

# Contract Information and Signature Form



If contracting as a: **Producer only - complete sections 1, 3 & Individual FCRA Authorization Form**  
**Business Entity only - complete sections 2 & 3**

**Section 1** Business Entity & Principal- complete sections 1, 2, 3 (both signature blocks) & Individual FCRA Authorization Form

## Producer Information (Required)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
First Name, Middle Initial, Last Name (as it appears on license) MM DD YYYY

Home Address: \_\_\_\_\_  
Not a P.O. Box City State Zip Code

Business Address: \_\_\_\_\_  
P.O. Box Accepted City State Zip Code

Primary Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Master General Agency (If applicable): \_\_\_\_\_

Errors & Omission Insurance (As Required): \_\_\_\_\_ \$ \_\_\_\_\_  
Carrier Name Minimum \$1M Per Claim

## Background Information (Required - Must be answered)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any regulatory authority, such as an insurance department, FINRA or the SEC ever fined or suspended you, placed you on probation, assessed you any administrative costs, entered into a consent order with you, issued you a restricted license, or otherwise disciplined you? Are you currently under investigation by any regulatory authority, such as an insurance department, FINRA or the SEC?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other than minor traffic offenses that did not result in harm to a person or property, have you been (1) convicted of any offense, or (2) pled guilty or nolo contendere (no contest) to any offense?

NOTE: Answering "YES" to the above questions does not automatically preclude you from being contracted.

If Yes, please include county \_\_\_\_\_

Directions: PLEASE PROVIDE A WRITTEN EXPLANATION for any "YES" answer including the disposition and applicable supporting documentation (court documents, insurance department documents etc.). Failure to answer "YES", when appropriate, may result in denial of your request to be contracted.

## Contracting Selection (Required) Please review our Online Privacy Policy at [www.mutualofomaha.com/privacy](http://www.mutualofomaha.com/privacy)

<input type="checkbox"/>	I have received, reviewed and agree to be bound by the Terms & Conditions of the <b>General Agent Agreement</b> with Mutual of Omaha and its affiliates <b>(BMO151.013)</b> Please retain a copy of the agreement for your files. A copy will not be returned to
<input type="checkbox"/>	I have received, reviewed and agree to be bound by the Terms & Conditions of the <b>Special Agent Agreement</b> with Mutual of Omaha and its affiliates <b>(BMO152.013)</b> Please retain a copy of the agreement for your files. A copy will not be returned to you.

## Direct Deposit Information (Complete if you are electing direct deposit - not applicable for Special Agents)

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Account Type  Checking  Savings

This is not an assignment of commissions. Form 1099 will be issued to the commission owner.

## Express Pay Opt In

Eligibility requires Direct Deposit, Electronic Statements and no active Legal Judgments. Express Pay may not be available for all Marketers. Express Pay is calculated every day. (If unselected, default pay cycle is Weekly.)

## Designation of Beneficiary (If applicable)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Name, Middle Initial, Last Name or Business Name

Home Address: \_\_\_\_\_  
Not a P.O. Box City State Zip Code

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or TIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## W-9 Information

### Taxpayer Identification Number (SSN)

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Certification

Under penalties of perjury, I certify that:

1. The number provided is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7)).

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.**

Sign Here	Signature of U.S. Person →	Date →
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Please proceed to Section 3

# Contract Information and Signature Form

## Section 2

**Business Information** (Only complete this section if contracting as an Incorporated Entity, Partnership or LLC)

Name: \_\_\_\_\_ (As Shown On Income Tax Returns) TIN: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box Accepted \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Principal Officer: \_\_\_\_\_

**Master General Agency** (If applicable): \_\_\_\_\_

### **Contracting Selection** (Required for Corporation)

I have received, reviewed and agree to be bound by the Terms & Conditions of the **General Agent Agreement** with Mutual of Omaha and its affiliates (**BMO151.013**)

Please retain a copy of the agreement for your files. A copy will not be returned to you.

### **Direct Deposit Information** (Complete if you are electing direct deposit)

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Account Type  Checking  Savings

This is not an assignment of commissions. Form 1099 will be issued to the commission owner.

### **Express Pay Opt In**

Eligibility requires Direct Deposit, Electronic Statements and no active Legal Judgments. Express Pay may not be available for all marketers. Express Pay is calculated every day. (If unselected, default pay cycle is Weekly.)

### **W-9 Information**

**Taxpayer Identification Number (TIN)** \_\_\_\_\_

Enter your TIN in the appropriate box. For individuals, this is your social security number. For other entities, it is your employer identification number.

**Employer Identification Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### **Certification**

Under penalties of perjury, I certify that:

1. The number provided is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (a U.S. citizen or U.S. resident alien or a partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. or an estate (other than a foreign estate) or a domestic trust (as defined in Regulations section 301.7701-7).

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**The Internal Revenue Service does not require your consent to any provision of this document other than the above-referenced certifications required to avoid backup withholding.**

<b>Sign Here</b>	Signature of U.S. Person →	Date →
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\*\*\*\*Please proceed to Section 3\*\*\*\*

## Section 3 - Contract Signature, Certification and Direct Deposit Authorization

By signing below:

- (a) you agree to be bound by the terms and conditions of the Agreement(s) selected,
- (b) you certify that the information that you have provided is true and correct and you agree that you will report immediately any event that would change any of the information, in any manner, which you have provided,
- (c) you agree to maintain your state insurance license in good standing, stay current with required continuing education, and obtain and maintain E&O coverage as required, and
- (d) if you have completed the Direct Deposit section(s) you authorize Mutual of Omaha Insurance Company ("Company") and its affiliates to electronically credit the bank account and, if necessary, to electronically debit the account to correct erroneous credits. You understand that this authorization will remain in full force and effect until you notify Company that you wish to revoke this authorization.

### **Producer Signature**

Name: \_\_\_\_\_  
(Signature Required)

Date: \_\_\_\_\_

### **Business Signature** (If Signing on the behalf of the Business)

Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Required)

\*\*\*\*Please proceed to the FCRA Authorization Form\*\*\*\*

Date \_\_\_\_\_

**State Appointment Requests-** To add the appointment the producer must have an active state license

Please mark the state appointments to be added for this producer: Please include license copies, grid or NIPR report.

**If no copies, grid or NIPR report are received only the resident state will be added**

Producer Name \_\_\_\_\_ SSN/Producer Number \_\_\_\_\_

<input type="checkbox"/> All States Licensed		
<input type="checkbox"/> Alabama	<input type="checkbox"/> Kentucky	<input type="checkbox"/> North Carolina
<input type="checkbox"/> Alaska	<input type="checkbox"/> Louisiana	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Maine	<input type="checkbox"/> Ohio
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Maryland	<input type="checkbox"/> *Oklahoma
<input type="checkbox"/> California	<input type="checkbox"/> *Massachusetts	<input type="checkbox"/> Oregon
<input type="checkbox"/> Colorado	<input type="checkbox"/> Michigan	<input type="checkbox"/> *Pennsylvania
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Delaware	<input type="checkbox"/> Mississippi	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Florida	<input type="checkbox"/> Missouri	<input type="checkbox"/> South Dakota
<input type="checkbox"/> *Georgia	<input type="checkbox"/> *Montana	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Texas
<input type="checkbox"/> Idaho	<input type="checkbox"/> Nevada	<input type="checkbox"/> Utah
<input type="checkbox"/> Illinois	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Vermont
<input type="checkbox"/> Indiana	<input type="checkbox"/> New Jersey	<input type="checkbox"/> *Virginia
<input type="checkbox"/> Iowa	<input type="checkbox"/> *New Mexico	<input type="checkbox"/> Washington
<input type="checkbox"/> Kansas	<input type="checkbox"/> New York	<input type="checkbox"/> West Virginia
		<input type="checkbox"/> Wisconsin
		<input type="checkbox"/> Wyoming

**\*IMPORTANT NOTICE REGARDING COMPENSATION:**

Entity Type	State
<ul style="list-style-type: none"> <li>Licenses and Appointment required for both Individuals and Corporations.</li> <li><b>License must be effective prior to the policy application sign date</b></li> </ul>	Montana Virginia
<ul style="list-style-type: none"> <li>Licenses and Appointment required for both Individuals and Corporations</li> </ul>	Georgia Massachusetts New Mexico Pennsylvania

**\*If individuals and corporations do not follow the above guidelines for the states referenced, compensation will be held on anyone in the hierarchy who does not hold the license and appointment.**

**\*States listed in either red or half red & blue are pre-appointment states and require the producer to be appointed prior to soliciting business**

**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.

**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 do contract with Mutual of Omaha as an insurance producer, by signing below, I also authorize Mutual of Omaha to obtain and use consumer reports about me while my contract is in effect in order to evaluate my continued eligibility to remain an insurance producer for Mutual of Omaha.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Additional Information About Consumer Reports

Consumer reports may include, among other things, information about your credit history, criminal record and history, and insurance department regulatory actions.

We will obtain a copy of your consumer report from:

Name/Address/Phone

**For California, Minnesota and Oklahoma:** You have a right to request a copy of the consumer report which will disclose the nature and scope of the report.

Yes, please provide me a copy of the consumer report

**For New York:** You have a right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.

**MUTUAL OF OMAHA INSURANCE COMPANY  
ACCIDENTAL DEATH  
ISSUE ADVANCE COMMISSION AMENDMENT**

<b>GENERAL AGENT/REPRESENTATIVE</b>	
BY: _____ (Signature always required)	SOCIAL SECURITY or TAX ID NUMBER: _____
PRINTED NAME: _____	
TITLE: _____ DATE: _____	

**Please Note: The completed Advance Commission Transmittal Form must accompany this signed Advance Commission Amendment.**

<b>MASTER GENERAL AGENCY</b>	
I approve of the Advance of Commission pursuant to this Agreement.	
BY: _____ (Signature always required)	
PRINTED NAME: _____	
TITLE: _____ DATE: _____	

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  
HEALTH ISSUE ADVANCE COMMISSION AMENDMENT

<b>GENERAL AGENT/REPRESENTATIVE</b>	
BY: _____ (Signature always required)	SOCIAL SECURITY or TAX ID NUMBER: _____
PRINTED NAME: _____	
TITLE: _____	DATE: _____

**Please Note: The completed Advance Commission Transmittal Form must accompany this signed Advance Commission Amendment.**

<b>MASTER GENERAL AGENCY</b>	
I approve of the Advance of Commission pursuant to this Agreement.	
BY: _____ (Signature always required)	
PRINTED NAME: _____	
TITLE: _____	DATE: _____

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.**

<b>GENERAL AGENT/REPRESENTATIVE</b>	
BY: _____	SOCIAL SECURITY or TAX ID NUMBER: _____
(Signature always required)	
PRINTED NAME: _____	
TITLE: _____ DATE: _____	

**Please Note: The completed Advance Commission Transmittal Form must accompany this signed Advance Commission Amendment.**

<b>MASTER GENERAL AGENCY</b>	
I approve of the Advance of Commission pursuant to this Agreement.	
BY: _____	
(Signature always required)	
PRINTED NAME: _____	
TITLE: _____ DATE: _____	

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.