



Davila Buschhorn
& Associates, P.C.

IRPD OCT 15 2004

October 8, 2004

United of Omaha Life Insurance Co.
Attn: Customer Service Division (CSD)
Mutual of Omaha Plaza
Omaha, NE 68175

RE: Ms. Maurine P. Hamilton Annuities

Attached is the Annuity withdrawal form for Ms. Hamilton's qualified and non-qualified annuities. Ms. Hamilton is requesting that any and all surrender charges be waived in the contract(s) due to breach of fiduciary responsibility by the agent, Mr. Brian Dudley, and your company.

Some, but not all, of the malicious behavior by the agent and your company can be summarized as follows:

- Promoting only annuities for a client who is elderly (83 years old).
- Promoting only annuities for a former client, Mr. Alfred Hamilton, who died in April of 2004 (89 years old).
- The agent borrowed an estimated \$15,000 from Ms. Hamilton. These loans were never adequately documented nor repaid in full. Our best efforts indicate that Mr. Dudley still owes her approximately \$11,000. Most of the repayments were small cash amounts (\$50-100).
- Upon pressured for repayment, Mr. Dudley filed for personal bankruptcy.
- Coming to Ms. Hamilton's house at odd hours, when no one other than Ms. Hamilton was home. Ms. Hamilton's daughter, Sylvia Hamilton, had tried numerous times to discuss her mother's financial affairs with the agent to no avail. At times her daughter was scared to leave the house in fear that Mr. Dudley would pay her mother a visit.
- The agent misrepresented the annuities as something safe without mention of the surrender charges.
- Pressuring the clients, Mr. & Mrs. Hamilton, to buy numerous annuities with the same company.
- Visiting the home of Ms. Hamilton within 24 hours of Mr. Hamilton's death on April 8, 2004 requesting that she buy yet still more insurance based products.
- Mr. Dudley once came to the house demanding money from both Sylvia and Maurine to help fix his auto.
- Mr. Dudley pressured Ms. Hamilton to sell a rent house and with the net proceeds buy yet another annuity (approximately \$70,000) with your company.
- Ms. Hamilton was pressured into buying a \$90,000 annuity, however, she was able to cancel this contract and receive her \$90,000 back after some 90 days later.

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- The agent pressured Ms. Hamilton to sign blank insurance/annuity forms.
- Never questioning the validity of an elderly couple having numerous annuities with the same company.
- Finally, the agent was terminated as an agent of your company in the summer of 2004.

In summary, Ms. Hamilton is requesting her annuities be surrendered without penalty as soon as possible. If this request is delayed and/or denied she reserves the right to file a formal complaint against the agent and United of Omaha with the Texas State Board of Insurance.

Additionally, Ms. Hamilton is NOT canceling her life insurance contracts with your company. Those policies that should remain in force are UA7714948 and UA8473131.

If you have any questions you can notify my CPA, Daniel Davila III at (512) 258-6637 and/or my daughter Sylvia L. Hamilton at (512) 834-4309. A Power of Attorney for my daughter is attached.

Sincerely,

Maurine P. Hamilton

Maurine P. Hamilton

Daniel Davila III

Daniel Davila III, MPA, CPA • PFS

Sylvia L. Hamilton

Sylvia L. Hamilton

Annuity Withdrawal or Surrender Request Fixed Annuities: IRA, SEP and Non-Qualified



UNITED of
OMAHA

Mail To:

United of Omaha Life Insurance Company
Attn: Customer Service Division (CSD)
Mutual of Omaha Plaza
Omaha, NE 68175

Contract Number(s): LD1126221, LA7728306,
LA7728312, LA7762551,
LA7728307, LA8441079

Annuity Owner Information

Name: MAURINE P. HAMILTON
Address*: 9008 EAST DR.
City/ST/ZIP: AUSTIN, TX, 78753-5112
Joint Owner (if applicable): _____

Phone Number: (512) 834-4309
Birth Date: 10 / 02 / 1921
SSN/TIN: 459 - 20 - 2593
(Required)

Withdrawal Information (Select an option)

(1) Partial: Withdrawal Amount \$ _____
 Check Amount \$ _____

(2) Full: Surrender the annuity contract for the cash
surrender value and terminate my annuity
contract

Mail check to: Current address of record _____

Alternate Address/Payee:

(3) Systematic Withdrawals: (Bonus Flexible Annuity (BFA) only, Minimum Payment \$100.00)

Interest Only Fixed Amount \$ _____

Required Minimum Distribution (IRAs)

Payment Frequency: Monthly Quarterly

Semiannually Annually

Date of Withdrawal (1st thru 28th): _____

Mode of Distribution: Check Direct Deposit to Checking Direct Deposit to Savings

If you have selected to have your systematic withdrawals (option 3) deposited directly to your checking or savings account, please allow up to four business days from your payment date to complete the transaction. United of Omaha Life Insurance Company is not responsible for any bank charges or other costs resulting from this arrangement. For direct deposit to checking accounts, **please attach a voided check** or, for direct deposits to a savings account, please provide the following information:

Bank Name & Phone No.: _____

Bank 9 Digit ABA/Routing Number: _____

Account Number: _____

NOTE: A surrender charge or early withdrawal penalty may apply to this withdrawal. In addition, your annuity interest rate is credited on a daily basis to provide an annual yield. If you choose to withdraw your accumulated interest on a systematic basis, the effect of compounding will be lost, resulting in a lower effective annual yield.

IRAs and SEPs

Please indicate a reason for withdrawal:

- Normal distribution (age 59½ or older)
- Early distribution (under age 59½)
- Other, please explain: _____
- Required Minimum Distribution (RMD)
- Disability, as defined by the Internal Revenue Code

Tax Withholding Notice

The Internal Revenue Code provides several complex rules relating to the taxation of distributions from annuities. If you are under age 59½ and receive a distribution from an annuity (qualified or non-qualified), you may be responsible for a 10% penalty tax from the IRS. However, the IRS provides exceptions to this rule. In addition, failure to provide a correct taxpayer identification number will disqualify your withholding election and require us to withhold the tax amount required by law. Due to the important tax consequences of annuity distributions, please consult with a professional tax advisor.

(1) Federal Income Tax Withholding. Single sum payments or other non-periodic payments are subject to federal income tax withholding, unless you elect not to have withholding apply. Please indicate your option below. If you do not complete the following elections, United of Omaha will withhold federal income tax equal to 10% of your taxable distribution (for non-qualified annuities) or 10% of your actual distribution (for IRAs). Even if you elect no withholding, you are still responsible for any federal income tax and any estimated tax penalties that may be due when you file your federal income tax return.

- Do not withhold any federal income taxes from my payment(s).
- Withhold federal income tax from my payment(s) at a rate of _____ %. (Not less than 10%)

(2) State Income Tax Withholding. State Income Tax withholding is mandatory in some states; others allow an independent election. State laws that require or permit withholding may change from time to time. State income tax will be withheld (if applicable), unless you elect otherwise by checking the following box:

- Do not withhold any state income tax, if an independent election is permitted.

Annuity Owner Signature

I certify that all of the information that I have provided is true, accurate and complete. I have read and understand the information on this form and will assume full responsibility for all tax consequences or penalties which may apply as a result of this transaction.

Annuity owner's signature: Murray R. Hamilton Date: 10/8/04

Joint owner's signature (if applicable): _____ Date: _____

NOTE: 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.

Spousal Signature: _____ Date: _____ If no spouse, please check here:
(If a resident of a community property state)

Spousal Signature: _____ Date: _____ If no spouse, please check here:
(Joint owner, if a resident of a community property state)

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

Signature of assignee, if any: _____ Date: _____

Signature of irrevocable beneficiary, if any: _____ Date: _____