



# **MUTUAL OF OMAHA LICENSING & CONTRACTING**

**PLEASE COMPLETE THE ATTACHED APPOINTMENT  
PAPERWORK AND MAIL, FAX OR EMAIL TO:**

**United Producers Inc  
1100 East 6600 South, Suite 505  
Salt Lake City, UT 84121**

**Fax Toll Free: 888-888-7449**

**Email: [kirby@uproducers.net](mailto:kirby@uproducers.net)**

**Please send a copy of the following with your appointment paperwork:**

- **Copy of Insurance License**
- **Copy of E&O Coverage**
- **Anti-Money Laundering Completion Certificate**

**TO BE COMPLETED BY GENERAL AGENT  
FOR ALL STATES EXCEPT NEW YORK**

**GENERAL AGENT**

By: \_\_\_\_\_  
(Signature always required)

Printed Name: \_\_\_\_\_  
(Same as signature above)

Title: \_\_\_\_\_

General Agent: \_\_\_\_\_  
(As it appears on license)

DBA: \_\_\_\_\_  
(If applicable)

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

Designated Beneficiary \_\_\_\_\_



**MUTUAL OF OMAHA INSURANCE COMPANY  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
UNITED WORLD LIFE INSURANCE COMPANY**

By: \_\_\_\_\_

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

Title: First VP Compliance License & Appt

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

**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.

Social Security Number								
		+		+				

or

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 (including a U.S. resident alien).

**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 certifications required to avoid backup withholding.

<b>Sign Here</b>	Signature of U.S. person →	Date →
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**TO BE COMPLETED BY GENERAL AGENT  
FOR NEW YORK ONLY**

**GENERAL AGENT**

By: \_\_\_\_\_  
(Signature always required)

Printed Name: \_\_\_\_\_  
(Same as signature above)

Title: \_\_\_\_\_

General Agent: \_\_\_\_\_  
(As it appears on license)

DBA: \_\_\_\_\_  
(if applicable)

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

Designated Beneficiary \_\_\_\_\_



**MUTUAL OF OMAHA INSURANCE COMPANY  
COMPANION LIFE INSURANCE COMPANY**

By: \_\_\_\_\_

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

Title: First VP Compliance License & Appt

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

**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.

Social Security Number

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or

Employer Identification Number

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Sign Here	Signature of U.S. person →	Date →
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MUTUAL OF OMAHA INSURANCE COMPANY  
BACKGROUND AND INFORMATION SHEET

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (must be a physical street address): \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(optional) (optional)

Business Name: \_\_\_\_\_  
(if applicable)

Personal Business Address: \_\_\_\_\_

**\*Note – All correspondence (including compensation statements), will be mailed to the personal business address indicated. Only one business address is supported per individual. If no business address is indicated, mail will be directed to home address.**

Address for overnight packages (cannot be a P.O. Box): \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please identify your Master General Agency (if applicable): \_\_\_\_\_

Broker Dealer Name, if applicable: \_\_\_\_\_

**Errors and Omission Insurance Information:**  
In accordance with the requirements of Mutual of Omaha, I agree to maintain professional liability insurance (referred to as Errors & Omissions coverage) covering the sales and service of Mutual of Omaha insurance products.  
The coverage is with \_\_\_\_\_  
Carrier Name  
In the amount of \$ \_\_\_\_\_  
I will promptly notify Mutual of Omaha of any cancellation or major modifications to my coverage.

**BACKGROUND EXPERIENCE. Note: Please read each question carefully. Failure to answer "Yes" below, when appropriate, may result in the denial of your request to be contracted.**

1. Have you ever been fined, suspended, placed on probation, paid administrative costs, entered into a consent order, been issued a restricted license or otherwise been disciplined or reprimanded, or are you currently under investigation by any insurance department, the NASD, SEC or any other regulatory authority?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
2. Have you ever been convicted or plead guilty or nolo contendere (no contest), served any probation, paid any fines or court costs, had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure, or are any charges currently pending against you for any offense other than a minor traffic violation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

PROVIDE A WRITTEN EXPLANATION AND APPLICABLE SUPPORTING DOCUMENTATION (i.e., court documents, insurance department documents, etc.) FOR ANY QUESTION TO WHICH YOU RESPONDED "YES". Please be sure to date and sign the written statement.

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

**FAIR CREDIT REPORTING ACT DISCLOSURE TO CONSUMERS  
AND BACKGROUND AND INFORMATION SHEET**

Mutual of Omaha Insurance Company and its affiliates with which you intend to contract (together, "Mutual of Omaha") will obtain consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting as an insurance producer.

"Consumer Report" means a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which will be used by Mutual of Omaha, in whole or in part for the purpose of serving as a factor in establishing your eligibility to be contracted as an insurance producer.

This means a credit report, criminal report and report of insurance department regulatory actions will be obtained and reviewed as part of a background investigation in order to determine your eligibility to be appointed.

By signing below, I acknowledge the "Fair Credit Reporting Act Disclosure to Consumers" has been provided to me.

**CANDIDATE'S STATEMENT - READ CAREFULLY**

Mutual of Omaha is hereby authorized to make any investigation of my criminal record history, insurance department history and credit history through any consumer reporting agency or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted. I understand that this inquiry will include information as to my general reputation, personal characteristics and mode of living.

**AUTHORIZATION**

I authorize any consumer reporting agency, insurance department, law enforcement agency, the National Association of Securities Dealers, The Securities and Exchange Commission or any other person or organization having any records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such records, data and information to Mutual of Omaha.

I understand that if contracted, this authorization will remain valid as long as I am contracted with Mutual of Omaha.

A photocopy of this authorization shall be considered as effective as the original.

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

\_\_\_\_\_  
Date

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

# Check Deposit Authorization



I, the undersigned, do hereby authorize Mutual of Omaha to deposit my check as indicated below. This authority is to remain in full force and effect until Mutual of Omaha has received notification from me of its termination in such time and in such manner as to afford Mutual of Omaha a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

## A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED TO VERIFY ACCOUNT NUMBER.

New Deposit            or             Change Deposit

Name of Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Checking Account No. \_\_\_\_\_

or

Savings Account No. \_\_\_\_\_

Is This Electronic Deposit For:

Company            or             Individual            *(check one)*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Tax ID or Social Security Number \_\_\_\_\_

Producer Number \_\_\_\_\_

Effective Date \_\_\_\_\_

Telephone Number (    )    -    \_\_\_\_\_

**Please remember to attach a voided check or deposit slip to verify account number.**

Return completed form and copy of voided check or deposit form to:

Mutual of Omaha Insurance Company            or            FAX to: 402-351-2646  
Attn: 11 - Broker Compensation  
Mutual of Omaha Plaza  
Omaha, NE 68175

\*Electronic Deposit is not available for all products. Please contact Sales Support for exclusions 800-775-7898.

<b>MUTUAL OF OMAHA USE ONLY</b>	
Entered & Verified By _____	Date _____

**MUTUAL OF OMAHA**  
**TRANSFER REQUEST FORM**

**Transfer Rules**

All requested hierarchy changes must include this form. The signature(s) that are required will be based off the following scenarios:

1. Individuals/entities requesting a hierarchy transfer to a different marketer that have been contracted through the marketer for at least six months with no income generated from new business can transfer by signing the Transfer Request Form without the acknowledgement of the current Marketer.
2. Individuals/entities requesting a hierarchy transfer to a different marketer that have not been contracted with Mutual of Omaha for at least six months must obtain the current Marketer's acknowledgement on the Transfer Request Form before submitting the request to Mutual of Omaha.
3. Individuals/entities requesting a hierarchy transfer to a different marketer that have had income generated from new business within the past six months must obtain the current marketer's acknowledgement on the Transfer Request Form before submitting the request to Mutual of Omaha.

**Note:** Producers and/or Associate Marketers may only transfer at current contract level.

**Transfer Requests will be effective the first of the month following the date the request is processed by Mutual of Omaha. Please keep in mind if preparing to solicit new applications, the application date must be after the hierarchy change effective date. Note: Existing business will not be transferred to the new hierarchy.**

**Signature of Party Requesting Hierarchy Transfer:**

\_\_\_\_\_  
Contracted Party's Name (please print)

\_\_\_\_\_  
Production Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
TTN or SSN

**Marketer Signature Acknowledging Transfer:**

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Production Number

\_\_\_\_\_  
Marketer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signor

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

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

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 Term 10	Priority Term 15	Priority Term 20, Priority Term 30, Priority Reward 30
First Year Commission Rate	60.00%	70.00%	80.00%
Renewal Commission Rate, Years 2-10	0.00%	0.00%	0.00%
Renewal Commission Rate, Years 11+	0.00%	0.00%	0.00%

**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 Compensation 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.
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.