

GENERAL AGENT *Contracting List*



Dear Agent/Agency,

To become contracted to sell **Mutual of Omaha/United of Omaha**, please return the following documents to Insurance Advisors Direct:

- Contract Information
- Fair Credit Reporting
- General Agent Agreement
- Final Expense Acknowledgement Form
- License, Void check, E&O

Please send your contracting paperwork to:

Email: htalley@iadinsures.com

Fax: (248)946-4645 Attn: Licensing

Mail: Insurance Advisors Direct | 39555 Orchard Hill Place, Ste 203 | Novi, MI 48375

If you have any questions, please call IAD at (248)946-4640 x105 and ask for Heather Talley.

Thank you for your interest in **MoO**, we look forward to working with you.



Insurance Advisors Direct

Agency, LLC

39555 ORCHARD HILL PLACE ,SUITE 203, NOVI, MI 48375
800.381.0977 | WWW.INSURANCEADVISORSDIRECT.COM



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

- Direct Deposit Authorization**
 - 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, MA, MT, NM, PA, UT, VA
 - Individuals: GA, KS, MA, MT, NM, PA, UT, VA

- Long Term Care Training Certificate (Required if contracting to sell Long Term Care)**
 - If contracting to sell Long Term Care products in states that have Partnership or Producer Training Requirements, agent must complete their resident state's initial and refresher training requirements **before soliciting** any Long Term Care policies.
 - Provide a copy of the initial training certificate **AND**
 - Refresher training certificate (if applicable)

- Anti-Money Laundering Certification (if applicable**)**
**If new producer-certification must be completed after production number is assigned and Sales Professional Access logon is granted.

- Florida Counties (if applicable***)**
***The state of Florida requires that *non-resident producers physically soliciting* business in FL must also hold appointments in each of those counties. Please mark one of the following:
 - Producer will not be physically soliciting in Florida **OR**
 - Producer will be physically soliciting in the following Florida Counties _____

PLEASE NOTE

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

Master General Agency: Transmittal Form(s) must accompany all General Agent contracting paperwork.

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
Business Entity & Principal- complete sections 1, 2, 3 (both signature blocks) & Individual FCRA Authorization Form

Section 1 - 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

Home 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	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, FINRA (formerly known as NASD), SEC or any other regulatory authority?
Yes	No	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 the applicant for any offense other than a minor traffic violation?

PLEASE PROVIDE A WRITTEN STATEMENT disclosing the offense, the disposition and applicable supporting documentation (court documents, insurance department documents etc.) for any question(s) to which you respond "YES". Failure to answer "yes", when appropriate, may result in denial of your request to be contracted.

Contracting Selection (Required - Select only one)

I have received, reviewed and agree to be bound by the Terms & Conditions of the following contract with Mutual of Omaha and its affiliates:

General Agent Agreement and Confidentiality and Privacy Amendment (BMO0151.010)

Special Agent Agreement and Confidentiality and Privacy Amendment (BMO0152.010)

Representative Agreement and Confidentiality and Privacy Amendment (BMO222.006)

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.

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.

Sign Here	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 - Select only one)*

I have received, reviewed and agree to be bound by the Terms & Conditions of the following contract with Mutual of Omaha and its affiliates:

General Agent Agreement and Confidentiality and Privacy Amendment *(BMO0151.010)*

Representative Agreement and Confidentiality and Privacy Amendment *(BMO222.006)*

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.

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, and (c) 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: _____

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:

First Advantage Corporation
100 Carillon Parkway, Suite 100
St. Petersburg, FL 33716
(800) 321-4473

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 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 contracted and appointed.

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

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)

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.

**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: _____	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.

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