

**MUTUAL AND UNITED OF OMAHA
TRANSFER REQUEST FORM**

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| <p><i>Product Category (Please Check All That Apply):</i></p> <p>Mutual of Omaha Long Term Care <input type="checkbox"/></p> <p>United of Omaha Long Term Care <input type="checkbox"/></p> <p>Term Life Express, Term Life Complete or Mortgage Term <input type="checkbox"/></p> <p>SPDA/LTC - Living Care® Annuity <input type="checkbox"/></p> <p>Medicare Supplement <input type="checkbox"/></p> <p>Critical Illness and Disability <input type="checkbox"/></p> | <p>For Internal Use Only</p> |
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Signature of Party Requesting Hierarchy Transfer:

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|--|-------------------|
| Contracted Party's Name (please print) | Production Number |
| Signature | TIN or SSN |
| Signature | Date |

Current MGA Signature Acknowledging Transfer (if required):

| | |
|------------------------|-------------------|
| Entity Name | Production Number |
| MGA's Signature | Date |
| Printed Name of Signor | |