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

roducer Informatio	n (Required)					
Name:	 -		SSN:		DOB:	
		il appears on license)				
Home Address:	NOT a P.O. DOX			City	State	Zip Code
Business Address:	P.O. Box Accepted			City	State	Zip Code
Primary Phone Nur	mber:	Business Phone:		Email Address:	 .	
aster General Agency	(If applicable):		<u>.</u>			
	rance (As Required):				Minimum \$1M Per Ci	halim
			arrier Name		MINITURE \$ (WIFE) CA	casti
ackground Inform	ation (Required - Must be a Has any regulatory authority		artment FINRA	or the SEC ever fi	ned or suspe	nded you,
Yes No	placed you on probation, ass you a restricted license, or o	sessed you any administrat therwise disciplined you? /	ive costs, entere Are you currently he SEC?	y under investigation	n by any reg	ulatory
Yes No	Other than minor traffic offer convicted of any offense, or	eace that did not recult in h	arm to a persun	or property, have st) to any offense?	you been (1)	
		- t automatically proclude Vo	u from being cot	tracted.		
NOTE: Answering "YES	" to the above questions does r	iot automaticany precioce yo	u ii diii domg oo.			
	Clude countyOVIDE A WRITTEN EXPLANATIO	ON for any "YES" answer includ	ing the disposition	and applicable suppo	orting documen	tation (court documer
insurance department doc	cuments etc.). Failure to answer	/ES", when appropriate, may re	esult in denial of y	our request to be cont	racted.	
Contracting Selec						
I have receive	d, reviewed and agree to be bound	by the Terms & Conditions of	the <u>General A</u>	<u>gent Agreemen</u>	f with Mutual of	f Omaha and its
:	IAN AFA NAN	50 malada a a	any of the enream	ent for vour illes. A G	DDA Mill Lior ne i	returned to you.
I have received	d, reviewed and agree to be bound	by the Terms & Conditions of t	he <u>Special Au</u>	ent Aureement nent for your files. A	yony will not be	returned to you.
			-			Total log to your
Direct Deposit Info	ormation (Complete if you	are electing direct deposit	not applicable	for Special Agents)	1	
Financial Institution	on:					<u> </u>
Pouting Number	on: A	ccount Number:		Account Type	Chec	cking Saving
Pouting Number	_ A	ccount Number:		Account Type	Chec	oking Saving
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Contract Information and Signature Form

Section 2 Business Information (Only complete this section if contracting as an Incorporated Entity, Partnership or LLC) (As Shown On Income Tax Returns) Doing Business As: _____ P.O. Box Accepted Address: 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 (BMO151.012) 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: Checking ___ Account Type Account Number: 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 abovereferenced certifications required to avoid backup withholding. Signature of Sign Here Date→ U.S. Person -> ****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 (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. Business Signature (If Signing on the behalf of the Business) **Producer Signature** (Signature Required) *****Please proceed to the FCRA Authorization Form***** Date ___ Version 12

FAIR CREDIT REPORTING ACT DISCLOSURE

Disclosure Regarding Consumer Reports

Mutual of Omaha Insurance Company and its affiliates with which you intend to contract (together, "Mutual of Omaha") may obtain and use consumer reports about you in order to evaluate your eligibility to contract with Mutual of Omaha as an insurance producer or to remain contracted as an insurance producer for Mutual of Omaha.

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	l of Omaha as an
insurance producer. If I do contract with Mutual of Omaha as an insul	rance producer, by
signing below, I also authorize Mutual of Omaha to obtain and use	consumer reports
about me while my contract is in effect in order to evaluate my con	ntinued eligibility to
remain an insurance producer for Mutual of Omaha.	_
remain an insurance producer to matter at a second	

Candidate Signature	Date	
Print Name		

GENERAL AGENT AGREEMENT

MUTUAL OF OMAHA INSURANCE COMPANY

ON BEHALF OF IT AND ITS AFFILIATES SET FORTH IN COMPENSATION PRODUCT SCHEDULES ATTACHED TO THIS AGREEMENT

Name:	 	
Title:	 	
Date:	 	

Please do not complete this page. If approved, you will receive an executed copy of this contract page.