

# Asset Allocation Form

United of Omaha Life Insurance Company  
Mutual of Omaha Plaza  
Omaha, Nebraska 68175

Mail To: Variable Product Service  
P.O. Box 2291  
Omaha, Nebraska 68103-2291



- ☐ Variable Life Premium Allocation  
☐ Variable Annuity Purchase Payment Allocation

Registered Representative Use Only: (check only one) ☐ A ☐ B ☐ C ☐ D

## 1 Owner Information

Name \_\_\_\_\_ Social Security Number or Taxpayer ID No. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone No. \_\_\_\_\_

Complete 2, 3 or 4 as applicable and sign form

## 2 Allocation of Premiums or Purchase Payments

Select your investment portfolio by allocating your premium or purchase payment among the subaccounts in section a below, or by choosing a Model Portfolio in section c below (**allocation percentages must be in whole percentages and total must equal 100%**). Unless otherwise specified, additional premiums or purchase payments will be allocated according to this election.

### a Allocate my premiums or purchase payments as follows:

Fixed Account*	_____ %	Pioneer Fund VCT	_____ %
Systematic Transfer Account (STEP)*	_____ %	Pioneer Growth Shares VCT	_____ %
(complete section b)	_____ %	Pioneer Mid-Cap Value VCT	_____ %
Alger American Growth	_____ %	Pioneer Real Estate Growth VCT	_____ %
Alger American Small Capitalization	_____ %	Scudder VIT EAFE Equity Index Fund	_____ %
Federated Fund for U.S. Gov't Sec. II	_____ %	Scudder VIT Small Cap Equity Index Fund	_____ %
Federated Prime Money Fund II	_____ %	Scudder VS1 Global Discovery	_____ %
Fidelity VIP Equity Income	_____ %	Scudder VS1 Growth and Income	_____ %
Fidelity VIP II Asset Manager Growth	_____ %	Scudder VS1 International	_____ %
Fidelity VIP II Contrafund	_____ %	T. Rowe Price Equity Income	_____ %
Fidelity VIP II Index 500	_____ %	T. Rowe Price International Stock	_____ %
MFS Capital Opportunities Series	_____ %	T. Rowe Price Limited Term Bond	_____ %
MFS Emerging Growth Series	_____ %	T. Rowe Price New America Growth	_____ %
MFS High Income Series	_____ %	T. Rowe Price Personal Strategy Balanced	_____ %
MFS Research Series	_____ %	Van Kampen Emerging Markets Equity	_____ %
MFS Strategic Income Series	_____ %	Van Kampen Fixed Income	_____ %
Pioneer Equity Income VCT	_____ %	<b>Total:</b>	_____ %

\*Not available in Puerto Rico for Life products.

### b Systematic Transfer Enrollment Program (STEP)

You may elect to participate in **only one** of the Systematic Transfer Enrollment Programs only at the time of application. Under this program we will automatically transfer a predetermined dollar amount for the Systematic Transfer Account to your choice of subaccounts once each month, until the value of the Systematic Transfer Account equals zero. The minimum amount that may be allocated to the Systematic Transfer Account is \$5,000. Subaccount selection shown below also determines allocations for future premium or purchase payments.

(Check Only One)

#### Variable Annuity

- ☐ 4 Month Option  
☐ 12 Month Option

#### Variable Life

- ☐ 12 Month Option

From: \_\_\_\_\_ Systematic Transfer Account \$ \_\_\_\_\_  
To: \_\_\_\_\_ %  
(List subaccounts or indicate which model portfolio)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ %

Transfer Date for Variable Annuity: \_\_\_\_\_ If no date is selected, this program will begin on the month anniversary following the end of the policy free look period.

Transfer Date for Variable Life products is the Monthly Deduction Date.

- c Allocate my premiums or purchase payments to one of the following model portfolios (If your entire premium or purchase payment is allocated to a model, account rebalancing will automatically be done on an annual basis unless you elect quarterly or semiannually in section d. If you do not wish for your account to be rebalanced, then please select your desired allocation percentages in section a):
- ☐ Equity Maximizer (Aggressive) ☐ Portfolio Protector (Moderately Conservative)
- ☐ Capital Accumulator (Moderately Aggressive) ☐ Principal Conserver (Conservative)
- ☐ Income Builder (Moderate)
- d Rebalance my portfolio as indicated in a, b or c: ☐ Yes ☐ No If yes, check how often you would like your portfolio rebalanced:
- ☐ Quarterly ☐ Semiannually ☐ Annually

### 3 Transfer Authorization

#### Policyowner Telephone Transfer Authorization

I authorize United of Omaha to act on telephone instructions from any owner to transfer account values among subaccounts, subject to the conditions of the prospectus. Neither United of Omaha nor any person authorized by it will be responsible for any claim, loss, liability or expense in connection with a telephone transfer if United of Omaha or such person acted on telephone transfer instructions in good faith in reliance on this authorization.

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

#### Transfer Authorization (Only Available For Broker Use)

I authorize, under a Limited Power of Attorney, the broker that signs this Purchase Payment Allocation form to effect exchanges among my subaccounts, without the requirement of any further authorization or instructions. I understand that this authorization shall continue to be effective until a written, signed revocation is received by United of Omaha. Neither United of Omaha nor any person authorized by it will be responsible for any claim, loss, liability or expense in connection with action taken in good faith honoring this Limited Power of Attorney appointment and authorization.

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

#### Telephone Instruction Authorization (Only Available For Mutual of Omaha Investor Services (MOIS) Agents Use)

I authorize my assigned MOIS registered representative to effect exchanges among my subaccounts, based upon my specific authorization or instructions. This authorization shall be made on an individual basis for each action and may be communicated by telephone to United of Omaha. Neither United of Omaha nor any person authorized by it will be responsible for any claim, loss, liability or expense in connection with action taken in good faith honoring this authorization.

Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

### 4 Agreement

- ☐ I agree that in the future, United of Omaha Life Insurance Company may deliver all annual updates, semiannual report information, confirmation statements, proxy statements, all future prospectus updates and other documents related to my policy, by electronic media. I understand that the information may be accessed through electronic mail or made accessible on an internet web site. I further understand that United of Omaha will not charge for any of these methods, however, I may incur expenses associated with this activity from my internet service provider. United of Omaha cautions that you may be unable to access an internet web site under certain "high traffic" conditions. You should not consent to electronic delivery unless you have the ability to access the information using each of these methods. Please indicate your consent to receiving our updates electronically by "marking" the box above and returning this notification to United of Omaha. This consent will be in effect until you revoke it, which can be done at any time by written request to United of Omaha, Variable Product Service, P.O. Box 8430, Omaha, NE 68103-0430. Revocation of consent must be received 30 days prior to the delivery date of the information. If you consent to delivery by electronic media, you may also request a paper copy at any time.

### 5 Signature Authorization

**I UNDERSTAND THAT ANY BENEFITS, VALUES OR PAYMENTS BASED ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT MAY VARY AND ARE NOT GUARANTEED BY THE U.S. GOVERNMENT OR ANY STATE GOVERNMENT AND ARE NOT FEDERALLY INSURED BY THE FEDERAL DEPOSIT INSURANCE CORPORATION (FDIC), THE FEDERAL RESERVE BOARD OR ANY OTHER FEDERAL OR STATE AGENCY. I UNDERSTAND THAT I BEAR ALL INVESTMENT RISK EXCEPT FOR AMOUNTS ALLOCATED TO UNITED OF OMAHA'S FIXED ACCOUNT. I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A CURRENT VARIABLE ANNUITY PROSPECTUS.**

Agent/Broker Signature \_\_\_\_\_

Policyowner Signature \_\_\_\_\_

Agent/Broker Name Printed \_\_\_\_\_

Policyowner Name Printed \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Joint Owner Signature (if applicable) \_\_\_\_\_

Joint Owner Name Printed \_\_\_\_\_