



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

September 2, 2004

SYLVIA HAMILTON
9008 E DR
AUSTIN TX 78753-5112

Coverage ID: UA8473131

Dear Ms. Hamilton:

Thank you for your recent inquiry concerning the assignment of this policy.

Enclosed is a copy of the Absolute Assignment form we received dated May 29, 2003, changing the ownership of this policy from Maurine P. Hamilton to Alan and Sylvia Hamilton.

Enclosed is an assignment form with two options which can be used to change ownership on a life insurance policy. If Alan and Sylvia Hamilton transferring the policy to the new owner with the intention of making a gift, they should check the top box on the form. If Alan and Sylvia Hamilton are transferring the policy to the new owner for valuable consideration, they should check the second box on the form.

Just have Alan and Sylvia Hamilton fully complete, date and personally sign the form. The form should be returned to us for recording.

If a beneficiary change is also needed, this can be requested on the back (page 2) of the form. This section must be signed and dated by the new owner.

We will return a copy of the assignment and the beneficiary change endorsement(s) to the new owner.

If I do not hear from you by September 23, 2004, I will assume that ownership is not to be changed at this time.

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It is a pleasure to be of service to you, Ms. Hamilton. If you have any questions, please write or email us at the address shown on this letter or call us at 1-800-775-6000.

Sincerely,

Cynthia R. Herman

Cynthia R. Herman, ACS
Policyowner Services
Customer Service Division

Enc.

ABSOLUTE ASSIGNMENT 18 MAILING JUN 2003
Witness

(FOR CHANGE OF OWNERSHIP—DO NOT USE WHEN ASSIGNING FOR LOAN)

FOR VALUABLE CONSIDERATION, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I HEREBY SELL, ASSIGN AND

TRANSFER TO Alan Hamilton and Sylvia Hamilton
 OF 9902 Childress Ave. Austin TX 78753 4332
STREET CITY STATE ZIP CODE

ALL RIGHT, TITLE AND INTEREST IN POLICY NO. UA8473131
 ISSUED BY UNITED OF OMAHA LIFE INSURANCE COMPANY. SUBJECT TO ALL THE TERMS AND CONDITIONS IN SAID POLICY.

THIS ASSIGNMENT IS UNCONDITIONAL AND IRREVOCABLE AND THE ASSIGNEE SHALL HAVE THE POWER TO EXERCISE ALL RIGHTS OF OWNERSHIP UNDER SAID POLICY.

SIGNED AT Austin TX THIS 29 DAY OF May 2003
CITY STATE

Sylvia Hamilton X Maurine P. Hamilton
PERSONAL SIGNATURE OF INSURED
Alan L. Hamilton
X
PERSONAL SIGNATURE OF BENEFICIARY OR OWNER

INSTRUCTIONS: COMPLETE THIS FORM AND RETURN IT TO UNITED OF OMAHA LIFE INSURANCE COMPANY. A PHOTOCOPY OF OUR ACKNOWLEDGMENT IS AVAILABLE UPON REQUEST.

RECEIVED AND RECORDED BY
 UNITED OF OMAHA LIFE INSURANCE COMPANY
 DATE 7-2-2003
Robert Mancuso
VICE PRESIDENT

NOTICE

THE DEATH BENEFITS ARE PAYABLE TO THE BENEFICIARY OF RECORD. IF OWNER DESIRES THE BENEFICIARY TO BE CHANGED, OWNER SHOULD REQUEST CHANGE IN ACCORDANCE WITH THE POLICY PROVISIONS. THE REQUEST FORM BELOW MAY BE USED.

UNITED OF OMAHA LIFE INSURANCE COMPANY IS AUTHORIZED TO CHANGE THE BENEFICIARY OF POLICY NO. _____

NAME OF BENEFICIARY	RELATIONSHIP OF BENEFICIARY TO INSURED	BIRTH DATE	MANNER IN WHICH PROCEEDS ARE TO BE PAID

THE OWNER RESERVES THE RIGHT TO FURTHER CHANGE THE BENEFICIARY WITHOUT THE CONSENT OF THE BENEFICIARY.

DATE OWNER (ASSIGNEE)



UNITED of OMAHA

CHANGE OF OWNERSHIP FORM -- LIFE INSURANCE

(For Change of Ownership of Life Insurance Policies Only --
Do Not Use This Form When Assigning a Policy for a Loan)

NOTE: THE CHANGE OF OWNERSHIP OF A LIFE INSURANCE POLICY MAY HAVE TAX CONSEQUENCES. WE RECOMMEND THAT YOU CONSULT YOUR TAX ADVISOR WITH ANY QUESTIONS YOU MAY HAVE PRIOR TO MAKING THIS CHANGE OF OWNERSHIP.

Policy Number _____ Current Owner(s) _____
Current Insured _____

() The Current Owner(s) referred to hereafter as the Donor(s), hereby transfer(s) the ownership of the above Policy with the intention of making a gift. The Donor(s) hereby transfer(s) and assign(s) all right, title and interest in the above Policy to the New Owner(s) shown below, referred to hereafter as the Donee(s), subject to all of the terms and conditions of the Policy. The Donor(s) further waive(s) all rights, on behalf of himself/herself or his/her estate, to receive any benefits whatsoever under the terms of said Policy and direct(s) that if, in the event such benefits do become payable either to himself/herself or his/her estate under the terms of the Policy, that said benefits be paid to the estate of the Donee(s) thereunder.

() For valuable consideration received, the Current Owner(s) hereby transfer(s) the ownership of the above Policy, and hereby sell(s) and assign(s) all right, title and interest in the above Policy, to the New Owner(s) shown below, subject to all of the terms and conditions of the Policy.

1. NEW OWNER* (NOTE: If the New Owner is a Trust, skip to Paragraph 3. below.)

Name _____
Relationship _____
Address _____
City _____ State _____ Zip _____
Tax ID/Social Security No. _____
Telephone (____) _____
Age _____ Date of Birth _____

*If multiple new owners, the policy will be owned as joint tenants with rights of survivorship and not as tenants in common.

2. NEW JOINT OWNER

Name _____
Relationship _____
Address _____
City _____ State _____ Zip _____
Tax ID/Social Security No. _____
Telephone (____) _____
Age _____ Date of Birth _____

3. NEW OWNER - TRUST

Name of Trust _____
Date of Trust _____
Name of Trustee _____
Name of Co-Trustee _____

Trustee Address _____
City _____ State _____ Zip _____
Telephone (____) _____
Tax ID/Social Security No. _____
(Attach the above information for any Co-Trustee)

If the Current Owner is a Trust, please send a copy of the pages showing that the Trust has been executed and identifying the Trustee(s) and Successor Trustee(s).

United of Omaha Life Insurance Company/AAA Life Insurance Company/United World Life Insurance Company (whichever is applicable) is not responsible for the sufficiency or validity of this Change of Ownership. No Change of Ownership shall be binding on us until we receive and record it at the Company's Home Office. This Change of Ownership is unconditional and irrevocable, and the New Owner(s) shall have the power to exercise all rights of ownership under said Policy.

Signed at _____ this _____ day of _____

X _____
Personal Signature of Current Owner/Trustee/Donor

X _____
Personal Signature of Spouse of Current Owner/Current Donor residing in a community property state (CA, AZ, ID, LA, NM, NV, PR, TX, WA, and WI)

X _____
Personal Signature of Current Joint Owner (if any)/Joint Trustee (if any)/Joint Donor (if any)

X _____
Personal Signature of Spouse of Current Joint Owner (if any)/Current Joint Donor (if any), residing in a community property state (CA, AZ, ID, LA, NM, NV, PR, TX, WA, and WI)

X _____
Personal Signature of New Owner/Trustee/Donee

X _____
Personal Signature of New Joint Owner (if any)/Co-Trustee (if any)/Joint Donee (if any)

Personal Signature of Irrevocable Beneficiary(ies) (if applicable) _____

Date _____

Received and Recorded by: United of Omaha Life Insurance Company/
AAA Life Insurance Company/
United World Life Insurance Company

Date _____

NOTICE

The death benefit of the Policy is payable to the Beneficiary(ies) of record. If the New Owner(s)/Trustee(s)/Donee(s) desire(s) the Beneficiary(ies) to be changed, the New Owner(s)/Trustee(s)/Donee(s) must request this change in accordance with the policy provisions. The Beneficiary Change Request Form below may be used to change the Beneficiary(ies).

BENEFICIARY CHANGE REQUEST FORM

United of Omaha Life Insurance Company/AAA Life Insurance Company/United World Life Insurance Company (whichever is applicable) is authorized to change, and hereby changes, the Beneficiary(ies) of Policy Number _____ to the person(s)/entity(ies) shown below:

Primary Beneficiary(ies) _____
(use Attachment if necessary)

Tax ID/Social Security No. _____

Relationship to Insured _____

Relationship to New Owner(s) _____

Contingent Beneficiary(ies) _____
(use Attachment if necessary)

Tax ID/Social Security No. _____

Relationship to Insured _____

Relationship to New Owner(s) _____

No Beneficiary Change shall be binding on us until we receive and record it at the Company's Home Office. Unless you direct us otherwise, payment of the death benefit will be shared equally by all Primary Beneficiaries who survive the insured. If no Primary Beneficiaries survive the Insured, payment will be shared equally by all Contingent Beneficiaries who survive the insured.

This change of Beneficiary hereby revokes all previous Beneficiary designations. The New Owner(s)/Trustee(s)/Donee(s) reserve(s) the right to further change the Beneficiary(ies).

Irrevocable Beneficiary(ies): If this box is checked, this Policy will be endorsed to show that the Beneficiary(ies) named above is/are irrevocable, and that no changes to the Policy, including a change of Beneficiary(ies), may be made by the Owner(s)/Trustee(s)/Donee(s) without the consent of the Beneficiary(ies) shown above.

DATE: _____ NEW OWNER(S)/TRUSTEE(S)/DONEE(S) SIGNATURES: X _____

X _____

Instructions: Complete this form and return it to:

Individual Life/Annuity: 1-800-775-6000
United of Omaha Life Insurance Company
Policyholder Services
Mutual of Omaha Plaza
Omaha, NE 68175

United World Life Insurance:
1-800-775-6000
United World Life Insurance
Company
3316 Farnam Street
Omaha, NE 68172-7218

AAA Life Insurance: 1-800-775-6000
AAA Life Insurance Company
Administration and Service Center
3316 Farnam Street
Omaha, NE 68172-7610