

BACKGROUND AND INFORMATION SHEET



Name: _____

Social Security Number: _____ Date of Birth: _____

Home Address (must be a physical street address): _____

Home Phone: _____

Cell Phone: _____ (optional) E-mail Address: _____ (optional)

Business Name: _____ (if applicable)

Personal Business Address: _____

***Note** – All correspondence (including compensation statements), will be mailed to the personal business address indicated. Only one business address is supported per individual. If no business address is indicated, mail will be directed to home address.

Address for overnight packages (cannot be a P.O. Box): _____

Business Phone: _____ Business Fax: _____

Tax I.D. Number: _____ E-mail Address: _____

Please identify your Master General Agency (if applicable): OO

Errors and Omission Insurance Information:

In accordance with the requirements of Mutual of Omaha and its affiliates, I agree to maintain professional liability insurance (referred to as Errors & Omissions coverage) covering the sales and service of Mutual of Omaha and its affiliates insurance products.

The coverage is with _____
Carrier Name

In the amount of \$ _____

I will promptly notify Mutual of Omaha and its affiliates of any cancellation or major modifications to my coverage.

BACKGROUND EXPERIENCE. Note: Please read each question carefully. Failure to answer "Yes" below, when appropriate, may result in the denial of your request to be contracted.

1. 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 the NASD), SEC or any other regulatory authority?
 Yes No
2. 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 you for any offense other than a minor traffic violation?
 Yes No

PROVIDE A WRITTEN EXPLANATION AND APPLICABLE SUPPORTING DOCUMENTATION (i.e., court documents, insurance department documents, etc.) FOR ANY QUESTION TO WHICH YOU RESPONDED "YES". Please be sure to date and sign the written statement.



Candidate Signature

Date

FAIR CREDIT REPORTING ACT DISCLOSURE



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 consumer reports from:

First Advantage Corporation
100 Carillon Parkway, Suite 100
St. Petersburg, FL 33716

"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 residents of 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 or through inquiries with my past or present employers, neighbors, friends or others with whom I am acquainted. I understand that this consumer report will include information as to my general reputation, personal characteristics and mode of living.

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

Check Deposit Authorization



I, the undersigned, do hereby authorize Mutual of Omaha to deposit my check as indicated below. This authority is to remain in full force and effect until Mutual of Omaha has received notification from me of its termination in such time and in such manner as to afford Mutual of Omaha a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED TO VERIFY ACCOUNT NUMBER.

New Deposit or Change Deposit

Name of Bank _____

Bank Routing Number _____

Checking Account No. _____

or

Savings Account No. _____

Is This Electronic Deposit For:

Company or Individual (*check one*)

Printed Name _____

Signature  _____

Tax ID or Social Security Number _____

Producer Number _____

Effective Date _____

Telephone Number () - _____

Please remember to attach a voided check or deposit slip to verify account number.

Return completed form and copy of voided check or deposit form to:

Mutual of Omaha Insurance Company or FAX to: 402-351-2646
Attn: 11 – Broker Compensation
Mutual of Omaha Plaza
Omaha, NE 68175

*Electronic Deposit is not available for all products. Please contact Sales Support for exclusions 800-775-7898.

MUTUAL OF OMAHA USE ONLY


Entered & Verified By _____ Date _____



**TO BE COMPLETED BY GENERAL AGENT
 FOR ALL STATES EXCEPT NEW YORK**

All Agents or Agencies receiving commissions are referred to as General Agents

GENERAL AGENT

By:  _____
(Signature always required)

Printed Name: _____
(Same as signature above)

Title: _____

General Agent: _____
(As it appears on license)

DBA: _____
(If applicable)

Date: _____

Designated Beneficiary _____



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.

(provide TIN# if comp is being paid to an agency)



or

Social Security 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 →
------------------	--	--------

[Remainder of page intentionally left blank]


MUTUAL OF OMAHA INSURANCE COMPANY
UNITED OF OMAHA LIFE INSURANCE COMPANY
UNITED WORLD LIFE INSURANCE COMPANY



TO BE COMPLETED BY SPECIAL AGENT
FOR ALL STATES EXCEPT NEW YORK



Sign here if comp is →
paid to an agency

SPECIAL AGENT	
By: 	_____
(Signature always required)	
Printed Name: _____	
(Same as signature above)	
Special Agent: _____	
(As it appears on license)	
Date: _____	



[Remainder of page intentionally left blank]

H. SELECTION OF MODE OF ADVANCE

Please select one mode of advance from the choices below and acknowledge your choice by initialing under your selection. All choices are for advance of commission upon the issuance of an eligible Product.

Six Month (N11)

(Advanced Commission are NOT Required)

Nine-Month for eligible health products except Six-months for Critical Illness (P84)

Twelve-Month for eligible health products except Six-months for Critical Illness (P86)

MUTUAL OF OMAHA INSURANCE COMPANY

By: _____

Name: _____

Title: _____

Date: _____

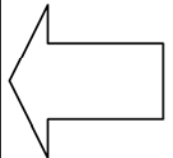
GENERAL AGENT/REPRESENTATIVE

By: 

Name: _____

Title: _____

Date: _____



ACKNOWLEDGED AND ACCEPTED:

MASTER GENERAL AGENCY

By: _____
(Signature always required)

Name: _____

Title: _____

Date: _____

(Advanced Commissions
are NOT Required)

H. SELECTION OF MODE OF ADVANCE

Please select one mode of advance from the choices below and acknowledge your choice by initialing under your selection. All choices are for advance of commission upon the issuance of an eligible Product.

Six-Month (PN6) Nine-Month (PN7) Twelve-Month (PN8)


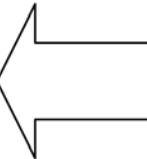
UNITED OF OMAHA LIFE INSURANCE COMPANY

By: _____

Name: _____

Title: _____

Date: _____

GENERAL AGENT/REPRESENTATIVE	
By: 	
Name: _____	
Title: _____	
Date: _____	

ACKNOWLEDGED AND ACCEPTED:

MASTER GENERAL AGENCY	
By: _____ (Signature always required)	
Name: _____	
Title: _____	
Date: _____	

(Advanced Commissions are NOT Required)

**UNITED OF OMAHA LIFE INSURANCE
COMPANY**

By: _____

Name: _____

Title: _____

Date: _____

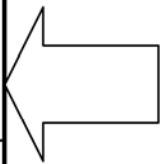
GENERAL AGENT/REPRESENTATIVE

By: 

Name: _____

Title: _____

Date: _____



ACKNOWLEDGED AND ACCEPTED:

MASTER GENERAL AGENCY

By: _____
(Signature always required)

Name: _____

Title: _____

Date: _____

(Advanced Commissions are NOT Required)

H. SELECTION OF MODE OF ADVANCE

Please select one mode of advance from the choices below and acknowledge your choice by initialing under your selection. All choices are for advance of commission upon the issuance of an eligible Product.

- Six-Month (P49)
- Nine-Month (P50)
- Twelve-Month (P51)


UNITED WORLD LIFE INSURANCE COMPANY

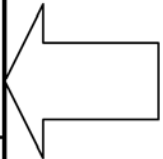
By: _____

Name: _____

Title: _____

Date: _____

GENERAL AGENT/REPRESENTATIVE	
By: 	
Name: _____	_____
Title: _____	_____
Date: _____	_____



ACKNOWLEDGED AND ACCEPTED:

MASTER GENERAL AGENCY	
By: _____	
(Signature always required)	
Name: _____	_____
Title: _____	_____
Date: _____	_____