UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY

BENEFICIARY CHANGE REQUEST

CONTRACT NO.: GOODART REFERENCE NO.: _____

INSTRUCTIONS FOR COMPLETING THIS FORM

- Please complete both sides of this enclosure if applicable.
- If the signature is missing from the backside of this form, this form is invalid.
- If mistakes are made, please cross a line through the item. Initial and date.
- If more space is required, please attach additional page(s).
- Please use complete legal names. Example: Mary J. Smith. Do not use Mrs. John H. Smith
- Contact our Customer Service Representatives: Toll-Free: (800) 843-2455 Fax No.: (402) 997-1900
- Please return this form to: 10-RPD Structured Settlements, Mutual of Omaha Plaza, Omaha, NE 68175

PAYEE INFORMATION – (PLEASE PRINT)

Full Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Soc. Sec. No.: _____
(Date) Ex. (999-99-9999)

DESIGNATION OF BENEFICIARY(IES) – (PLEASE PRINT)

- If more than one beneficiary is designated, please indicate the percentage (%) each beneficiary is to receive. **The total percentage for all beneficiaries should equal 100%.**
- I am/will be receiving periodic payments from a Structured Settlement Annuity under the above Contract Number. I hereby request a change of beneficiary as allowed under the terms of the Settlement Agreement. I designate as follows:

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (ZIP)

Relationship: _____ Date of Birth: _____
(Date)

Soc. Sec. No.: _____ Share %: _____
Ex. (999-99-9999) Ex. 50%

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State) (ZIP)

Relationship: _____ Date of Birth: _____
(Date)

Soc. Sec. No.: _____ Share %: _____
Ex. (999-99-9999) Ex. 50%

Name: _____ (First) (Middle) (Last)

Address: _____ (Street) (City) (State) (ZIP)

Relationship: _____ Date of Birth: _____ (Date)

Soc. Sec. No.: _____ Ex. (999-99-9999) Share %: _____ Ex. 50%

Name: _____ (First) (Middle) (Last)

Address: _____ (Street) (City) (State) (ZIP)

Relationship: _____ Date of Birth: _____ (Date)

Soc. Sec. No.: _____ Ex. (999-99-9999) Share %: _____ Ex. 50%

Name: _____ (First) (Middle) (Last)

Address: _____ (Street) (City) (State) (ZIP)

Relationship: _____ Date of Birth: _____ (Date)

Soc. Sec. No.: _____ Ex. (999-99-9999) Share %: _____ Ex. 50%

NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the Company. Penalties may include imprisonment, fines and denial of annuity benefits.

I verify that the above information is complete and accurate. I understand that by making this beneficiary designation, I am revoking any and all prior beneficiary designations made by me. All beneficiary change requests must be approved by the owner of the contract. Approval is subject to the terms of the Settlement Agreement. This form is included in the event your Settlement Agreement allows for a change in named beneficiary.

SIGNATURE INFORMATION – (PLEASE PRINT AND SIGN)

X _____ X _____ _____

Payee's Name Payee's Signature Date