent we are required or permitted under federal and state law.

(Continued on reverse side)

Your Creditworthiness Information

We may also share certain information about your creditworthiness among Mutual of Omaha and with our banking and other affiliates. It also lets us better match our products and services with your needs. Creditworthiness includes:

- Your marital status
- Your income
- Your employment history
- Your credit history

Sharing With Third Parties

We may share your Personal Information with third parties outside Mutual of Omaha. For example:

- With our agents and brokers
- To respond to a judicial process or government regulatory authority
- To process an insurance transaction that you request
- To service your policy or account, such as paying a claim
- To allow third parties to perform insurance or other functions on our behalf
- To other financial institutions with whom we have joint marketing agreements

We do not share your medical information, except to the extent we are required or permitted under federal and state law.

Important Privacy Choices

You may tell us:

1. To not share your Personal Information with third parties outside the Mutual of Omaha companies except as required or permitted by law, and

2. To not share information about your creditworthiness among Mutual of Omaha or with our banking or other affiliates.

Just call us toll free at:

1-800-522-6912

When you call, please be prepared to provide your policy or account number.

Your request will apply to all the products you have with Mutual of Omaha. If there is more than one owner of any insurance product or service, any one of you may request that we not share Personal Information as described in this Privacy Notice on behalf of yourself and the other owners.

We will honor your request for as long as you are our customer and for as long as we keep information about you.

If you have already told us to not share your information, it is not necessary to tell us again each time you receive a Privacy Notice. Your request will remain on file with us until you ask for a change.