

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

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

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)

Yes	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?
Yes	No	Other than minor traffic offenses that did not result in harm to a person or property, have you ever been (1) convicted of any offense, (2) plead guilty or nolo contendere (no contest) to any offense, or (3) had charges dismissed through any type of first offender or deferred adjudication or suspended sentence procedure?

**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)

	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>(BMO151.011)</b> Please retain a copy of the agreement for your files. A copy will not be returned to you.
	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>(BMO152.011)</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: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Not a P.O. Box

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:

- The number provided is my correct taxpayer identification number, and
- 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
- 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*

# Contract Information and Signature Form

## Section 2

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

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

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 **(BMO151.011)**

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:

- The number provided is my correct taxpayer identification number, and
- 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
- 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\*\*\*\*

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

By signing below:

- you agree to be bound by the terms and conditions of the Agreement(s) selected,
- 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,
- 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
- 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)

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

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

# Individual Fair Credit Reporting Act Authorization

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

General Information Services  
Disclosure Department P.O.  
Box 353  
Chapin, SC 29063  
1-866-265-4917  
www.geninfo.com

If you are not a California resident or are not requesting a California appointment along with your request to contract with Mutual of Omaha, we may also obtain a consumer report from other sources.

"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 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 contracted and appointed. A credit report may be obtained at this time or in the future if business needs require. You may inspect General Information Services' files regarding your reports by providing them with proper identification and they will provide you with trained personnel and explanation of any codes to help understand those files.

**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.

## ***CANDIDATE'S STATEMENT – READ CAREFULLY***

Mutual of Omaha is hereby authorized to obtain and use a consumer report of my criminal record history, insurance department history and credit history through any consumer reporting agency.

## ***AUTHORIZATION***

I authorize any consumer reporting agency, insurance department, law enforcement agency, the Financial Industry Regulatory Authority, The Securities and Exchange Commission or any other person or organization having any consumer report records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such consumer report 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

**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.

**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.

## DEBT VERIFICATION AUTHORIZATION

Mutual of Omaha Insurance Company and its affiliates (together, "Mutual of Omaha") are a Vector One subscriber. Accordingly, as part of the contracting and appointment process and determination of eligibility for advancement of commissions, Mutual of Omaha will conduct a commission related debt verification report on Vector One's Debit-Check.com secured web portal to determine if another insurance carrier has reported that you have an outstanding commission-related debit balance. Mutual of Omaha will consider the results of the commission related debt verification report in order to determine your eligibility to be contracted and appointed, or to receive advanced commissions as an insurance producer. We will obtain the commission related debt verification report from:

Vector One Operations, LLC  
P.O. Box 12368  
Scottsdale, AZ 85267  
(800) 860-6546

**For California, Minnesota and Oklahoma:** You have a right to request a copy of the results of the commission related debt verification report.

Yes, please provide me a copy of the results of the commission related debt verification report.

### CANDIDATE'S STATEMENT – READ CAREFULLY

Mutual of Omaha is hereby authorized to obtain and conduct a commission related debt verification report through Vector One Operations, LLC's Debit-Check.com secured web portal to determine if another insurance carrier has reported that I have an outstanding commission-related debit balance. I understand that Mutual of Omaha will consider the results of the commission related debt verification report in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.

### AUTHORIZATION

I authorize Vector One Operations, LLC to furnish the results of its commission related debt verification report 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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