

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: Email:

801 Gray Oak Dr contracting@smsteam.net

Columbia, MO 65201 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:
 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 Kruise, 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: <u>ContractsAndAppointments@mutualofomaha.com</u> Phone number: 1-800-867-6873



Final Expense (Living Promise) Producer Acknowledgement Form

Life insurance unough		
	Marketer Name	
Printed Name:		
Producer Signature:		SIGN HERE
	(Signature always required)	
Date:		
SSN:		
	(Required for Individuals)	
	OR	
TIN:		
	(Required for Business Entities)	

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) First Name, Middle Name, Last Name (as it appears on license) Middle Name Required, if not applicable check box Home Address: Business Address: Zin Code Primary Phone Number: ____ - ____ Business Phone: ____ - ____ Business Phone: Master General Agency (If applicable): Errors & Omission Insurance (As Required): **Background Information** (Required - Must be answered) 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? Other than minor traffic offenses that did not result in harm to a person or property, have you been (1) Yes No convicted of any offense, or (2) pled guilty or nolo contendre (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) 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. I have received, reviewed and agree to be bound by the Terms & Conditions of the Special Agent Agreement with Mutual of Omaha and its affiliates (BMO152.016) 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: ___ 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) Relationship: __ First Name, Middle Initial, Last Name or Business Name Home Address: _____ Not a D.O. Boy DOB: ___-_ _or TIN: ____-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 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 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 →

Contract Information and Signature Form

Section 2

Business Name	5 -					Т	ΓIN: -		
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Contract	ting Selection	(Required for (Corporation)						
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	with Mutual of Omaha ar	nd its affiliates	(BMO15	(1.016)					
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E	Express Pay is calculate	d every day. ((If unselected	d, default pay cycle	ıs Weekly.)				
W-9 Infor	mation								
Taxpayer	Identification Numb	er (TIN)							
Enter your TIN	N in the appropriate box. For	or individuals, th	is is your socia	al security number. Fo	r other entities, it is	your employe	r identification i	number.	
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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 which will disclose the nature and scope	a. You have a right to request a copy of the consumer report pe of the report.
Yes, please provide r	me a copy of the consumer report.
e .	upon written request, to be informed of whether or not a onsumer report is requested, you will be provided with the orting 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	<u> </u>			
	Policy			
	\$1000	QZ3, QZ4, QZ5		
	\$2000	QZ6, QZ&, QZ8		
	\$3000	RA4, RA5, RA6		

OR

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

Only One Option

Select

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

BY:	SOCIAL SECURITY or SIGNHERE TAX ID NUMBER:
(Signature always required)	
PRINTED NAME:	
TITLE:	DATE:
accompany this signed A	oleted Advance Commission Transmittal Form must vance Commission Amendment.
accompany this signed A MASTER GENERAL AGENO	vance Commission Amendment.
accompany this signed A MASTER GENERAL AGENO	vance Commission Amendment. mmission pursuant to this Agreement.
accompany this signed A MASTER GENERAL AGENO I approve of the Advance of C BY: (Signature always required)	vance Commission Amendment. mmission pursuant to this Agreement.

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.

GENERAL AGENT/REPRESENTATIVE

LIFE ADVANCE

SELECTION OF ADVANCE COMMISSION OPTION. Please select <u>ONE</u> 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 Optio	ns		
Select One	Maximum Amount per Policy	For Internal Use		
	\$1000	QV7		
	\$2000	QV9	=	
	\$3000	RC1	-	
	OR			SELECT ONE
				OBTION
9	Month Advance Optio	ns]	OPTION
Select One	Month Advance Optio Maximum Amount per Policy	ns For Internal Use		OPTION ONLY
	Maximum Amount			
	Maximum Amount per Policy	For Internal Use		
	Maximum Amount per Policy \$1000	For Internal Use QV8		

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/REPRESENTAT	TVE
BY:	SOCIAL SECURITY or TAX ID NUMBER:
(Signature always required)	
PRINTED NAME:	
TITLE:	DATE:
Please Note: The completed accompany this signed Advance	d Advance Commission Transmittal Form must ce Commission Amendment.
MASTER GENERAL AGENCY	
I approve of the Advance of Commiss	ion pursuant to this Agreement.
BY:	
(Signature always required)	

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.

PRINTED NAME:

TITLE:______DATE:____

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	For Internal Use Only
	policy	
	\$100	A64
	\$200	A65
	\$300	A66

Select One Option Only

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

I wish to be paid AS EARNED

MUTUAL OF OMAHA INSURANCE COMPANY ACCIDENTAL DEATH ISSUE ADVANCE COMMISSION AMENDMENT

GENERAL AGENT/REPRESEN	TATIVE	
	SOCIAL SECURITY or	
BY: (Signature always required)	TAX ID NUMBER:	
(Olghature always required)		
PRINTED NAME:		
TITLE:	DATE:	
accompany this signed Adv	eted Advance Commission Transmittal ance Commission Amendment.	Form must
accompany this signed Adv MASTER GENERAL AGENCY		Form must
accompany this signed Adv MASTER GENERAL AGENCY I approve of the Advance of Comr	ance Commission Amendment. mission pursuant to this Agreement.	Form must
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accompany this signed Adv MASTER GENERAL AGENCY I approve of the Advance of Comr BY: (Signature always required)	ance Commission Amendment. mission pursuant to this Agreement.	Form must

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.