

ABSOLUTE ASSIGNMENT

18 MAILING

19 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 Childress 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 }  
Maurine P. Hamilton X  
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 Marcus  
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)