

# MOO/UOO/UW/OIC

## Contracting Checklist

Please submit the following information to SMS when licensing with UOO FE:

- Signed Final Expense Producer Acknowledgment Form
- Completed and Signed Contract Information Form
- Signed Fair Credit Reporting Act Disclosure
- Signed Life Advance Agreement (optional)
- Copy of current resident/non-resident agent/agency license

Please submit the following information to SMS when licensing with MOO (all products but FE):

- Completed and Signed Contract Information Form
- Signed Fair Credit Reporting Act Disclosure
- Signed Life Advance Agreement (optional)
- Signed Health Advance Agreement (optional)
- Signed Accidental Death Advance Agreement (optional)
- Copy of current resident/non-resident agent/agency license

Please return all contracting to Senior Marketing Specialist via:

**Mail:**

801 Gray Oak Dr  
Columbia, MO 65201

**Email:**

[contracting@smsteam.net](mailto:contracting@smsteam.net)

**Fax:** 800-878-2025

The licensing process cannot begin until all of the above items have been received! If you have any questions, please call us at:

**1- 800-689-2800.**

# Contracting Request Form

Please complete the below and return it with your contracting paperwork:

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

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

1. Have you or your agency (if applicable) ever been contracted previously? (Y/N )

\_\_\_\_\_

*If you answered 'yes' to the question above, please complete the below:*

2. What date did you contract?

\_\_\_\_\_

3. How were you contracted (indv. or corp.)?

\_\_\_\_\_

4. Do you have any downline agents?

\_\_\_\_\_

5. When was the last time you or your downline (if applicable) wrote a piece of business?

\_\_\_\_\_

# Mutual of Omaha Product Choices

***Please choose from the products below and select ALL that you would like to get appointed to sell!***

ANNUITY
DENTAL
FINAL EXPENSE
HEALTH
LIFE
LTC
MED SUPP

# MUTUAL OF OMAHA CONTRACT REQUEST & INFORMATION

Please indicate the type of request being submitted:

Selection	Request Type	Description
	New Producer	Request to contract a producer who has never been assigned a producer number or been associated with Mutual of Omaha
	Recontract	Request to contract a producer who has been assigned a producer number but has been inactive
	Hierarchy Change	Request to change the upline in the producer's current hierarchy
	Product/Schedule Add	Request to add a new product to a producer's current hierarchy
	Product/Schedule Change	Request to change product/schedule compensation level under a producer's current hierarchy
	Transfer	Request to move producer's product lines to a new top level marketer relationship
	Demographic Update	Request to change name, address, email and/or EFT
	Certification Update	Request to add/update producer's certification records
	Other	All other requests

## Licenses

- Licenses are automatically added and updated through our direct feed with NIPR (National Insurance Producer Registry)
- A request for a license addition or update is not required

## State Appointments

- All company appointments available in the licensed states will be added automatically
- Appointments will be placed in a "JIT" (Just In Time) status and will not be made effective with the state until business is submitted
- If writing business in the states of MT or PA, the producer is responsible for contacting Mutual of Omaha and requesting their appointment be placed into effective status prior to completing the application
- A producer and marketer can see appointment status via SPA (Sales Professional Access)

## Corporation Licenses & Appointments

- Licenses and appointments are required for both individuals and corporations in the following states:
  - GA, MA, MS, MT, NM, PA and VA
- Corporations licenses must be effective prior to the application sign date in the following states to receive overrides:
  - MT and VA
- *If these requirements are not met, compensation will be held on anyone in the hierarchy who is not properly licensed and appointed*

## Producer Training/Certification

- While all products do not require training, please submit all producer training with the initial contracting request to ensure timely underwriting processes
- Note that AML (Anti Money Laundering) Training is only accepted through the following vendors:
  - LIMRA, RegEd, Sandi Kruse, Kaplan and WebCE

## What Should You Expect Next?

- Producer Services will begin their review
- Request will be processed, and confirmation will be sent to the requesting marketer
- Timing could take as little as two days but up to ten, depending on the request type
- The producer and marketer will receive an email with their production number along with a link to SPA (Sales Professional Access) where they can access their Welcome Packet
- Confirmation emails will be sent for all requests types
- Once the welcome packet is received, the producer can log into SPA and get started!
  - MutualofOmaha.com/Broker

Producer Services Contact Information

Email: [ContractsAndAppointments@mutualofomaha.com](mailto:ContractsAndAppointments@mutualofomaha.com)

Phone number: 1-800-867-6873

## Final Expense (Living Promise) Producer Acknowledgement Form

I agree and acknowledge that I will be selling United of Omaha Living Promise Whole  
Life Insurance through \_\_\_\_\_.

Marketer Name

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

Producer Signature: \_\_\_\_\_

(Signature always required)

**SIGN HERE**

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

SSN: \_\_\_\_\_

(Required for Individuals)

OR

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

(Required for Business Entities)

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

**Complete and return this form to your Master General Agency to continue the  
Living Promise contracting process.**

# 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 Name, Last Name (as it appears on license) Middle Name Required, if not applicable check box

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

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

Primary Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 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 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

(Select Only One Agent Agreement Contract)

<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>(BMO151.016)</b> Please retain a copy of the agreement for your files. A copy will not be returned to you.
<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>(BMO152.016)</b> Please retain a copy of the agreement for your files. A copy will not be returned to you.

### Direct Deposit Information

(Direct Deposit is required for General Agent Contracting - 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:

- 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 →

SIGN HERE

Date→

\*\*\*\*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: \_\_\_\_\_  
(As Shown On Income Tax Returns)

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 **(BMO151.016)**  
Please retain a copy of the agreement for your files. A copy will not be returned to you.

### Direct Deposit Information *(Direct Deposit is required for General Agent Contracting - 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.)*

### 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.**

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:

- (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.  
(e) Please review our Online Privacy Policy at [www.mutualofomaha.com/privacy](http://www.mutualofomaha.com/privacy). If you are a California resident, you may read about your privacy rights available to you in our "For California Residents Only" notice at [www.mutualofomaha.com/legal-services/california-residents-only](http://www.mutualofomaha.com/legal-services/california-residents-only).

### 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\*\*\*\*

# 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				



## 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 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.

SIGN HERE

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

\_\_\_\_\_  
Date

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

# HEALTH ADVANCE

**SELECTION OF ADVANCE COMMISSION OPTION.** Please select **ONE** of the advance commission options from the choices below and acknowledge choice by placing your initials beside your selection. All choices are for advance of commission upon the issuance of an eligible product.

6 Month Advance Options		
Select ONE	Maximum Amount per Policy	For Internal Use
	\$1000	QZ3, QZ4, QZ5
	\$2000	QZ6, QZ8, QZ8
	\$3000	RA4, RA5, RA6

**OR**

9 Month Advance Options		
Select ONE	Maximum Amount per Policy	For Internal Use
	\$1000	QR2, QR3, QR4
	\$2000	QR8, QR9, QS1
	\$3000	QS5, QS6, QS7
	\$4000	RA7, RA8, RA9

**OR**


12 Month Advance Options		
Select ONE	Maximum Amount per Policy	For Internal Use
	\$1000	QR5, QR6, QR7
	\$2000	QS2, QS3, QS4
	\$3000	QS8, QT1, QS9
	\$4000	QT2, QT3, QT4
	\$5000	RB1, RB2, RB3

**Select  
Only  
One  
Option**

I wish to be paid AS EARNED

**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/REPRESENTATIVE**

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.**

**MASTER GENERAL AGENCY**

**I approve of the Advance of Commission pursuant to this Agreement.**

BY: _____	TAX ID NUMBER: _____
(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.

## LIFE ADVANCE

**SELECTION OF ADVANCE COMMISSION OPTION.** Please select **ONE** of the advance commission options from the choices below and acknowledge choice by placing your initials beside your selection. All choices are for advance of commission upon the issuance of an eligible product.

6 Month Advance Options		
Select One	Maximum Amount per Policy	For Internal Use
	\$1000	QV7
	\$2000	QV9
	\$3000	RC1

**OR**

9 Month Advance Options		
Select One	Maximum Amount per Policy	For Internal Use
	\$1000	QV8
	\$2000	QW1
	\$3000	QW2
	\$4000	RC2


SELECT  
ONE  
OPTION  
ONLY

I wish to be paid AS EARNED

**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/REPRESENTATIVE**

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.**

**MASTER GENERAL AGENCY**

**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.

## ACCIDENTAL DEATH ADVANCING

**SELECTION OF ADVANCE COMMISSION OPTION.** Please select **ONE** of the advance commission options from the choices below. All choices are for advance of commission upon the issuance of an eligible Product.

3 MONTH OPTION		
Select One	Max. Amount per policy	For Internal Use Only
	\$100	A62
	\$200	A63

6 MONTH OPTION		
Select One	Max. Amount per policy	For Internal Use Only
	\$100	A64
	\$200	A65
	\$300	A66


9 MONTH OPTION		
Select One	Max. Amount per policy	For Internal Use Only
	\$100	A67
	\$200	A68
	\$300	A69
	\$500	A70

Select  
One  
Option  
Only

I wish to be paid AS EARNED

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

**GENERAL AGENT/REPRESENTATIVE**

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.**

**MASTER GENERAL AGENCY**

**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.