

MUTUAL OF OMAHA CONTRACT REQUEST & INFORMATION

Please indicate the type of request being submitted:

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

Phone number: 1-800-867-6873

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, 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)

<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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

<input type="checkbox"/>	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 (BMO151.015) 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 Special Agent Agreement with Mutual of Omaha and its affiliates (BMO152.015) 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 →	Date →
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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)*

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 **(BMO151.015)**
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. 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.

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****

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:

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

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				

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.

California State Disclosure

For California applicants: Under California law, an “investigative consumer report” is a consumer report in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through any means. Mutual of Omaha may obtain an investigative consumer report (which may include information described above) from an investigative consumer reporting agency (“ICRA”) on you in order to evaluate your eligibility to contract with Mutual of Omaha as an insurance producer. The nature and scope of this investigation includes your character, general reputation, personal characteristics, or mode of living information, including criminal history and credit.

The ICRA preparing the investigative consumer report and conducting the investigation will be

Business Information Group, Inc.
P.O. Box 541
Southampton, PA 18966
Phone: (800) 260-1680

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows:

- (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided;
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. An ICRA complying with requests for certified mailings under California Civil Code section 1786.22 shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA;
- (3) A summary of all information contained in your files and required to be provided by California Civil Code section 1786.10 shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

“Proper Identification,” as used above, means information generally deemed sufficient to identify you, which includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you pursuant to California Civil Code section 1786.10 and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection under California Civil Code section 1786.22.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

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.

Candidate Signature

Date

Print Name

State Appointment Requests- To add the appointment the producer must have an active state license

Please mark the state appointments to be added for this producer: Please include license copies, grid or NIPR report.

If no copies, grid or NIPR report are received only the resident state will be added

Producer Name _____ SSN/Producer Number _____

<input type="checkbox"/> All States Licensed		
<input type="checkbox"/> Alabama	<input type="checkbox"/> Kentucky	<input type="checkbox"/> North Carolina
<input type="checkbox"/> Alaska	<input type="checkbox"/> Louisiana	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Maine	<input type="checkbox"/> Ohio
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Maryland	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> California	<input type="checkbox"/> *Massachusetts	<input type="checkbox"/> Oregon
<input type="checkbox"/> Colorado	<input type="checkbox"/> Michigan	<input type="checkbox"/> *Pennsylvania
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Delaware	<input type="checkbox"/> Mississippi	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Florida	<input type="checkbox"/> Missouri	<input type="checkbox"/> South Dakota
<input type="checkbox"/> *Georgia	<input type="checkbox"/> *Montana	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Texas
<input type="checkbox"/> Idaho	<input type="checkbox"/> Nevada	<input type="checkbox"/> Utah
<input type="checkbox"/> Illinois	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Vermont
<input type="checkbox"/> Indiana	<input type="checkbox"/> New Jersey	<input type="checkbox"/> *Virginia
<input type="checkbox"/> Iowa	<input type="checkbox"/> *New Mexico	<input type="checkbox"/> Washington
<input type="checkbox"/> Kansas	<input type="checkbox"/> New York	<input type="checkbox"/> West Virginia
		<input type="checkbox"/> Wisconsin
		<input type="checkbox"/> Wyoming

***IMPORTANT NOTICE REGARDING COMPENSATION:**

Entity Type	State
<ul style="list-style-type: none"> Licenses and Appointment required for both Individuals and Corporations. License must be effective prior to the policy application sign date 	Montana Virginia
<ul style="list-style-type: none"> Licenses and Appointment required for both Individuals and Corporations 	Georgia Massachusetts New Mexico Pennsylvania

***If individuals and corporations do not follow the above guidelines for the states referenced, compensation will be held on anyone in the hierarchy who does not hold the license and appointment.**

***States listed in half red & blue are pre-appointment states and require the producer to be appointed prior to soliciting business**