

UNITED OF OMAHA LIFE INSURANCE COMPANY
MUTUAL OF OMAHA PLAZA
OMAHA NE 68175



August 6, 2002

MAURINE P HAMILTON
9902 CHILDRESS DR
AUSTIN TX 787534332

Coverage ID: UA8473131

Dear Ms Hamilton:

Your application for coverage has been carefully reviewed.

We are able to offer you coverage. However, this coverage was issued with a reduced face amount and an extra premium.

You have the right to know the specific items of information that support our underwriting decision. Consequently, we want you to know that this decision was based upon our interpretation of medical records received from Dr Yalamanchili.

A summary of your rights regarding this and other personal information is attached.

Your local representative will review your contract with you and answer any questions you may have.

Sincerely,

A handwritten signature in black ink that reads "J. L. Callender".

J. L. Callender
Individual Underwriting Services

Enc.

United of Omaha Life Insurance Company

a stock company

Insured MAURINE P HAMILTON

Policy Number UA8473131

Date of Issue AUGUST 06, 2002

Initial Specified Amount \$100,000

Life Insurance Policy

This is a flexible premium life insurance policy with premiums payable to age 100. The death benefit is adjustable. Riders, if any, are listed on the data pages. No dividends are payable.

United of Omaha Life Insurance Company will pay the death benefit of this policy to the Beneficiary within two months after we receive proof at the Home Office that the Insured died while this policy was in force. On the maturity date we will pay you the policy's accumulation value, less any loan and loan interest, if (a) the Insured is then living; (b) this policy is in force; and (c) coverage beyond maturity is not elected.

READ YOUR POLICY CAREFULLY.

It includes the provisions on the following pages.

THIS POLICY IS A LEGAL CONTRACT BETWEEN THE OWNER AND UNITED OF OMAHA LIFE INSURANCE COMPANY.

If you are not satisfied with your policy, return it to us or our representative within 20 days (or 30 days if your purchase is a replacement of another life insurance or annuity policy) after you receive it. We will refund the premium paid and cancel your policy as of the date any insurance became effective.

For customer service or questions about your coverage, please call 1-800-775-6000.



United of Omaha
A Mutual of Omaha Company

Home Office: Mutual of Omaha Plaza
Omaha, Nebraska 68175

President

Corporate Secretary



SUMMARY OF RIGHTS

ACCESS, CORRECTION, AMENDMENT OR DELETION

OF PERSONAL INFORMATION

You have a right of access to personal information about you in our file which you reasonably describe and to request correction, amendment or deletion of any information you believe to be incorrect.

Upon request we will send you a summary of the information or copies of the records and to whom we have disclosed items of recorded personal information within the last two years or to whom such information would normally have been disclosed.

If after reviewing the information about you in our files, you believe that it is incorrect, you may request in writing that we change any item of personal information. We will tell you if, in fact, we complied with your request. If we do not agree with you, we will tell you so, and give you our reasons, and the opportunity to file a statement of dispute with us. In the future your statement will be sent with any disclosure of the information which we make.

In either event, we will notify any insurance-support organization that furnished us the information and any person you designate who may have received such information within the preceding two years of the dispute regarding the information. Your statement of dispute will be sent to these parties if we did not comply with your request.

This right of access does not extend to information obtained in connection with or in anticipation of a claim or civil or criminal proceeding. As provided by law, we reserve the right to disclose medical-record information through a medical professional named by you.

Rights Summary

ABSOLUTE ASSIGNMENT 18 MAILING JUN 2003

(FOR CHANGE OF OWNERSHIP—DO NOT USE WHEN ASSIGNING FOR LOAN)

FOR VALUABLE CONSIDERATION, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I HEREBY SELL ASSIGN AND

TRANSFER TO Alan Hamilton and Sylvia Hamilton
 OF 9902 Chidress Ave. Austin TX 78753-4332
STREET CITY STATE ZIP CODE

ALL RIGHT, TITLE AND INTEREST IN POLICY NO. UA8473131
 ISSUED BY UNITED OF OMAHA LIFE INSURANCE COMPANY. SUBJECT TO ALL THE TERMS AND CONDITIONS IN SAID POLICY.

THIS ASSIGNMENT IS UNCONDITIONAL AND IRREVOCABLE AND THE ASSIGNEE SHALL HAVE THE POWER TO EXERCISE ALL RIGHTS OF OWNERSHIP UNDER SAID POLICY.

SIGNED AT Austin TX THIS 29 DAY OF May 2003
CITY STATE

Sylvia Hamilton } X Maurine P. Hamilton
PERSONAL SIGNATURE OF INSURED
Alan L. Hamilton
X
PERSONAL SIGNATURE OF BENEFICIARY OR OWNER

INSTRUCTIONS: COMPLETE THIS FORM AND RETURN IT TO UNITED OF OMAHA LIFE INSURANCE COMPANY. A PHOTOCOPY OF OUR ACKNOWLEDGMENT IS AVAILABLE UPON REQUEST.

RECEIVED AND RECORDED BY
 UNITED OF OMAHA LIFE INSURANCE COMPANY
 DATE 7-2-2003
Robert M...
VICE PRESIDENT

NOTICE

THE DEATH BENEFITS ARE PAYABLE TO THE BENEFICIARY OF RECORD. IF OWNER DESIRES THE BENEFICIARY TO BE CHANGED, OWNER SHOULD REQUEST CHANGE IN ACCORDANCE WITH THE POLICY PROVISIONS. THE REQUEST FORM BELOW MAY BE USED.

UNITED OF OMAHA LIFE INSURANCE COMPANY IS AUTHORIZED TO CHANGE THE BENEFICIARY OF POLICY NO. _____

NAME OF BENEFICIARY	RELATIONSHIP OF BENEFICIARY TO INSURED	BIRTH DATE	MANNER IN WHICH PROCEEDS ARE TO BE PAID

THE OWNER RESERVES THE RIGHT TO FURTHER CHANGE THE BENEFICIARY WITHOUT THE CONSENT OF THE BENEFICIARY.

DATE _____
OWNER (ASSIGNEE)