UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL *of* OMAHA COMPANY
3300 Mutual of Omaha Plaza, Omaha, NE 68175

INDEXED UNIVERSAL LIFE PREMIUM ALLOCATION FORM
(FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE)

PROPOSED INSURED	OWNER (if other than Proposed Insured)
Name (First, Middle Initial, Last)	Name (First, Middle Initial, Last)
	Name (First, Middle Initial, Last)

PREMIUM ALLOCATION

Premium we credit to your account on an Allocation Date will be in the percentages you designate below. Premium we credit to your account on a date other than the Allocation Date will be allocated to the short-term holding account until the next Allocation Date. On a monthly deduction date, account values will be reduced by the pro-rata share of monthly expense charges, cost of insurance charges and any applicable monthly rider costs. The monthly deduction date is the issue date of your policy and each monthly anniversary of the issue date. The Allocation Date is the 10th of each calendar month.

_____% 	Fixed Account*

_____% 	One-Year 100% Participation*

_____% 	One-Year High Participation*

_____% 	One Year Uncapped*

_____% 	**Total (must equal 100%)**

Allocation percentage must be a whole number. Your premium allocations will remain in effect for all premium payments you make, until you change your premium allocations as described in the policy.

IMPORTANT DISCLOSURES

This is a flexible premium adjustable life insurance policy with index-linked interest crediting options based on financial market indices. This is not an investment vehicle or variable life insurance policy. If you allocate premiums to the index account, the policy values will be affected by the change in the financial market indices. This life insurance policy does not directly participate in any equity, bond, mutual fund, commodities or other securities investments.

* Refer to the Index Interest Crediting Strategies section in the illustration for additional information on Index Interest Crediting Strategies.

SIGNATURES

I authorize United of Omaha Life Insurance Company to allocate premium as selected on this form.

_____	_____
Owner Signature	Date

_____	_____
Owner Signature	Date