

Underwritten by
United of Omaha Life Insurance Company
Mutual of Omaha Insurance Company
Mutual of Omaha Affiliates

3300 Mutual of Omaha Plaza Omaha, NE 68175-0001 Toll Free (800) 877-5176 Fax (402) 997-1865

## **Designation of Beneficiary Form**

Employer/Group Section	(To be completed by the	employer/plan a	dministrator. Req	uired fields are marked with a	n asterisk(*).)			
*Employer/Group Name:	Group ID:							
Employee/Member Secti	on (Please print clearly. F	Required fields ar	e marked with a	n asterisk(*).)				
*Last Name:			*First Name:		MI:			
*Social Security Number:	*Birth Date (MM/DD/YYYY):		*G	ender:	*Marital Status:			
*Street Address:			Email Addı	Email Address:				
*City:	*State:		*ZIP Cod	e: Telephone: (	( )			
Beneficiary for Death Ber	nefits (Right to change be	eneficiary is rese	rved to the insure	ed.)				
Subject to the terms of the growing per request that the following ben of any and all beneficiaries prought more than one beneficiary is percentages, the percentages provided, if any beneficiary desurvived me shall be payable of beneficiary shall be determine	neficiary (beneficiaries) beviously named by me.  Is named, the beneficiaries  In must total 100% for Prints  In signated below predeces  In signated below predeces  In signated below predeces  In signated below predeces	e substituted un s shall share ber nary Beneficiarie ases me, the sha designated bene	der said contrac nefits equally un as and 100% for re which such b aficiary or benefi	t(s) as my designated benef less otherwise stated below. Secondary Beneficiaries. Unleneficiary would have receive	iciary (beneficiari If indicating bene less otherwise ex ed if such benefic	es), in lieu efit pressly iary had		
•		oup contract(3).						
Primary Beneficiary Design	gnation-basic Life		Date of			Benefit		
Last Name	First Name	Relationship to Insured	Birth (MM/DD/YYYY)	Address of Benef (Address, City, Sta		Percentage (%)		
Percentage Total: Secondary Beneficiary Designation-Basic Life								
Secondary beneficiary De	Signation-basic Life		Date of			Benefit		
Last Name	First Name	Relationship to Insured	Birth (MM/DD/YYYY)	Address of Benef (Address, City, Sta	iciary te, ZIP)	Percentage (%)		
		1		F	Percentage Total:	100%		

Primary Beneficiary Desig	gnation-Voluntary Life				
Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, ZIP)	Benefit Percentag (%)
				Percentage Total:	100%
Secondary Benficiary Des	signation-Voluntary Lif	fe .			
Last Name	First Name	Relationship to Insured	Date of Birth (MM/DD/YYYY)	Address of Beneficiary (Address, City, State, ZIP)	Benefit Percentag (%)
				Percentage Total:	100%
Agreement and Signature					
company affiliated with Mu	itual of Omaha, unless	l make a separa	ate designation	tracts issued to me by Mutual of Omaha on for each coverage, either on or after the contract(such and provided in the group co	late of this
By signing below, I acknow Designation of Beneficiary				of this form as noted above; and (b) this	
Signature of Employee/Member Date					