



UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com

August 28, 2008

ALAN HAMILTON
9902 CHILDRESS DRIVE
AUSTIN, TX 78753

MAURINE P HAMILTON
Coverage ID: UA7714948
UA8473131

Dear Mr. Hamilton:

A phone call from Sylvia Hamilton prompted us to review the claim paid to you on January 17, 2007. The review included an examination of the application naming the beneficiary to receive benefits in the event of the Insured's death. The beneficiary designated both you and Sylvia as equal beneficiaries. A copy of the application is included.

On January 17, 2007 we sent you a payment for the full benefit for both policies. We are now required to ask for this to be refunded. The amount to be refunded is \$53,081.93 on UA7714948 and \$51,952.00 on policy UA8473131. If you have shared this money with Sylvia please let us know. It is important that we receive a response from you. Sylvia is currently filing a claim for these benefits. A prepaid return envelope is provided for your convenience.

The claim will be given our prompt attention. If we need to provide additional instructions, further correspondence will be sent shortly. If you have any questions about the policy, or the claim process, please don't hesitate to contact us at 1-800-456-0227. We will be glad to answer any questions or help in any way we can.

Sincerely,

A handwritten signature in cursive script that reads "Peggy Rodewald".

Peggy Rodewald
Claim Specialist
Individual Life Claims

Enc.

BRIAN P. DUDLEY 303197

Life Insurance Application

Administration Use Only

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

M. FARGNOLI DIV.
153Q B. WITTEN

ADULT LIFE
 JUVENILE LIFE

New Business
 Replacement/Conversion
 Addition to Existing

Section A

Proposed Covered Person(s)

1 Name: Maurine P. Hamilton Social Security # 459-20-2593
 2 Legal Residence Address: 9902 Childress Drive Austin TX 78753
 3 Mailing Address for Premium Notice: Same
 4 Are you and all persons proposed for insurance a citizen(s) of the United States? Yes No
 If "No," do all persons proposed for insurance have an alien registration receipt "Permanent Visa"? Yes No
 If "Yes," Permanent Visa No.: _____ Date of arrival in the United States: _____
 5 Sex: Male Female Date of Birth: 10/2/21 Age: 80 Place of Birth: TX
 6 Height: 5'2 Weight: 135 Driver's License Number: 04546937 State of Issue: TX
 7 Occupation: Retired Duties: _____
 Name of Firm or Employer: _____
 8 Home Phone Number: (512) 836-1930 Best Time to Call: 6:00 pm
 9 Owner's Name (If different than Proposed Insured): _____
 Owner's Address: _____
 Owner's Social Security Number or Tax I.D. Number: _____
 10 Beneficiary/Relationship: Alan Hamilton - son SSN/TIN: 463-76-6490
~~Contingent~~ Beneficiary/Relationship: Sylvia Hamilton - Daughter SSN/TIN: 449-84-1932

Section B

Spouse/Children

Complete Only If Spouse/Children Are Proposed For Insurance.

First Name, Middle Initial, Last Name	Social Security Number	Relationship to Proposed Insured	Birth Date Mo/Day/Yr	Age	Sex	Ht.	Wt.

Spouse Occupation: _____ Birthplace (state): _____

Section C

Plan Information and Other Coverage

Plan(s) of Insurance Priority Ultra UL NT 150% Amount: 250,000
Amount: _____

Riders: Amounts/Units/Plans Amounts/Units/Plans

Waiver of Premium N/A Accidental Death Benefit _____
 Children's Rider _____ Additional Insured Rider _____
 Spouse Rider Plan: _____ Amount/Units: _____
 Other (Please Specify) _____

Death Benefit Options: Option 1: Accumulation Value Included in Specified Amount.
 Option 2: Accumulation Value In Addition to Specified Amount

Method of Payment: Monthly Bank Transfer Quarterly Semiannually Annual PRD

Premium: Amount Collected: \$ 0 Planned Amount: \$ 18,785.53

Have you had or did you intend to have any life or annuity policy replaced, exchanged, converted, reduced, reissued or subject to borrowing because of this application? Yes No
(If "Yes," list companies and policy numbers) 1035 Exchange Yes No

CERTIFIED MAIL™



7004 1160 0006 6209 7816

③ received on Sept 2, 5 pm
one week
exactly after meeting
w/wayne & sylvia

U76H 004008
\$05.32
08/29/2008
Mailed From 68131
US POSTAGE

⑤ So SYLVIA chose to argue of \$100,000 net
rather than go to CPA and get \$200,000/yr for her

① met w/wayne and
SYLVIA on
August 26 - NO MENTION OF THIS.
letter dated August 28th
OK dated 8/29/08

④ distributions will be made thru CPA
after taxes paid, we await CPA FROM SYLVIA.

②

⑧

Adversarial Personality

When not necessary to
achieve goals & harms yourself
and others
as well

⑥ That's Sylvia's
answer ~~to~~ to
disclosing CPA info
& a Thank you
for ALL LEASE
Successful
management of
\$3000 ok ~~of~~
arrived TODAY
for ALL LEASE

⑦

9/2 — so she received
\$3000 debt
today.
we received
a nasty letter
via Sylvia.

NOT a cooperative person
to put it nicely. antagonistic.

FROM _____

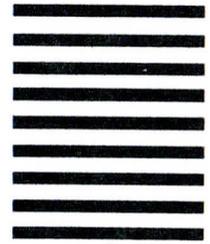


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

ATTN: INDIVIDUAL LIFE CLAIMS

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 50 OMAHA, NE

POSTAGE WILL BE PAID BY ADDRESSEE



MUTUAL *of* OMAHA INSURANCE COMPANY
MUTUAL OF OMAHA PLZ
OMAHA NE 68172-7220

