

# 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, Middle Initial, Last Name (as it appears on license) MM DD YYYY

Home Address: \_\_\_\_\_  
Not a P.O. Box City State Zip Code

Business Address: \_\_\_\_\_  
P.O. Box Accepted City State Zip Code

Primary Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 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	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?
Yes	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 (Required)

<input type="checkbox"/>	I have received, reviewed and agree to be bound by the Terms & Conditions of the <b>General Agent Agreement</b> with Mutual of Omaha and its affiliates <b>(BMO151.011)</b> 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 <b>Special Agent Agreement</b> with Mutual of Omaha and its affiliates <b>(BMO152.011)</b> 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 - 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 →

**SIGN HERE** Date →

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: \_\_\_\_\_  
(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 **(BMO151.011)**  
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: \_\_\_\_\_

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.

### Producer Signature

Name: \_\_\_\_\_  
(Signature Required)

Date: \_\_\_\_\_

### Business Signature *(If Signing on the behalf of the Business)*

Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Required)

\*\*\*\*Please proceed to the FCRA Authorization Form\*\*\*\*

Date: \_\_\_\_\_

## 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 of Omaha as an insurance producer. If I do contract with Mutual of Omaha as an insurance 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 continued eligibility to remain an insurance producer for Mutual of Omaha.



\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Additional Information About Consumer Reports

Consumer reports may include, among other things, information about your credit history, criminal record and history, and insurance department regulatory actions.

We will obtain a copy of your consumer report from:


Name/Address/Phone

**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.

**MUTUAL OF OMAHA INSURANCE COMPANY  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
UNITED WORLD LIFE INSURANCE COMPANY  
OMAHA INSURANCE COMPANY  
HEALTH ISSUE ADVANCE COMMISSION AMENDMENT**

<b>GENERAL AGENT/REPRESENTATIVE</b>	
BY: _____ (Signature always required)	SOCIAL SECURITY or TAX ID NUMBER: _____
	
PRINTED NAME: _____	
TITLE: _____ DATE: _____	

**\*DO NOT SIGN BELOW THIS LINE\***

**Please Note: The completed Advance Commission Transmittal Form must accompany this signed Advance Commission Amendment.**

<b>MASTER GENERAL AGENCY</b>	
<b>I approve of the Advance of Commission pursuant to this Agreement.</b>	
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.

**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.**

<b>GENERAL AGENT/REPRESENTATIVE</b>	
BY: _____ (Signature always required)	SOCIAL SECURITY or TAX ID NUMBER: _____
PRINTED NAME: _____	
TITLE: _____ DATE: _____	

**\*DO NOT SIGN BELOW THIS LINE\***


**Please Note: The completed Advance Commission Transmittal Form must accompany this signed Advance Commission Amendment.**

<b>MASTER GENERAL AGENCY</b>	
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.

**MUTUAL OF OMAHA INSURANCE COMPANY  
ACCIDENTAL DEATH  
ISSUE ADVANCE COMMISSION AMENDMENT**

**GENERAL AGENT/REPRESENTATIVE**

BY: \_\_\_\_\_ SOCIAL SECURITY or  
 TAX ID NUMBER: \_\_\_\_\_  
 (Signature always required)

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*DO NOT SIGN BELOW THIS LINE\***

**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.

 SIGN HERE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# Direct Deposit Authorization (Broker)



I, the undersigned, do hereby authorize Mutual of Omaha Insurance Company and its insurance affiliates\* (Mutual of Omaha) to deposit my check as indicated below. This authority is to remain in full force and effect until Mutual of Omaha have 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.

I acknowledge that Mutual of Omaha may reverse or reclaim any credits to my account made in error, as permitted under applicable law and regulation.

I also understand this is not an assignment of commissions, 1099's will continue to be issued to the commission owner.

\*United of Omaha Life Insurance Company • United World Life Insurance Company  
Omaha Insurance Company • Companion Life Insurance Company

## This Electronic Funds Deposit is for:

Individual/Business Name (please print) \_\_\_\_\_  
Name Associated with SSN or Tax ID

**Signature X** \_\_\_\_\_  
Authorized signature as shown on the account

Social Security Number or Tax ID \_\_\_\_\_

Production Number \_\_\_\_\_

Telephone Number (         ) \_\_\_\_\_

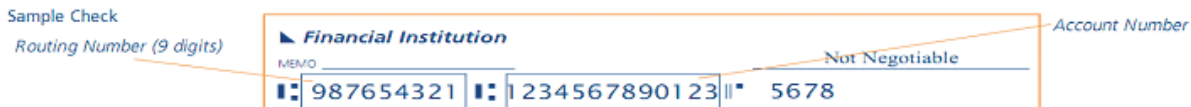
Deposit Type:  New Deposit Account         or          Change to Existing Deposit Account

Name of Financial Institution \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Account Type:  Checking Account         or          Savings Account



**A VOIDED IMPRINTED CHECK, SAVINGS DEPOSIT SLIP OR LETTER FROM THE BANK MUST BE ATTACHED TO VERIFY ACCOUNT AND ROUTING NUMBERS.**

### For Direct Deposit Setup Inquiries:

Phone: (800) 867-6873

FAX: (402) 997-1830

Email: [contractsandappointments@mutualofomaha.com](mailto:contractsandappointments@mutualofomaha.com)

### For Compensation Inquiries:

Phone: (800) 475-4465

## 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.**

**FINANCING AGREEMENT — NOTE — SECURITY AGREEMENT**

**FOR VALUE RECEIVED** on this \_\_\_\_\_ day of \_\_\_\_\_, 20, this Agreement by and between \_\_\_\_\_ hereafter known as maker and/or guarantor and **Tidewater Management Group.**, hereafter known as TMG, promise to pay to the order of TMG, the principal sum of any indebtedness resulting from unearned advances made in accordance with TMG's financing and annualization plan through any insurance carrier and any remunerations, special advances, fees, charge backs, dues, interest or any other charges to maker's and/or guarantor's account. Furthermore, maker and/or guarantor agrees to pay any indebtedness incurred by contracted representatives at any and all levels within maker's and/or guarantor's agency if such indebtedness is not satisfied within thirty (30) days written notice of the termination of their Agreement with TMG or upon thirty (30) days written notice by TMG. Upon thirty (30) days written notice or upon notice of termination of maker's and/or guarantor's contract with TMG, for any reason, maker and/or guarantor agrees to immediately pay maker's and/or guarantor's debit balance in full, in cash, certified check, debit/credit card. After indebtedness has been fully satisfied, maker's and/or guarantor's commissions thereafter, if any and if applicable per the party's contract, will be paid directly to maker as earned.

It is agreed that all unpaid balance owed by maker and/or guarantor to TMG shall accrue interest at the daily periodic rate set by the carrier. Notwithstanding the foregoing, the interest rate charged on maker's and/or guarantor's debit balance account shall never exceed the statutory rate of interest permitted by law.

The undersigned maker and/or guarantor hereby assigns to TMG, its heirs and/or assigns a security interest in the following collateral: all monies due from any source, including, but not limited to, the commissions, service fees and bonuses payable to maker and/or guarantor by TMG; any commissions due from any other source; credits and value from property held in maker's and/or guarantor's name, including, but not limited to the cash value or proceeds from any insurance policies or related products owned by maker and/or guarantor.

All of the above will be security for maker's and/or guarantor's indebtedness or the indebtedness of its representatives at any and all levels for which maker and/or guarantor is responsible and maker and/or guarantor hereby authorizes TMG at any time it deems necessary to sell and/or liquidate any of the aforementioned assets and use the proceed therefrom to satisfy or partially satisfy maker's and/or guarantor's indebtedness of the representatives for which maker and/or guarantor is responsible. In addition to the above security, maker and/or guarantor agree that he/she is personally liable for any and all such indebtedness.

This Financing Agreement shall survive the termination of all contractual relationships between maker and/or guarantor and TMG. It is further agreed that in the event it becomes necessary to enforce payment of this agreement through legal action, maker and/or guarantor agrees to pay all reasonable legal fees and court costs incurred by TMG. This agreement and the enforcement thereof shall be governed by the proper courts of Wake County, Raleigh North Carolina.

\_\_\_\_\_ (Initials)

INITIAL HERE

