UNITED OF OMAHA LIFE INSURANCE COMPANY

A Mutual of Omaha Company

Acknowledgment/Illustration Certification Form - Universal Life Policies

Note: If an illustration matching the policy applied for was signed at the point of sale, do not use this form. Submit the signed illustration.

PRODUCER/AGENT	
I, the Producer/Agent, hereby certify that (ch	neck only one):
No illustration was used in the sale of the life insurance policy applied for.The life insurance policy applied for is other than as shown in the policy illustration.	
Print Name of Proposed Insured	Print Name of Other Proposed Insured
Age:	Age:
Gender: ☐ Male ☐ Female	Gender: □ Male □ Female
Underwriting or Rating Class:	Underwriting or Rating Class:
SIGNATURES I make the certifications stated above:	
Signature of Producer/Agent	Date
	cer/Agent statements made above are true. I understand that an illustration ded to me no later than the time the policy is delivered.
Print Name of Applicant/Owner	Date
Signature of Applicant/Owner	 Date