



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

January 8, 2009

ALAN L HAMILTON
9902 CHILDRESS
AUSTIN, TX 78753

MAURINE P HAMILTON
Coverage ID: UA7714948
UA8473131

Dear Mr. Hamilton:

Thank you for your letter dated December 8, 2008. I have enclosed for your reference the information you requested. These policies are no longer in force. The life insurance benefits are still pending for repayment as we have distributed Sylvia's portion of her benefits. Please let me hear from you in the next 30 days. A repayment in the amount of \$53,081.93 for UA7714948 and \$51,851.00 for policy Ua8473131. A prepaid return envelope is provided for your convenience.

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,

Peggy Rodewald

Peggy Rodewald
Claim Specialist
Individual Life Claims

Enc.



Davila Buschhorn
& Associates, P. C.

October 8, 2004

IRPD OCT 15 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.

20 MAILING OCT 12 04

- 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

Received from Mutual of Omaha Jan 12 2009

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): UD1126221, UA7728306,
UA7728312, UA7762551,
UA7728307, UA8441079

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) 839-4309
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: Maurice 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: _____

For additional information, contact your tax advisor or the Internal Revenue Service

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: The powers granted by this document are broad and sweeping. They are explained in the Durable Power of Attorney Act, Chapter XII, Texas Probate Code. If you have questions about these powers, obtain competent legal advice. This document does not authorize anyone to make medical and other health care decisions for you. You may revoke this Power of Attorney if you later wish to do so.

I, MAURINE P. HAMILTON, 9008 East Drive, Austin, Texas 78753-5112 appoint SYLVIA LYNN HAMILTON, Austin, Texas 78753 -5112, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following except for a power that I have crossed out below.

TO WITHHOLD A POWER, YOU MUST CROSS EACH POWER WITHHELD.

- (A) REAL PROPERTY TRANSACTIONS;
- (B) TANGIBLE PERSONAL PROPERTY TRANSACTIONS;
- (C) STOCK AND BOND TRANSACTIONS;
- (D) COMMODITY AND OPTION TRANSACTIONS;
- (E) BANKING AND OTHER FINANCIAL INSTITUTION TRANSACTIONS;
- (F) BUSINESS OPERATING TRANSACTIONS;
- (G) INSURANCE AND ANNUITY TRANSACTIONS;
- (H) ESTATE, TRUST, AND OTHER BENEFICIARY TRANSACTIONS;
- (I) CLAIMS AND LITIGATION;
- (J) PERSONAL AND FAMILY MAINTENANCE;

_____ (K) BENEFITS FROM SOCIAL SECURITY, MEDICARE, MEDICAID,
OR OTHER GOVERNMENTAL PROGRAMS OR CIVIL OR
MILITARY SERVICE;

_____ (L) RETIREMENT PLAN TRANSACTIONS;

_____ (M) TAX MATTERS;

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL
BE CONSTRUED AND INTERPRETED AS A GENERAL POWER OF ATTORNEY AND
MY AGENT (ATTORNEY IN FACT) SHALL HAVE THE POWER AND AUTHORITY
TO PERFORM OR UNDERTAKE ANY ACTION I COULD PERFORM OR UNDERTAKE
IF I WERE PERSONALLY PRESENT.

SPECIAL INSTRUCTIONS:

Special instructions applicable to gifts (initial in front of the following
sentence to have it apply):

MPH (N) My agent shall have the power and authority to make gifts out
of that portion of my estate that my agent determines is not required for my
support during my lifetime to any one or more of the following persons or
organizations without the necessity of any court approval or judicial action of any
kind if my agent deems the gifts to be in the best interests of my family, for tax
savings purposes or otherwise: (i) organizations to which charitable contributions
may be made under the Internal Revenue Code and in which I have an interest; (ii)
my heirs at law who are identifiable at the time of the gift; (iii) devisees under what
my agent reasonably believes is my latest validly executed will; and (iv) my agent,
if my agent is eligible under either category (ii) or (iii) above. In exercising this
power and authority, I remind my agent that he or she is acting in a fiduciary
capacity.

You may give special instructions limiting or extending the powers granted
to your agent.

(O) My agent shall have the right to disclaim any property by complying
with the requirements set forth in Section 2518 of the Internal Revenue Code and
Section 37A of the Texas Probate Code or any successor statutes.

(P) My agent shall have the power and authority to create a trust for my
benefit, naming my agent as trustee or, if my agent so chooses, naming a bank or
trust company with assets under management as trustee, which trust may also

benefit my spouse and descendants, and to transfer all or any part of my property or estate to the trust so created or to any existing trust of which I am a beneficiary, even though my agent may be the trustee.

(Q) Although this instrument contains modifications of the statutory durable power of attorney form found in Tex. Prob. Code. Ann § 490, I intend for it to be a "statutory durable power of attorney" as provided in that section and to be construed as such.

Unless you direct otherwise above, this Power of Attorney is effective immediately and will continue until it is revoked.

Choose one of the following alternatives by crossing out the alternative not chosen:

- (A) This Power of Attorney is not affected by my subsequent disability or incapacity.
- ~~(B) This Power of Attorney becomes effective upon my disability or incapacity.~~

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOOSE ALTERNATIVE (A).

If Alternative (B) is chosen and a definition of my disability or incapacity is not contained in this power of attorney, I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts the power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

REVOCATION OF PREVIOUS POWERS OF ATTORNEY:

I hereby revoke all previous powers of attorney previously executed by me in Texas or in any other state. I specifically revoke any and all powers of attorney executed by me which names ALLAN HAMILTON as my agent.

REVOCATION OF THIS POWER OF ATTORNEY:

I agree that any third party who receives a copy of this document may act under it. Revocation of the Durable Power of Attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.

SUCCESSOR AGENTS:

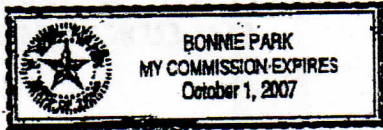
If the agent named by me dies, becomes legally disabled, resigns, or refuses to act, I name DANNY DAVILA as successor to that agent.

SIGNED this 6th day of August, 2004.

Maurine P. Hamilton
MAURINE P. HAMILTON

THE STATE OF TEXAS §
§
COUNTY OF TRAVIS §

This document was acknowledged before me on the 6th day of August, 2004, by MAURINE P. HAMILTON



Bonnie Park

NOTARY PUBLIC

(SEAL)

Bonnie Park

PRINTED NAME

MY COMMISSION
EXPIRES: 10-1-07

The Attorney in Fact or Agent, by accepting or acting under the appointment, assumes the fiduciary and other legal responsibilities of an Agent.

Received from Mutual OneLife - Jan 12, 2009

FILE COPY - United of Omaha

October 22, 2004

MAURINE P HAMILTON
9008 EAST DR
AUSTIN, TX 78753-5112

Coverage ID: UA7728306
UA7728307
UA7728312
UA7762551
UA8441079
UO1126221

Dear Ms. Hamilton:

Thank you for your recent letter and request to terminate these policies. Based on the information you sent, we are waiving the surrender charges and the enclosed checks represent the entire cash value of your annuities.

Below is a breakdown of the cash values of your policies as of today and the checks enclosed:

Policy Number	Cash Value	Taxable Amount
UA7728306	\$50,285.57	\$285.57
UA7728307	\$98,562.47	\$410.19
UA7728312	\$56,444.06	\$56,444.06
UA7762551	\$101,476.88	\$576.27
UA8441079	\$33,668.54	\$3,668.54
UO1126221	\$73,721.65	\$3,721.65
	\$414,159.17	\$65,106.28

A form 1099R will be sent to you in January. You will need to use the information provided in this form when preparing your 2004 tax return.

2

As a valued customer, you are important to us and we'll help you in any way we can. Please call our Home Office at 1-800-646-7592 if you have any questions.

Sincerely,

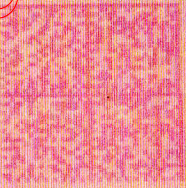
Michelle Bogatz

Michelle Bogatz
Individual Retirement Plan Services
Retirement Plans Division

Received from Mutual of Omaha - Jan 12, 2009

0642552008
\$0.81
Jan 12, 2009
Post Office 68175
US POSTAGE

Header



PRESORTED
FIRST CLASS

MLU17384 3-92

Mutual of Omaha Plaza, Omaha, Nebraska 68175



From

Alan ...
93 MAILED RT 640

9902
Address

Ashia T 98753

To

Received from Mutual of Omaha - Jan 12, 2009