



Release of Information Authorization

Attn: Life/Annuity Administration

Please type or print in black ink. Questions? Call our National Service Center at 1-800-238-9354.

1. General Account Information

Contract Number _____

Name of Annuitant/Insured
(First) (MI) (Last)

Address _____

City State Zip Code

Tax I.D. Number / Social Security Number _____

Phone Number (for confidential calls between 7:00am and 6:00pm CST) _____

2. Release Authorization

I authorize the individuals listed below to obtain account values, Policy information and to request fund transfers on my contract/policy.

Name Relationship

Name Relationship

This authorization will remain in effect for 24 months after the date on this request.

You may revoke this authorization at any time by notifying us in writing.

3. Signatures

I have read, understand, and authorize the changes requested on this form.

X
Signature of Annuitant/Insured Date (mm/dd/yyyy)

X
Signature of Contractowner (if different than Annuitant/Insured) Date (mm/dd/yyyy)

X
Signature of Joint Owner (if applicable) Date (mm/dd/yyyy)

X
Signature of Registered Representative (optional) Date (mm/dd/yyyy)

Variable Universal Life/Variable Annuity issued by United of Omaha Life Insurance Company
Mail to: Security Benefit • PO Box 750497 • Topeka, Kansas 66675-0497 or Fax to: 1-785-368-1772
Also visit us online at www.securitybenefit.com

