

Митиас ФОтана Contract Information and Signature Form

Producer Informat	(Required)					
Name: First Name, Mic	ldle Name, Last Name (as it anne:	ears on license) Middle Name Required, if not	SSN:	-	DOB:	DD YYYY
Home Address:	N					
Pusinoss Addross				City	State	Zip Code
Drimon, Dhona Numb	P.O). Box Accepted		City	State	Zip Code
		Cell Phone:				
Email Address:					_	
		·				
		:	Carrier Name	Ψ_	Minimum \$1M Per Cla	aim
Background Inform	Nation (Required -	Must be answered) / authority, such as an insura	ance department FINE	24 or the SEC eve	r fined or suspen	nded you
Yes No	placed you on prob	bation, assessed you any ad	ministrative costs, ente	ered into a consen	t order with you,	issued
		ense, or otherwise discipline		ntly under investiga	ation by any regu	ılatory
		an insurance department, FI raffic offenses that did not re		on or property, have	ve vou been (1)	
Yes No		ffense, or (2) pled guilty or n				
=	•	ons does not automatically pre	-	ontracted.		
, ·	,					
		(PLANATION for any "YES" answ				ation (court docu
insurance department do	cuments etc.). Failure to	o answer "YES", when appropria	te, may result in denial of	your request to be co	ontracted.	
Contracting Selec	tion (Select Onl	ly One Agent Agreement C	ontract)			
I have received	, reviewed and agree to	be bound by the Terms & Condi	tions of the General A	gent Agreemer	1t with Mutual of O	maha and its
affiliates (BM	O151.017)	Please retain a copy of the	ha agraamant for your file	ο ΛοοργινίΙΙ not be		
			ne agreement for your me	s. A copy will not be	e returned to you.	
I have received	I, reviewed and agree to					maha and its
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Contract Information and Signature Form

Section 2

Business Ir	nformation (Only complete this section if contraction	ng as an Incorporated Entity, Partners	ship or LL	C)	
	(As Shown On Income Tax Returns)		<u> </u>	•	
-	usiness As:				
Address	P.O. Box Accepted	City	tate	Zip Code	
Phone:	Email Ac	ldress:			
Principa	ıl Officer: neral Agency (If applicable):				
Contractii	ng Selection (Required for Corporation)				
with	ave received, reviewed and agree to be bound by the Term h Mutual of Omaha and its affiliates <i>(BMO151.017)</i> hase retain a copy of the agreement for your files. A copy of		<u>Agreemer</u>	<u>nt</u>	
Direct Dep	osit Information (Direct Deposit is required for Ger	neral Agent Contracting - Not applicable	e for Speci	ial Agents)	
Financial I	Institution:				
				O	0 .
	umber: Account Number an assignment of commissions. Form 1099 will be issued		Type	Checking	Savings
Express Pa		to the commission owner.			
Elig	press Pay is calculated every day. (If unselected, default p		may not be	available for all n	narketers.
W-9 Inform					
Taxpayer Id	entification Number (TIN) n the appropriate box. For individuals, this is your social security n	was been for other actions it is your employer ide	ntification nu	mah a r	
-		umber. For other entities, it is your employer ide	nuncation nu	imber.	
Emplo	yer Identification Number				
Certification	on				
	es of perjury, I certify that:				
	nber provided is my correct taxpayer identification number, t subject to backup withholding because: (a) I am exempt		been notifi	ied by the Interna	l Revenue
Service	(IRS) that I am subject to backup withholding as a result of				
	onger subject to backup withholding, and J.S. person (a U.S. citizen or U.S. resident alien or a partr	pership, corporation, company or association	on created	or organized in th	nellS or
under th	ne laws of the U.S. or an estate (other than a foreign estate	e) or a domestic trust (as defined in Regula	itions section	on 301.7701-7).	
	instructions : You must cross out item 2 above if you have failed to report all interest and dividends on your tax		irrently sub	ject to backup wit	hholding
The Internal	Revenue Service does not require your consen	t to any provision of this document	t other th	an the above-	
referenced of	certifications required to avoid backup withhold				
Sign Here	Signature of U.S. Person →		Date→		
	****Please p	proceed to Section 3*****			
	Contract Signature, Certification and	Direct Deposit Authorizati	ion		
By signing bel					
(a) you agree	to be bound by the terms and conditions of the Agreemen that the information that you have provided is true and cor	it(s) selected, rect and you agree that you will report imr	madiataly a	ny event that wou	ıld change
	rmation, in any manner, which you have provided,	rect and you agree that you will report init	necialely a	ny event that wou	ilu change
	to maintain your state insurance license in good standing,	stay current with required continuing educ	ation, and	obtain and mainta	ain E&O
coverage as re	equirea, and e completed the Direct Deposit section(s) you authoriz	e Mutual of Omaha Insurance Company	("Company	") and its affiliates	s to
electronically of	credit the bank account and, if necessary, to electronically	debit the account to correct erroneous cr	edits. You		
(e) Please revi	will remain in full force and effect until you notify Company iew our Online Privacy Policy at www.mutualofomaha.com/p u in our "For California Residents Only" notice at www.mutua	rivacy. If you are a California resident, you r	may read at	oout your privacy r	ights
Producer Si	•	Business Signature (If Signing o	•)
Name:	(Signature Required)	Name:			
		Title			
Date:		Title:	(Required)		
*****Please	proceed to the FCRA Authorization Form*****	Date			
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DUE DILIGENCE REQUIREMENT

If "yes" answer was supplied in the "Background Information" section of the contract information signature form this section is **required** to move forward with contracting.

Due Diligence Information: Please attach any supporting documentation including explanation to aid in our final review.

Offense ID	Date of Offense	County of Offense	State of Offense	Offense/Conviction
Example	09/15/2020	Saunders	NE	Disorderly Conduct
1				
2				
3				
4				
5				
6				



FAIR CREDIT REPORTING ACT DISCLOSURE

Disclosure Regarding Consumer Reports

Mutual of Omaha Insurance Company and its affiliates with which you intend to contract (together, "Mutual of Omaha") may obtain and use consumer reports about you in order to evaluate your eligibility to contract with Mutual of Omaha as an insurance producer or to remain contracted as an insurance producer for Mutual of Omaha.

California State Disclosure

For California applicants: Under California law, an "investigative consumer report" is a consumer report in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through any means. Mutual of Omaha may obtain an investigative consumer report (which may include information described above) from an investigative consumer reporting agency ("ICRA") on you in order to evaluate your eligibility to contract with Mutual of Omaha as an insurance producer. The nature and scope of this investigation includes your character, general reputation, personal characteristics, or mode of living information, including criminal history and credit.

The ICRA preparing the investigative consumer report and conducting the investigation will be

Business Information Group, Inc.

P.O. Box 541 Southampton, PA 18966 Phone: (800) 260-1680

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows:

- (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided;
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. An ICRA complying with requests for certified mailings under California Civil Code section 1786.22 shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA;
- (3) A summary of all information contained in your files and required to be provided by California Civil Code section 1786.10 shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

"Proper Identification," as used above, means information generally deemed sufficient to identify you, which includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you pursuant to California Civil Code section 1786.10 and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection under California Civil Code section 1786.22.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

YOUR AUTHORIZATION

By signing below, I authorize Mutual of Omaha to obtain and use consumer reports about me in order to evaluate my eligibility to contract with Mutual of Omaha as an insurance producer. If I am contracted with Mutual of Omaha, my authorization will remain valid for as long as I am contracted, such that, to the extent permitted by applicable law, I agree that Mutual of Omaha can procure additional consumer report(s) which may include criminal background checks, consumer credit reports and/or investigative consumer reports (as defined by federal law) without providing additional disclosures or obtaining additional authorizations.

California, Minnesota and Oklahom which will disclose the nature and sco	na. You have a right to request a copy of the consume ope of the report.	r report
Yes, please provide	me a copy of the consumer report.	
	upon written request, to be informed of whether consumer report is requested, you will be provided voorting agency furnishing the report.	
Candidate Signature	Date	
Print Name	_	

MUTUAL OF OMAHA INSURANCE COMPANY ACCIDENTAL DEATH ISSUE ADVANCE COMMISSION AMENDMENT

GENERAL AGENT/REPRESENTAT	TIVE	
	SOCIAL SECURITY or	
BY:	TAX ID NUMBER:	
(Signature always required)		
PRINTED NAME:		
TITLE:	DATE:	
accompany this signed Advance	d Advance Commission Transmittal Foce Commission Amendment.	rm must
accompany this signed Advance MASTER GENERAL AGENCY	ce Commission Amendment.	rm must
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accompany this signed Advance MASTER GENERAL AGENCY I approve of the Advance of Commiss BY:	sion pursuant to this Agreement.	rm must

This Amendment is subject to Company's written approval. If Company approves this Amendment, Company will send an executed signature page to the GA/Rep. The executed signature page will become part of this Amendment. The advance mode and the advance maximum amount per policy will be included on the executed signature page.

MUTUAL OF OMAHA INSURANCE COMPANY UNITED OF OMAHA LIFE INSURANCE COMPANY UNITED WORLD LIFE INSURANCE COMPANY OMAHA INSURANCE COMPANY OMAHA SUPPLEMENTAL INSURANCE COMPANY HEALTH ISSUE ADVANCE COMMISSION AMENDMENT

GENERAL AGENT/REPR	SENTATIVE
	SOCIAL SECURITY or
	TAX ID NUMBER:
(Signature always require	
PRINTED NAME:	-
TITLE:	DATE:
	mpleted Advance Commission Transmittal Form mu
accompany this signed MASTER GENERAL AGE	Advance Commission Amendment.
accompany this signed MASTER GENERAL AGE I approve of the Advance of	Advance Commission Amendment. ICY Commission pursuant to this Agreement.
accompany this signed MASTER GENERAL AGE	Advance Commission Amendment. ICY Commission pursuant to this Agreement.
ACCOMPANY this signed MASTER GENERAL AGE I approve of the Advance of BY: (Signature always required	Advance Commission Amendment. ICY Commission pursuant to this Agreement.

This Amendment is subject to Company's written approval. If Company approves this Amendment, Company will send an executed signature page to the GA/Rep. The executed signature page will become part of this Amendment. The advance mode and the advance maximum amount per policy will be included on the executed signature page.

UNITED OF OMAHA LIFE INSURANCE COMPANY LIFE ISSUE ADVANCE COMMISSION AMENDMENT

Please Note: The Debt Verification Authorization form must also be signed and must accompany this signature page before advancing will be considered for approval.

GENERAL AGENT/REPRESENTATIV	'E	
	SOCIAL SECURITY or	
BY:	TAX ID NUMBER:	
(Signature always required)		
PRINTED NAME:		
TITLE:	DATE:	
accompany this signed Advance	Advance Commission Transmitta Commission Amendment.	l Form must
accompany this signed Advance MASTER GENERAL AGENCY	Commission Amendment.	I Form must
accompany this signed Advance MASTER GENERAL AGENCY	Commission Amendment.	l Form must
accompany this signed Advance MASTER GENERAL AGENCY I approve of the Advance of Commission	Commission Amendment. n pursuant to this Agreement.	l Form must
accompany this signed Advance MASTER GENERAL AGENCY I approve of the Advance of Commission	Commission Amendment. n pursuant to this Agreement.	I Form must
accompany this signed Advance MASTER GENERAL AGENCY I approve of the Advance of Commission BY:	Commission Amendment. n pursuant to this Agreement.	I Form must

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