



General Agent Contract Checklist

Individual/Entity Name: _____

REQUIRED DOCUMENTS FOR CONTRACTING

- General Agent Agreement – Return Signature Page Only**
 - Signature Page Signed & Dated
 - Full Name Printed or Typed
 - Tax Identification Number Section Completed
 - Certification Section Completed, Signed & Dated

- Background & Information Sheet**
 - Personal Section Completed
 - Business Section Completed
 - Errors & Omissions Information Completed
 - Background Experience Questions 1 and 2 Answered
 - Answering "YES" to either question requires a written, signed and dated explanation.
 - Signed & Dated

- Fair Credit Reporting Act Disclosure**
 - Signed & Dated

- Check Deposit Authorization (Optional)**
 - Completed, Signed & Dated
 - Voided Check or Deposit Slip Attached

- Current State Licenses**
 - ALL States in Which General Agent Will Be Soliciting Business
NOTE: For contracted entities who will not sell, solicit, negotiate or hold themselves out as an insurance agency, no license is required except in the following states:
 - Corporations: GA, KY, MA, MS, MO, MT, PA, PR, TX, UT, VA, WV
 - Individuals: FL, GA, KS, KY, MA, MS, MO, MT, NC, PA, PR, TX, UT, VA, WV

- Long Term Care Continuing Education Certificate (If Applicable)**

- State Appointment Form (Non-Resident Hawaii Only – 2 Originals)**

PLEASE NOTE

ALL MATERIALS MUST BE RETURNED TO YOUR MASTER GENERAL AGENCY TO CONTINUE THE CONTRACTING PROCESS

MGA Use Only:

Completed Transmittals for Appropriate Company:

- Mutual & United (Health Products – All States)
- United (Life & Annuity Products – All States Except NY)
- Companion (Life & Annuity Products – NY Only)
- United World (Health Products)- Refer to UW Transmittal for approved states

Mail To: Mutual of Omaha
Mutual of Omaha Plaza
6 – Appointments & Contracts
Omaha, NE 68175

Fax To: 1-402-351-5779
Questions (MGAs Only): 1-800-867-6873

Email To: contractsandappointments@mutualofomaha.com

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



GENERAL AGENT	
By: _____ <small>(Signature always required)</small>	
Printed Name: _____ <small>(Same as signature above)</small>	
Title: _____	
General Agent: _____ <small>(As it appears on license)</small>	
DBA: _____ <small>(If applicable)</small>	
Date: _____	
Designated Beneficiary _____	

MUTUAL OF OMAHA INSURANCE COMPANY UNITED OF OMAHA LIFE INSURANCE COMPANY UNITED WORLD LIFE INSURANCE COMPANY
By: _____
Name: _____
Title: <u>First VP Compliance License & Appt</u>
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.

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



GENERAL AGENT	
By: _____ <small>(Signature always required)</small>	
Printed Name: _____ <small>(Same as signature above)</small>	
Title: _____	
General Agent: _____ <small>(As it appears on license)</small>	
DBA: _____ <small>(If applicable)</small>	
Date: _____	
Designated Beneficiary _____	

MUTUAL OF OMAHA INSURANCE COMPANY COMPANION LIFE INSURANCE COMPANY	
By: _____	
Name: _____	
Title: <u>First VP Compliance License & Appt</u>	
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.

Sign Here	Signature of U.S. person →	Date →
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**TO BE COMPLETED BY SPECIAL AGENT
FOR ALL STATES EXCEPT NEW YORK**



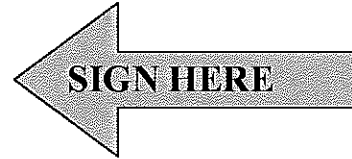
SPECIAL AGENT

By: _____
(Signature always required)

Printed Name: _____
(Same as signature above)

Special Agent: _____
(As it appears on license)

Date: _____



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

By: _____

Name: _____

Title: Vice President Customer Service Administration

Date: _____

**TO BE COMPLETED BY Special Agent
FOR NEW YORK ONLY**



SPECIAL AGENT

By: _____
(Signature always required)

Printed Name: _____
(Same as signature above)

Special Agent: _____
(As it appears on license)

Date: _____



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

By: _____

Name: _____

Title: Vice President Customer Service Administration

Date: _____

MUTUAL OF OMAHA INSURANCE COMPANY AND ITS AFFILIATES
BACKGROUND AND INFORMATION SHEET

Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address (must be a physical street address): _____

Home Phone: _____ Home Fax: _____

(optional)

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): _____

Errors and Omission Insurance Information:

In accordance with the requirements of Mutual of Omaha and its affiliates, I agree to maintain professional liability insurance (referred to as Errors & Omissions coverage) covering the sales and service of Mutual of Omaha and its affiliates insurance products.

The coverage is with _____
Carrier Name

In the amount of \$ _____

I will promptly notify Mutual of Omaha and its affiliates 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

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 and its affiliates to deposit my check as indicated below. This authority is to remain in full force and effect until Mutual of Omaha and its affiliates has received notification from me of its termination in such time and in such manner as to afford Mutual of Omaha and its affiliates 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.

I understand, this is not an assignment of commissions. 1099's will continue to be issued to the commission owner.

A VOIDED CHECK 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 to verify account number.

Return completed form and copy of voided check to:

Mutual of Omaha Insurance Company or FAX to: 402-351-2646
Attn: 6 – 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.

MUTUAL OF OMAHA USE ONLY

Entered & Verified By _____ Date _____