

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

CALCULATE YOUR PREMIUM

Annual Premiums Per \$1,000 of Coverage

Issue Age	Whole Life Express			
	Male		Female	
	Nontobacco	Tobacco	Nontobacco	Tobacco
0-4	\$6.80	\$6.80	\$6.10	\$6.10
5-9	\$7.70	\$7.70	\$6.90	\$6.90
10-14	\$8.80	\$8.80	\$7.80	\$7.80
15-19	\$10.00	\$10.00	\$9.00	\$9.00
20-24	\$11.60	\$17.00	\$10.50	\$12.50
25-29	\$13.80	\$21.00	\$12.50	\$15.00
30-34	\$16.50	\$25.00	\$14.50	\$17.50
35-39	\$20.00	\$30.00	\$17.00	\$20.50
40-44	\$25.00	\$35.00	\$19.50	\$24.00
45-49	\$30.00	\$41.00	\$22.00	\$30.00
50-54	\$35.00	\$46.00	\$25.00	\$33.00
55-59	\$41.00	\$58.00	\$32.00	\$40.00
60-64	\$53.00	\$80.00	\$40.00	\$51.00
65-69	\$68.00	\$111.00	\$51.00	\$72.00
70-74	\$95.00	\$154.00	\$67.00	\$108.00
75-79	\$131.00	\$196.00	\$97.00	\$149.00
80	\$184.00	\$238.00	\$155.00	\$198.00

Follow these steps to calculate premium.	Example (Male, age 60, Nontobacco, needs \$10,000 of Whole Life Express coverage)	My Whole Life Express Plan Death Benefit \$ _____
1. Divide the desired death benefit amount by 1,000. (Minimum \$5,000; maximum \$50,000)	1. 10	_____
2. Locate the rate chart for the plan you chose. Look for your age group and tobacco user status, if applicable. Identify the premium rate per thousand.	2. \$53.00	\$ _____
3. Multiply #1 by #2 above.	3. \$530.00	\$ _____
4. Add policy fee of \$36	4. \$566.00 Annual Premium	\$ _____
5. Payment Options: Multiply annual premium by: <ul style="list-style-type: none"> • 0.089 for monthly bank draft • 0.52 for semiannual • 0.275 for quarterly 	5. Monthly \$50.37 Semiannual \$294.32 Quarterly \$155.65	\$ _____ \$ _____ \$ _____

Life insurance underwritten by:

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

Whole Life Express Policy Form 6879L-0202, or state equivalent. In NC, 6914L-0202. In OK, 6918L-0202. In OR, 6949L-0202. In TX, 6920L-0202.

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