

IMPORTANT PRIVACY NOTICE

Under the Gramm-Leach-Bliley Financial Services Modernization Act, United Life Insurance Company is required by law to provide notice of its privacy policies and practices to its customers. This new law affects the entire financial services industry, including insurance companies, banks, and security firms.

We collect non-public personal information about you from the following sources:

- Information we receive from you on applications or other forms.
- Information we receive in connection with the processing of your claims or requests for payment.
- Information we receive from a consumer reporting agency or similar third parties.
- Information we receive from others in the process of verifying information you provide us.
- Information about your transactions with us and our affiliates.
- Individually identifiable health information, such as your health history.
- Information we receive from you from our website.

We do not disclose any non-public personal information about our customers or former customers to nonaffiliated third parties, except as permitted by law.

As we do not intend to disclose any of your non-public personal information, except to our affiliates and except as permitted by law, we believe that there is no requirement to provide you with the option to “opt-out” of certain disclosures. In other words, because we do not intend to share non-public information we may learn about you, (except as set forth above) we do not see a need to provide you with the choice to instruct us to not make any disclosure.

If our practice with respect to sharing non-public personal information changes in the future, you will be notified in advance and given an opportunity to “opt-out” before the information sharing begins. We will, in that event, provide you with the appropriate means to instruct us as to your direction through written or other appropriate means.

We may disclose all of the information we collect, as described above, to companies that perform services on our behalf or to other financial institutions with whom we have joint marketing agreements. Our agreements with those parties require them to use your information responsibly and limit their ability to share this information with other parties.

We have security practices and procedures in place to prevent unauthorized access to your information. Our practices of safeguarding your information help protect against the criminal use of your information.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information.



LIMITED WAIVER OF NON-DISCLOSURE

IF YOU HAVE ALREADY COMPLETED THIS FORM, THERE IS NO NEED TO COMPLETE ANOTHER, UNLESS YOU WISH TO CHANGE THE PERSON(S)

This form is used by the owner of the policy to authorize individuals to obtain information on their policies while the owner is still alive. THIS IS NOT A BENEFICIARY CHANGE FORM

As stated in our Policy, we do not disclose any non-public personal information about our customers or former customers to non-affiliated third parties, except as permitted by law. To assure security in this regard, at this time it is our policy to disclose information only to the policy owner, his agent or agent's representative(s) and only after proper identification.

However, we do recognize that from time to time you may wish to have certain information about your policy made available to a limited number of others while maintaining security from disclosure to anyone else.

Please list below those individuals (if any) to whom you wish to allow us to disclose information concerning your policy. We would also ask you to provide us with a relationship and a "personal identifier" for each. We will require this personal identifier before any information is disclosed. Personal identifier could be a nickname, SS#, date of birth, federal tax ID, favorite color, etc.

You are hereby authorized to disclose information about my insurance with United Life Insurance Company to:

NAME	RELATIONSHIP	PERSONAL IDENTIFIER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed: _____

Date: _____

Owner's Name (PLEASE PRINT): _____

Policy No: _____

(THIS FORM MUST BE SIGNED BY THE POLICYOWNER. Please make a copy of this for your files and mail the original to United Life Insurance Company, PO Box 758596, Topeka, KS 66675-8596.)

We are providing this service to our customers who wish to elect to have security maintained on their policies but recognize the need for limited disclosure to certain individuals. If this is not returned, we will continue our current posture of non-disclosure in compliance with our Privacy Notice. If you have any questions in this regard, please contact our Customer Service Department at 1-800-982-9216.



UNITED LIFE
INSURANCE COMPANY