



COMPENSATION / PRODUCT SCHEDULE  
MUTUAL OF OMAHA / UNITED OF OMAHA INSURANCE COMPANY

ANNUITIES / CRITICAL ILLNESS / DISABILITY INCOME / LONG TERM CARE /  
TERM LIFE / UNIVERSAL LIFE / WHOLE LIFE INSURANCE COMPANIES

**COMPENSATION/PRODUCT SCHEDULE  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
LIVING CARE ANNUITY**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for Authorized Contracts issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each Authorized Contract will be reduced by any rates Company has assigned to other persons in your down line distribution for such Authorized Contract, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United of Omaha Life Insurance Company
- Application and Premium Submitted to: United of Omaha Life Insurance Company
- Commission paid by: United of Omaha Life Insurance Company

Premium Received in Authorized Contract Year	Commission Rate Year 1	Commission Rate Years 2+
Issue Age 40 - 75	8%	0%
Issue Age 76 - 79	6%	0%

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application date of the issued Authorized Contract.
2. The commission rate is based on the age of the Authorized Contract annuitant at the time of issuance of the Authorized Contract.
3. Commission is not calculated on premium associated with (a) the Inflation Protection Benefit Rider or (b) the Long Term Care Rider.
4. In the event an Authorized Contract (a) terminates (except in the event of the death of the annuitant), or (b) is canceled during the free look period, 100% of the first year commission credited to you will be charged back in the Authorized Contract's first year and 50% of the first year commission credited to you will be charged back in contract months 13 – 18 of the Authorized Contract.
5. In the event of a partial withdrawal from an Authorized Contract during the first twelve contract months, 100% of the first year commission paid on the Partial Withdrawal Factor will be charged back to you. In the event of a partial withdrawal from an Authorized Contract during contract months 13 - 18, 50% of the first year commission paid on the Partial Withdrawal Factor will be charged back to you. Partial Withdrawal Factor shall be the amount refunded, returned, or surrendered less any amount then entitled to be withdrawn by the Authorized Contract owner without penalty, divided by the total purchase payments made for the Authorized Contract.
6. The Company may, from time to time, issue Compensation/Product Schedules with respect to these Products which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

**COMPENSATION/PRODUCT SCHEDULE  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
ULTRA INCOME - SINGLE PREMIUM IMMEDIATE ANNUITY**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for Authorized Contracts issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each Authorized Contract will be reduced by any rates Company has assigned to other persons in your down line distribution for such Authorized Contract, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United of Omaha Life Insurance Company
- Application and Premium Submitted to: United of Omaha Life Insurance Company
- Commission paid by: United of Omaha Life Insurance Company

Commission Rate First Contract Year	4.00%
Renewal Commission Rate Contract Years 2+	N/A

Commission is calculated on the single premium collected by Company for an Authorized Contract including amounts collected for the nursing home rider and the guarantee minimum death benefit riders, less any portion of the initial payment paid for any other riders, if applicable.

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application date of the issued Authorized Contract.
2. There is no policy fee associated with this Product.
3. The commission for this Product is Vested Compensation and may be paid to you after the Termination Date if (a) the Authorized Contract related to the Product remains in force, (b) the premiums for the Authorized Contract are paid to Company, and (c) if you are the writing agent, you must also remain the producer of record.
4. In the event an Authorized Contract is canceled during the free look period, 100% of the commission will be charged back to you.
5. In the event of the death of the annuitant during the first twelve contract months, if (a) no payment has been made to the annuitant, then 100% of the commission will be charged back to you, or (b) a payment has been made to the annuitant, then no commission will be charged back.
6. The Company may, from time to time, issue Compensation/Product Schedules with respect to these Products which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

**C. GENERAL PROVISIONS**

1. **Products Included.** The provisions and conditions of this Schedule shall apply only to Products specifically identified in this Schedule.
2. **Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.

**COMPENSATION/PRODUCT SCHEDULE  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
ULTRA SECURE 5 & 7 YEAR – SINGLE PREMIUM DEFERRED ANNUITY**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for Authorized Contracts issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each Authorized Contract will be reduced by any rates Company has assigned to other persons in your down line distribution for such Authorized Contract, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United of Omaha Life Insurance Company
- Application and Premium Submitted to: United of Omaha Life Insurance Company
- Commission paid by: United of Omaha Life Insurance Company

National	5 Year Product			7 Year Product		
Issue Age	0 - 75	76 - 80	81+	0 - 75	76 - 80	81+
First Year Commission Rate	4.00%	3.00%	2.00%	5.25%	4.00%	2.00%
Re-up Commission Rate*	1.00%	1.00%	0.00%	2.00%	2.00%	0.00%
TX/CT/IN/MA/SC/UT	5 Year Product			7 Year Product		
Issue Age	0 - 75	76 - 80	81+	0 - 75	76 - 80	81+
First Year Commission Rate	3.50%	2.50%	1.75%	4.50%	3.50%	1.75%
Re-up Commission Rate*	1.75%	1.25%	0.00%	2.25%	1.75%	0.00%
PA/WA/OR/MD/NJ	5 Year Product			7 Year Product		
Issue Age	0 - 75	76 - 80	81+	0 - 75	76 - 80	81+
First Year Commission Rate	4.00%	2.00%	1.50%	4.00%	3.00%	1.50%
Re-up Commission Rate*	2.00%	1.00%	0.00%	2.00%	1.50%	0.00%

\*Re-up means the renewal of the Authorized Contract by the client at maturity. Re-up commissions are paid only in the year of the Authorized Contract renewal and in Texas, require a new application. The re-up rate is applied to the Cash Accumulation Value of the Authorized Contract at maturity. You are eligible for re-up commission for the 5 year Product in year 6 and every 5<sup>th</sup> year thereafter. You are eligible for re-up commission for the 7 year Product in year 8 and every 7<sup>th</sup> year thereafter.

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application date of the issued Authorized Contract.
2. There is no policy fee associated with this Product.
3. The commission rate is based on age of the oldest Authorized Contract owner at the time of issuance of the Authorized Contract. The Authorized Contract re-up commission rate is based on attained age of the oldest Authorized Contract owner at the time of re-up.
4. The commission for this Product is Vested Compensation and may be paid to you after the Termination Date if (a) the Authorized Contract related to the Product remains in force, (b) the premiums for the Authorized Contract are paid to Company, and (c) if you are the writing agent, you must also remain the producer of record.

**COMPENSATION/PRODUCT SCHEDULE  
MUTUAL OF OMAHA INSURANCE COMPANY  
CRITICAL ILLNESS**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for policies or certificates issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy or certificate will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy or certificate, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: Mutual of Omaha Insurance Company
- Application and Premium Submitted to: Mutual of Omaha Insurance Company
- Commission paid by: Mutual of Omaha Insurance Company

Individual	Commission Rate		Worksite	Commission Rate	
	Year 1	Years 2+		Year 1	Years 2+
National	94.0%	3.0%	National	60.0%	11.0%
FL / MI / WV / VT	75.0%	5.0%	FL / MI / WV / VT	55.0%	11.0%
NY* / MD / SD / ND	75.0%	3.0%	NH / MD / SD / ND	50.0%	5.0%
WA	75.0%	3.0%	WA	46.0%	5.0%

\* New York does not offer the Worksite Product.

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application date of the issued policy or certificate.
2. The commission is based on paid premium less the policy fee.
3. The commission will be paid on premium increases due to attained age.
4. The first year commission will be paid on increased coverage for 12 months and renewal year commission thereafter.
5. The commission is Vested Compensation as long as (1) the policy or certificate remains in force, (2) the premium for the policy or certificate is paid to and accepted by Company, and (3) you remain producer of record for the policy or certificate.
6. Internal Replacements: If a new Mutual of Omaha Critical Illness policy or certificate replaces any existing Mutual of Omaha Critical Illness policy or certificate, commission will be paid if the producer of record remains the same. The commission rate on the new policy or certificate will be based upon the policy year of the former policy or certificate.
7. The Company may, from time to time, issue Compensation/Product Schedules with respect to these Products which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

**COMPENSATION/PRODUCT SCHEDULE  
MUTUAL OF OMAHA INSURANCE COMPANY  
DISABILITY INCOME/OVERHEAD PROTECTOR**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: Mutual of Omaha Insurance Company
- Application and Premium Submitted to: Mutual of Omaha Insurance Company
- Commission paid by: Mutual of Omaha Insurance Company

POLICY FORMS for the Disability Income Product: D81, D82, D83 and State Equivalents

POLICY FORMS for the Overhead Protector Product: 151BE, 181BE, D19MT and State Equivalents

National	New Business, Internal & External Replacements		
Policy Year	1	2 - 4	5+
Commission Rate	70%	6%	4%

POLICY FORMS for the Disability Income Product: D77, CD77 and State Equivalents

POLICY FORMS for the Overhead Protector Product: 150BE and State Equivalents

National	New Business, Internal & External Replacements		
Policy Year	1	2 - 10	11+
Commission Rate	70%	10%	7%

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. Commission is calculated on paid premium less the policy fee for policy form D81. For all other policy forms, commission is calculated on paid premium.
3. Commission is calculated on paid premium for all riders.
4. Commission is not calculated on premium rate adjustments.
5. The commission for this Product is vested and may be credited to you after the termination date if (a) the policy remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent, you must also remain the producer of record.
6. Internal Replacements: Commission will be calculated when a new Mutual of Omaha Disability Income policy replaces an existing Mutual of Omaha Disability Income policy; or when a new Mutual of Omaha Overhead Protector policy replaces an existing Mutual of Omaha Overhead Protector policy. The commission on the new internal replacement policy will be calculated based upon the policy year of the former policy.
7. External Replacements: Commission will be calculated the same as new business.

**COMPENSATION/PRODUCT SCHEDULE  
MUTUAL OF OMAHA INSURANCE COMPANY  
LONG TERM CARE**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: Mutual of Omaha Insurance Company
- Application and Premium Submitted to: Mutual of Omaha Insurance Company
- Commission paid by: Mutual of Omaha Insurance Company

The commission rate for Policy Form LTC04I-AG is based on the policy form and the following status on the application date:

- The policy is considered "Employee Paid" when the employee pays the entire premium.
- The policy is considered "Employer Paid" when the employer pays any portion of the premium.
- The policy is considered "Association Group" when the applicant is a member of an association group that has been approved by Company.

National	Policy Form	New Business, Internal & External Replacements					
		Policy Year 1				Policy Years 2-10	Policy Years 11+
Issue Age		Under 65	65 - 69	70 - 74	75 - 79	All Ages	All Ages
Individual	LTC04I	72.5%	72.5%	52.5%	47.5%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	72.5%	72.5%	52.5%	47.5%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	67.5%	67.5%	47.5%	42.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	62.5%	62.5%	42.5%	37.5%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	62.5%	62.5%	42.5%	37.5%	3.0%	0.5%
<b>Rate on Excess of Lifetime Premium - All States <sup>1</sup></b>	<b>Policy Form</b>	<b>All Policy Years</b>					
Issue Age		<b>All Ages</b>					
Individual Limited Premium Payment Period Option.	LTC04I	2.5%					
Employer Paid Limited Premium Payment Period Option	LTC04I-AG	1.75%					
<b><sup>1</sup> Except Delaware and Pennsylvania, when the writing General Agent does not have any other General Agents reporting to them in their downline distribution.</b>							

Alabama, North Carolina, South Dakota <sup>1</sup>	Policy Form	Internal & External Replacements					
		Policy Year 1				Policy Years 2-10	Policy Years 11+
		Under 65	65 - 69	70 - 74	75 - 79	All Ages	All Ages
Issue Age							
<b>AL, NC, SD and all SD cases not passing Financial Suitability including New Business</b>							
Individual	LTC04I	7.0%	7.0%	7.0%	7.0%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	7.0%	7.0%	7.0%	7.0%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	2.5%	2.5%	2.5%	2.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	3.0%	3.0%	3.0%	3.0%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	3.0%	3.0%	3.0%	3.0%	3.0%	0.5%
<b>With Significant Benefit Increase Only - NC and SD only</b>							
Individual	LTC04I	72.5%	72.5%	52.5%	47.5%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	72.5%	72.5%	52.5%	47.5%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	67.5%	67.5%	47.5%	42.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	62.5%	62.5%	42.5%	37.5%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	62.5%	62.5%	42.5%	37.5%	3.0%	0.5%
<b><sup>1</sup> New Business will receive National Commissions</b>							
California <sup>1</sup>	Policy Form	Internal & External Replacements					
		Policy Year 1				Policy Years 2-10	Policy Years 11+
		Under 65	65 - 69	70 - 74	75 - 79	All Ages	All Ages
Issue Age							
<b>Premium Increase from Original Policy</b>							
Individual	LTC04I	72.5%	72.5%	52.5%	47.5%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	72.5%	72.5%	52.5%	47.5%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	67.5%	67.5%	47.5%	42.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	62.5%	62.5%	42.5%	37.5%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	62.5%	62.5%	42.5%	37.5%	3.0%	0.5%
<b>Premium up to Original Policy Level</b>							
Individual	LTC04I	7.0%	7.0%	7.0%	7.0%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	7.0%	7.0%	7.0%	7.0%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	2.5%	2.5%	2.5%	2.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	3.0%	3.0%	3.0%	3.0%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	3.0%	3.0%	3.0%	3.0%	3.0%	0.5%
<b><sup>1</sup> New Business will receive National Commissions</b>							



\*\*\*\*\* *This Schedule is not valid until executed by an Authorized Representative of the Company* \*\*\*\*\*

When the writing General Agent has other General Agents reporting to them in their downline distribution, the writing General Agent will be eligible for the following commission rates.

Delaware	Policy Form	Policy Year 1				Policy Years 2-10	Policy Years 11+
		Under 65	65 - 69	70 - 74	75 - 79	All Ages	All Ages
Issue Age		Under 65	65 - 69	70 - 74	75 - 79	All Ages	All Ages
<b>New Business</b>							
Individual	LTC04I	55.0%	55.0%	45.0%	45.0%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	55.0%	55.0%	45.0%	45.0%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	55.0%	55.0%	45.0%	42.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	55.0%	55.0%	42.5%	37.5%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	55.0%	55.0%	42.5%	37.5%	3.0%	0.5%
<b>Internal &amp; External Replacements</b>							
Individual	LTC04I	55.0%	55.0%	42.5%	37.5%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	55.0%	55.0%	42.5%	37.5%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	50.0%	50.0%	37.5%	32.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	45.0%	45.0%	34.0%	30.0%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	45.0%	45.0%	34.0%	30.0%	3.0%	0.5%

When the writing General Agent does not have any other General Agents reporting to them in their downline distribution, the writing General Agent will be eligible for the following commission rates.

Delaware	Policy Form	Policy Year 1				Policy Years 2-10	Policy Years 11+
		Under 65	65 - 69	70 - 74	75 - 79	All Ages	All Ages
Issue Age		Under 65	65 - 69	70 - 74	75 - 79	All Ages	All Ages
<b>New Business</b>							
Individual	LTC04I	35.0%	35.0%	35.0%	35.0%	3.0%	0.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	35.0%	35.0%	35.0%	35.0%	3.0%	0.5%
Association Group/Employee Paid	LTC04I-AG	35.0%	35.0%	35.0%	32.5%	0.5%	0.0%
Employer Paid	LTC04I-AG	35.0%	35.0%	32.5%	27.5%	0.0%	0.0%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	35.0%	35.0%	32.5%	27.5%	0.0%	0.0%
<b>Internal &amp; External Replacements</b>							
Individual	LTC04I	35.0%	35.0%	32.5%	27.5%	3.0%	0.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	35.0%	35.0%	32.5%	27.5%	3.0%	0.5%
Association Group/Employee Paid	LTC04I-AG	35.0%	35.0%	27.5%	22.5%	0.5%	0.0%
Employer Paid	LTC04I-AG	35.0%	35.0%	26.0%	22.0%	0.0%	0.0%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	35.0%	35.0%	26.0%	22.0%	0.0%	0.0%
<b>Rate on Excess of Lifetime Premium - Delaware</b>	<b>Policy Form</b>	<b>All Policy Years</b>					
Issue Age		<b>All Ages</b>					
Individual Limited Premium Payment Period Option.	LTC04I	0.5%					
Employer Paid Limited Premium Payment Period Option	LTC04I-AG	0.75%					

Indiana		Policy Form					
Issue Age			Under 65	65 - 69	70 - 74	75 - 79	
			<b>New Business, Internal &amp; External Replacements With Significant Benefit Increases</b>				
			Policy Year 1				
Individual	LTC04I	26.5%	26.5%	20.5%	18.5%		
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	26.5%	26.5%	20.5%	18.5%		
Association Group/Employee Paid	LTC04I-AG	16.5%	16.5%	10.5%	8.5%		
Employer Paid	LTC04I-AG	20.5%	20.5%	14.5%	12.5%		
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	20.5%	20.5%	14.5%	12.5%		
			Policy Years 2+				
Individual	LTC04I	13.25%	13.25%	10.25%	9.25%		
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	13.25%	13.25%	10.25%	9.25%		
Association Group/Employee Paid	LTC04I-AG	8.25%	8.25%	5.25%	4.25%		
Employer Paid	LTC04I-AG	10.25%	10.25%	7.25%	6.25%		
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	10.25%	10.25%	7.25%	6.25%		
			<b>Internal &amp; External Replacements Without Significant Benefit Increases</b>				
			All Policy Years				
Individual	LTC04I	13.25%	13.25%	10.25%	9.25%		
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	13.25%	13.25%	10.25%	9.25%		
Association Group/Employee Paid	LTC04I-AG	8.25%	8.25%	5.25%	4.25%		
Employer Paid	LTC04I-AG	10.25%	10.25%	7.25%	6.25%		
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	10.25%	10.25%	7.25%	6.25%		
			<b>Internal &amp; External Replacements</b>				
			Policy Year 1				Policy Years 2+
Issue Age			Under 65	65 - 69	70 - 74	75 - 79	All Ages
Individual	LTC04I	12.0%	12.0%	12.0%	12.0%	12.0%	4.0%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	12.0%	12.0%	12.0%	12.0%	12.0%	4.0%
Association Group/Employee Paid	LTC04I-AG	2.0%	2.0%	2.0%	2.0%	2.0%	1.5%
Employer Paid	LTC04I-AG	7.0%	7.0%	7.0%	7.0%	7.0%	2.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	7.0%	7.0%	7.0%	7.0%	7.0%	2.5%
<b><sup>1</sup> New Business will receive National Commissions</b>							

Michigan - Under Age 65	Policy Form	New Business, Internal & External Replacements		
		Policy Year 1	Policy Years 2-10	Policy Years 11+
Issue Age		Under 65	Under 65	Under 65
Individual	LTC04I	77.5%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	77.5%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	72.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	67.5%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	67.5%	3.0%	0.5%

Michigan - Age 65 - 79	Policy Form	New Business, Internal & External Replacements				
		Policy Years 1 -3			Policy Years 4-10	Policy Years 11+
Issue Age		65 - 69	70 - 74	75 - 79	65 - 79	65 - 79
Individual	LTC04I	32.5%	28.5%	26.5%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	32.5%	28.5%	26.5%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	26.5%	22.5%	20.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	28.5%	24.5%	22.5%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	28.5%	24.5%	22.5%	3.0%	0.5%

New York	Policy Form	Policy Year 1				Policy Years 2+
		Under 65	65 - 69	70 - 74	75 - 79	All Ages
Issue Age		Under 65	65 - 69	70 - 74	75 - 79	All Ages
<b>New Business</b>						
Individual	LTC04I	67.5%	62.5%	47.5%	42.5%	3.0%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	67.5%	62.5%	47.5%	42.5%	3.0%
Association Group/Employee Paid	LTC04I-AG	57.5%	52.5%	37.5%	32.5%	0.0%
Employer Paid	LTC04I-AG	57.5%	52.5%	37.5%	35.0%	1.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	57.5%	52.5%	37.5%	35.0%	1.5%
<b>Internal &amp; External Replacements</b>						
Individual	LTC04I	3.0%	3.0%	3.0%	3.0%	3.0%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	3.0%	3.0%	3.0%	3.0%	3.0%
Association Group/Employee Paid	LTC04I-AG	0.0%	0.0%	0.0%	0.0%	0.0%
Employer Paid	LTC04I-AG	1.5%	1.5%	1.5%	1.5%	1.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	1.5%	1.5%	1.5%	1.5%	1.5%

\*\*\*\*\* *This Schedule is not valid until executed by an Authorized Representative of the Company* \*\*\*\*\*

When the writing General Agent has other General Agents reporting to them in their downline distribution, the writing General Agent will be eligible for the following commission rates.

Pennsylvania	Policy Form	Policy Year 1				Policy Years 2-10	Policy Years 11+
		Under 65	65 - 69	70 - 74	75 - 79	All Ages	All Ages
Issue Age							
		<b>New Business</b>					
Individual	LTC04I	72.5%	72.5%	52.5%	47.5%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	72.5%	72.5%	52.5%	47.5%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	67.5%	67.5%	47.5%	42.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	62.5%	62.5%	42.5%	37.5%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	62.5%	62.5%	42.5%	37.5%	3.0%	0.5%
		<b>Internal &amp; External Replacements</b>					
Individual	LTC04I	7.0%	7.0%	7.0%	7.0%	7.0%	2.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	7.0%	7.0%	7.0%	7.0%	7.0%	2.5%
Association Group/Employee Paid	LTC04I-AG	2.5%	2.5%	2.5%	2.5%	2.5%	0.0%
Employer Paid	LTC04I-AG	3.0%	3.0%	3.0%	3.0%	3.0%	0.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	3.0%	3.0%	3.0%	3.0%	3.0%	0.5%

When the writing General Agent does not have any other General Agents reporting to them in their downline distribution, the writing General Agent will be eligible for the following commission rates

Pennsylvania	Policy Form	Policy Year 1				Policy Years 2-10	Policy Years 11+
		Under 65	65 - 69	70 - 74	75 - 79	All Ages	All Ages
Issue Age							
		<b>New Business</b>					
Individual	LTC04I	50.0%	50.0%	42.5%	37.5%	3.0%	0.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	50.0%	50.0%	42.5%	37.5%	3.0%	0.5%
Association Group/Employee Paid	LTC04I-AG	50.0%	50.0%	37.5%	32.5%	0.5%	0.0%
Employer Paid	LTC04I-AG	50.0%	50.0%	32.5%	27.5%	0.0%	0.0%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	50.0%	50.0%	32.5%	27.5%	0.0%	0.0%
		<b>Internal &amp; External Replacements</b>					
Individual	LTC04I	3.0%	3.0%	3.0%	3.0%	3.0%	0.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	3.0%	3.0%	3.0%	3.0%	3.0%	0.5%
Association Group/Employee Paid	LTC04I-AG	0.5%	0.5%	0.5%	0.5%	0.5%	0.0%
Employer Paid	LTC04I-AG	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Rate on Excess of Lifetime Premium - Pennsylvania</b>	<b>Policy Form</b>	<b>All Policy Years</b>					
Issue Age		<b>All Ages</b>					
Individual Limited Premium Payment Period Option.	LTC04I	0.5%					
Employer Paid Limited Premium Payment Period Option	LTC04I-AG	0.75%					

Wisconsin	Policy Form				
		Issue Age	Under 65	65 - 69	70 - 74
		<b>New Business</b>			
		Policy Year 1			
Individual	LTC04I	46.0%	46.0%	40.0%	38.0%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	46.0%	46.0%	40.0%	38.0%
Association Group/Employee Paid	LTC04I-AG	30.0%	30.0%	25.5%	24.5%
Employer Paid	LTC04I-AG	38.0%	38.0%	32.5%	30.5%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	38.0%	38.0%	32.5%	30.5%
		Policy Years 2+			
Individual	LTC04I	11.5%	11.5%	10.0%	9.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	11.5%	11.5%	10.0%	9.5%
Association Group/Employee Paid	LTC04I-AG	7.5%	7.5%	6.375%	6.125%
Employer Paid	LTC04I-AG	9.5%	9.5%	8.125%	7.625%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	9.5%	9.5%	8.125%	7.625%
		<b>Internal &amp; External Replacements</b>			
		All Policy Years			
Individual	LTC04I	11.5%	11.5%	10.0%	9.5%
Individual Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I	11.5%	11.5%	10.0%	9.5%
Association Group/Employee Paid	LTC04I-AG	7.5%	7.5%	6.375%	6.125%
Employer Paid	LTC04I-AG	9.5%	9.5%	8.125%	7.625%
Employer Paid Limited Premium Payment Period Option. Rate up to Lifetime Premium	LTC04I-AG	9.5%	9.5%	8.125%	7.625%

**B. COMMISSION RULES**

1. First Year commission is calculated on initial premium based on the application date of the issued policy.
2. Commission is calculated on premium for the Return of Premium option for the first policy year only, based on the policy issue date.
3. Commission is not calculated (a) on premium rate adjustments, (b) for polices on waiver of premium, or (c) on the difference in premium from a substandard Class 1 to a substandard Class 2.
4. Renewal commission will be calculated on coverage added through the Guaranteed Purchase Option.
5. The commission for this Product is Vested Compensation and may be credited to you after the Termination Date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are credited to Company, and (c) if you are the writing agent, you must also remain the producer of record.
6. Internal Replacements: Commission will be calculated if a new Mutual of Omaha Long Term Care policy replaces an existing Mutual of Omaha Long Term Care policy. Except as otherwise provided, the commission rate on the new policy will be based upon the policy year of the previous policy. You are only eligible for the first year commission rate on any premium associated with an increase in policy benefits. The commission rate for any premium equal to or less than the replaced policy's premium will be based on the policy year of the previous policy.

**COMPENSATION/PRODUCT SCHEDULE  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
TERM LIFE**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United of Omaha Life Insurance Company
- Application and Premium Submitted to: United of Omaha Life Insurance Company
- Commission paid by: United of Omaha Life Insurance Company

	Term Life 20, Term Life 30, Priority Reward 30	Term Life 15	Term Life 10
First Year Commission Rate	85%	75%	65%
Renewal Commission Rate, Years 2-10	0%	0%	0%
Renewal Commission Rate, Years 11+	0%	0%	0%

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. The commission is based on paid premium less the policy fee. No commissions are payable on temporary flat extra premiums. A "temporary flat extra premium" shall mean flat extra premiums paid on a policy for a period of five years or less.
3. Commission for this Product is vested and may be credited to you after the termination date if (a) the policy remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.
4. Your commission may be reduced for replacements or conversions in accordance with Company's administrative practices.
5. The Company may, from time to time, issue Compensation/Product Schedules with respect to these Products which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

**C. GENERAL PROVISIONS**

1. **Products Included.** The provisions and conditions of this Schedule shall apply only to Products specifically identified in this Schedule.
2. **Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.

**COMPENSATION/PRODUCT SCHEDULE  
 UNITED OF OMAHA LIFE INSURANCE COMPANY  
 TERM LIFE EXPRESS / TERM LIFE COMPLETE**

This Compensation/Product Schedule (this "Schedule") is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United of Omaha Life Insurance Company
- Application and Premium Submitted to: United of Omaha Life Insurance Company
- Commission paid by: Mutual of Omaha Life Insurance Company

	<b>Term Life Express</b>
Commission Rate, First Policy Year	90.00%
Renewal Commission Rate, Policy Years 2-10	1.00%
Renewal Commission Rate, Policy Years 11+	0.00%

	<b>Term Life Complete</b>
Commission Rate, First Policy Year (Face Amount \$499,999 and less)	90.00%
Commission Rate, First Policy Year (Face Amount \$500,000+ )	75.00%
Renewal Commission Rate, Policy Years 2-10	1.00%
Renewal Commission Rate, Policy Years 11+	0.00%

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application sign date of the issued policy.
2. Commission is calculated on paid premium including the policy fee. Commission will not be calculated on any temporary flat extra premiums. Commission on Riders will be calculated for all policy years, except the Disability Income rider will be calculated for the first policy year only.
3. Section E.2 of the Agreement does not apply to premium returned pursuant to a return of premium feature under the Policy. Section E.2 of the Agreement does apply to premium returned during the free look period.
4. Commission will not be charged back for a policy terminated due to death of the insured.
5. Commission for this Product is vested and may be credited to you after the termination date if (a) the policy remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.

**COMPENSATION/PRODUCT SCHEDULE  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
UNIVERSAL LIFE**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United of Omaha Life Insurance Company
- Application and Premium Submitted to: United of Omaha Life Insurance Company
- Commission paid by: United of Omaha Life Insurance Company

	PRIORITY ACCUM UL	GUL COMPLETE/ GUL EXPRESS, PRIORITY MAX GUL, PRIORITY MAX, PRIORITY ULTRA, PRIORITY SURVIVOR I & II
Commission Rate on Premiums up to Target Premium First Policy Year	85.0%	75.0%
Renewal Commission Rate on Premiums up to Target Premium Policy Years 2-5	2.0%	2.0%
Renewal Commission Rate on Premiums up to Target Premium Policy Years 6-10	1.5%	1.5%
Renewal Commission Rate on Premiums up to Target Premium Policy Years 11+	0.0%	0.0%
Commission Rate on Premiums Exceeding Target Premium First Policy Year	3.0%	2.0%
Renewal Commission Rate on Premiums Exceeding Target Premium Policy Years 2-5	2.0%	2.0%
Renewal Commission Rate on Premiums Exceeding Target Premium Policy Years 6-10	1.5%	1.5%
Renewal Commission Rate on Premiums Exceeding Target Premium Policy Years 11+	0.0%	0.0%

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. The commission is based on paid premium.
3. "Target Premium" is the issue age premium per thousand (specified in published rate tables) multiplied by the specified amount as set forth in the policy in thousands. "Premiums Exceeding Target Premium" is that amount of premium received by the Company in excess of the Target Premium.
4. On each policy anniversary, the Company will recalculate a new Target Premium, for any policy for which there has been an increase in the specified amount, and pay first policy year commission for Target Premium received by the Company during the next policy year that is in excess of the highest Target Premium ever paid on the policy. In no event will the commission rate on premiums up to Target Premium for first policy year be paid on premiums received in excess of the new Target Premium.
5. When a partial reduction is made to the specified amount in a policy during the first two policy years, commission may be adjusted in accordance with the reduction.



**COMPENSATION/PRODUCT SCHEDULE  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
WHOLE LIFE EXPRESS**

This Compensation/Product Schedule (this "Schedule") is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of the Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for Company's Whole Life Express product (the "Product"), as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United of Omaha Life Insurance Company
- Application and Premium Submitted to: United of Omaha Life Insurance Company
- Commission paid by: Mutual of Omaha Insurance Company

	Commission Rate		
	Year 1	Years 2-10	Years 11+
Issue Age, 0-75	115.0%	4.0%	0.0%
Issue Age, 76+	105.0%	4.0%	0.0%

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application sign date of the issued policy.
2. Commission is calculated on paid premium including policy fee.
3. The commission rate is based on age at issue.
4. Commission will not be charged back for a policy terminated due to death of the insured.
5. Commission for the Product is vested and may be credited to you after the termination date if (a) the policy remains in force, (b) the premiums for the policy are credited to Company, and (c) you are the writing agent and you remain the producer of record.
6. Commission may be reduced for replacements or conversions in accordance with Company's administrative practices.
7. The Company may, from time to time, issue schedules with respect to the Product which (a) amend, replace or terminate this Schedule, or (b) identify whether the Product is eligible for bonuses.

**C. GENERAL PROVISIONS**

1. **Product Included.** The provisions and conditions of this Schedule shall apply only to the Product specifically identified in this Schedule.
2. **Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.

**COMPENSATION/PRODUCT SCHEDULE  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
PRIORITY WHOLE LIFE**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

**A. COMMISSION**

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United of Omaha Life Insurance Company
- Application and Premium Submitted to: United of Omaha Life Insurance Company
- Commission paid by: United of Omaha Life Insurance Company

	Commission Rate		
	Year 1	Years 2-10	Years 11+
Issue Age, 0-75	105.0%	4.0%	0.0%
Issue Age, 76+	95.0%	4.0%	0.0%

**B. COMMISSION RULES**

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. Commission is based on paid premium including policy fee.
3. Commission rate based on age at issue.
4. Commission for this Product is Vested Commission and may be paid to you after the Termination Date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are paid to Company, and (c) if you are the writing agent, you must also remain the producer of record.
5. Your commission may be reduced for replacements or conversions.
6. The Company may, from time to time, issue Compensation/Product Schedules with respect to these Products which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

**C. GENERAL PROVISIONS**

1. **Products Included.** The provisions and conditions of this Schedule shall apply only to Products specifically identified in this Schedule.
2. **Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.
3. **Administrative Rules.** The Company's administrative rules, practices and procedures may be revised, modified or supplemented by the Company from time to time.

\*\*\*\*\* *This Schedule is not valid until executed by an Authorized Representative of the Company* \*\*\*\*\*

COMPENSATION OR PRODUCT SCHEDULE  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
CHILDREN'S WHOLE LIFE

This Compensation/Product Schedule (this "Schedule") is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Company's Children's Whole Life product (the "Product"), as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

A. COMMISSION

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

Authorized Affiliated Company: United of Omaha Life Insurance Company  
Application and Premium Submitted to: United of Omaha Life Insurance Company  
Commission paid by: Mutual of Omaha Insurance Company

Commission Rate	Renewal Commission Rate
Year 1	Year 2+
90.0%	0.0%

B. COMMISSION RULES

1. The commission rate is the rate that is in effect on the application sign date of the issued policy.
2. Commission is calculated as a percent of Annualized New Business Premium (ANBP).
3. Commission will not be charged back for a terminated policy, except when cancelled effective issue.
4. Commission may be reduced for replacements or conversions in accordance with Company's administrative practices.
5. The Company may, from time to time, issue schedules with respect to the Product which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

C. GENERAL PROVISIONS

1. Product Included . The provisions and conditions of this Schedule shall apply only to the Product specifically identified in this Schedule.
2. Non Assignment . You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.
3. Administrative Rules . The Company's administrative rules, practices and procedures may be revised, modified or supplemented by the Company from time to time.