



Contracting Checklist of United of Omaha

In order to complete the contracting process, please closely follow the checklist below. Each question **MUST BE ANSWERED** on all forms including correspondence to 'yes' answered background questions. If a question does not apply to you, place the abbreviation "N/A" in the blank.

- **GENERAL AGENT AGREEMENT:** Complete page 9 OR 10, sign and date where indicated.
- **BACKGROUND AND INFORMATION SHEET:** Complete all fields. Sign and date where indicated.
- **FAIR CREDIT REPORTING ACT DISCLOSURE:** Sign and date where indicated.
- **CHECK DEPOSIT AUTHORIZATION:** Complete, sign and date. Attach a copy of a voided check.
- **ADVANCE COMMISSION AMENDMENT:** Optional! Complete applicable form, sign and date. Be sure to indicate mode of advance.
- **PROOF OF CURRENT E&O COVERAGE:** \$1 million/ \$1 million required.
- **COPY OF STATE INSURANCE LICENSE:** Insert a copy of your resident license as well as any non-resident licenses you would like to be appointed for. Include any supporting documents required by your State. 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
- **ANTI-MONEY LAUNDERING CERTIFICATION:** Online certification to be completed after production number is assigned and access granted. **ONLY REQUIRED FOR LIFE AND ANNUITIES.**
- **You must obtain your producer number before writing business in the following states: Georgia, North Carolina, Pennsylvania and Montana.**

Send the above information to SMiG:

By Email: contracts@smig-inc.com

By Fax: 314-685-8013

By Mail: Senior Marketing Insurance Group
712 N 2nd St, Suite 310
Saint Louis, MO, 63102

The licensing process cannot begin until all of the above items have been received!!! If you have any questions, please call us at:
1-866-345-0109.

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****

5. **“Product”** means any insurance policy, contract, investment vehicle or other offering identified in any Compensation/Product Schedule.
6. **“Termination Date”** means the later to occur of (a) the date on which GA or Company sends written notice of termination to the other party, or (b) the date specified by GA or Company in a written notice of termination to the other party.
7. **“Vested Compensation”** means compensation identified as vested on a Compensation/Product Schedule and that may be paid to GA after the Termination Date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are paid to Company, and (c) if GA is the writing agent, GA remains the producer of record.

**MUTUAL OF OMAHA INSURANCE COMPANY
ON BEHALF OF IT AND ITS AFFILIATES SET FORTH
IN COMPENSATION/PRODUCT SCHEDULES
ATTACHED TO THIS AGREEMENT**

**TO BE COMPLETED BY GENERAL AGENT
FOR ALL STATES**



GENERAL AGENT

By: **See Contract Information and Signature Form (section 3)**
(Signature)

**MUTUAL, UNITED, UNITED WORLD, COMPANION & OMAHA INSURANCE COMPANY
ADVANCE COMMISSION TRANSMITTAL FORM**

1. **INDIVIDUAL OR ENTITY NAME:** Identify the individual or entity for which advance commission is to be added.

INDIV/ENTITY NAME: _____ SOC SEC/TIN #: _____

2. **MGA NAME:** Integrity Marketing

MGA PRODUCTION #: 0590323

3. **ADVANCE REQUEST:** For above General Agent/Representative - must select the appropriate option(s) below and attach signed Advance Commission Document(s) ("AC Docs")

Add Advance

- Health Advance
- Life Advance – United of Omaha
- Life Advance – Companion

Change Advance

- Health Advance
- Life Advance – United of Omaha
- Life Advance – Companion

Cancel Advance

- Health Advance
- Life Advance – United of Omaha
- Life Advance – Companion

4. **SELECTION OF ADVANCE COMMISSION OPTION.** Place an "X" in the box next to the requested mode and maximum amount per policy option. The effective date of the chosen advance option will be the date processed in the Company's system. **NOTE:** To be eligible to receive advance, this transmittal must accompany the appropriate completed AC Docs. Upon approval of advance, you will receive an executed signature page. If a completed transmittal is not received in the Home Office with the AC Docs, our standard 6-month, \$1,000 maximum per policy will be assigned.


LIFE ADVANCE UNITED OF OMAHA ONLY SELECT ONLY ONE OPTION		
6 Month Advance Options		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QV7
	\$2,000	QV9
	\$3,000	RC1
OR		
9 Month Advance Options		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QV8
	\$2,000	QW1
	\$3,000	QW2
	\$4,000	RC2

LIFE ADVANCE COMPANION ONLY SELECT ONLY ONE OPTION		
6 Month Advance Options		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QW5
	\$2,000	QW7
	\$3,000	RC3
OR		
9 Month Advance Options		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QW6
	\$2,000	QW8
	\$3,000	QW9
	\$4,000	RC4

HEALTH ADVANCE MUTUAL, UNITED, UNITED WORLD, OMAHA SELECT ONLY ONE OPTION		
6 Month Advance Options		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QZ3, QZ4, QZ5, RL6
	\$2,000	QZ6, QZ7, QZ8, RL7
	\$3,000	RA4, RA5, RA6, RL8
OR		
9 Month Advance Options		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QR2, QR3, QR4, RL9
	\$2,000	QR8, QR9, QS1, RM1
	\$3,000	QS5, QS6, QS7, RM2
	\$4,000	RA7, RA8, RA9, RM3
OR		
12 Month Advance Options (Except 9 Month Advance for Accidental Death Product)		
Check Here	Maximum Amount per Policy	For Internal Use
	\$1,000	QR5, QR6, QR7, RM4
	\$2,000	QS2, QS3, QS4, RM5
	\$3,000	QS8, QT1, QS9, RM6
	\$4,000	QT2, QT3, QT4, RM7
	\$5,000	RB1, RB2, RB3, RM8

**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.

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.