OMAHA HEALTH INSURANCE COMPANY Contract Information and Signature Form

ection 1 Producer Informat		ntity only - complete sec				
Producer Informat	Business E	ntity & Principal- comple	te sections 1, 2, 3 (both	signature blocks) & In	dividual FCRA Auth	norization Fo
	ion (Required)					
Name: First Name, Last	t Name (as it appears on license).	Middle Name Required, if not applicable	SSN e check box	N:	DOB:	
	,					
				City	State	Zip Code
		D. Box Accepted			State	Zip Code
Primary Phone Nu	umber:	Cell Phone:		Business Phone: _		·
Email Address: — Managing General Age	nt (if applicable)					
Compliance Contact: _		Phone	e:En	nail Address:		
Errors & Omission Insu	urance (As Required):	Carrier Name		Minimum \$1M Per Claim	
Background Inform					•	
Yes No	on probation, assessed disciplined you? Are you	nority, such as an insurance de I you any administrative costs, ou currently under investigation have you ever been excluded ion list?	entered into a consent order by any regulatory authority,	with you, issued you a resti such as an insurance depar	ricted license, or otherw tment, FINRA, CMS, O	rise IG
Yes No		offenses that did not result in ontendre (no contest) to any of		have you ever been (1) con	nvicted of any offense,	
NOTE: Answering "YES	S" to the above questic	ons does not automaticall	v preclude vou from being	contracted.		
Company (E I have receiv	BMO171.005) F	to be bound by the Terms & Please retain a copy of the a to be bound by the Terms & 005). Please retain a copy	greement for your files. A conditions of the Special	copy will not be returned to all Agent Agreemer	o you. 1<i>t</i> with Omaha Health	
Direct Deposit Infe	ormation (Direct)					nto)
Direct Deposit Info	•	Deposit is required for	General Agent Contra	cting - Not applicabl		nts)
Financial Institution	on:	Deposit is required for	General Agent Contra	cting - Not applicabl	le for Special Agei	·
Financial Institution	on:	Deposit is required for Account Number	General Agent Contra	cting - Not applicabl		·
Financial Institution Routing Number: This is not an ass Designation of Benefit Name: Fir Home Address:	cignment of commission iciary (if applicable) Test Name, Middle Initial, Last Not a P.O. Box	Account Number ons. Form 1099 will be in Name or Business Name	General Agent Contra	Account Type n owner.	e for Special Agei	·
Financial Institution Routing Number: This is not an ass Designation of Benefit Name: Fir Home Address:	cignment of commission iciary (if applicable) Test Name, Middle Initial, Last Not a P.O. Box	Deposit is required for Account Number	General Agent Contra	Account Type n owner.	e for Special Agei	Saving Saving
Financial Institution Routing Number: This is not an ass Designation of Benefic Name: Home Address: SSN: SSN: W-9 Information Taxpayer Identifica Enter your TIN in the appro	ignment of commission iciary (if applicable) rst Name, Middle Initial, Last Not a P.O. Box or TIN: ation Number (SSI) ppriate box. For individual	Deposit is required for Account Number ons. Form 1099 will be in Name or Business Name DC	General Agent Contra	Account Type On owner. City Phone Number:	e Checking	Saving Saving
Financial Institution Routing Number: This is not an ass Designation of Benefit Name: Home Address: SSN: W-9 Information Taxpayer Identificat Enter your TIN in the appro	ignment of commission iciary (if applicable) rst Name, Middle Initial, Last Not a P.O. Box or TIN: ation Number (SSI) ppriate box. For individual	Deposit is required for Account Number ons. Form 1099 will be in Name or Business Name DC	General Agent Contract :	Account Type On owner. City Phone Number:	e Checking State	Saving Saving
Financial Institution Routing Number: This is not an ass Designation of Benefic Name: Home Address: SSN: W-9 Information Taxpayer Identificate Enter your TIN in the approtocome Social Security Certification Under penalties of perjury, 1. The number provide 2. I am not subject to be am subject to backue withholding, and 3. I am a U.S. person (U.S. or an estate (ot Certification instructions)	ignment of commission iciary (if applicable) rest Name, Middle Initial, Last Not a P.O. Box or TIN: restion Number (SSI) priate box. For individual principle is my correct taxpayer to be a composite to the principle is my correct taxpayer to be a composite to the principle is my correct taxpayer to be a composite to the principle is a U.S. citizen or U.S. restiter than a foreign estate is: You must cross out ite	Account Number Account Number Ons. Form 1099 will be in Name or Business Name DO N) als, this is your social securing the securing t	General Agent Contra :	Account Type Account Type Towner. City Phone Number: s, it is your employer iden ave not been notified by t IRS has notified me that I ssociation created or orga 301.7701-7).	e Checking Checking State State State It iffication number.	Saving Zip Code Service (IRS) the to backup
Financial Institution Routing Number: This is not an ass Designation of Benefic Name: Home Address: SSN: W-9 Information Taxpayer Identificate Enter your TIN in the approtocom Social Security Certification Under penalties of perjury, 1. The number provide 2. I am not subject to be am subject to backue withholding, and 3. I am a U.S. person (U.S. or an estate (ot	ignment of commission iciary (if applicable) Ist Name, Middle Initial, Last Not a P.O. Box - or TIN: Intercept of the print of the	Account Number ons. Form 1099 will be in Name or Business Name - DO N) als, this is your social securing a large to a failure to report all intensident alien or a partnership e) or a domestic trust (as delem 2 above if you have bee ax return. quire your consent to a quire your your your your your your your your	General Agent Contra	Account Type Account Type Towner. City Phone Number: s, it is your employer iden ave not been notified by t IRS has notified me that I ssociation created or orga 301.7701-7). u are currently subject to	the Internal Revenue Stam no longer subject anized in the U.S. or us backup withholding b	Service (IRS) the to backup inder the laws decause you ha

Version 5

Contract Information and Signature Form

ction 2 Business Information (Only complete this section if contr	racting as an Incor	porated Entity	ν, Partnership or	LLC)	
Name:			TIN:		
Doing Business As:					
Address:		City	State	Zip Code	
Phone: Ema	ail Address:				
Principal Officer:					
Contracting Selection (Required for Corporation)					
I have received, reviewed and agree to be bound by the with Omaha Health Insurance Company (BMO171.06) Please retain a copy of the agreement for your files. A co	05)		l Agent Agreen	<u>nent</u>	
Direct Deposit Information (Direct Deposit is required Financial Institution:	_		g - Not applical	ble for Special a	Agents)
Routing Number: Account Nu	umber:		Account Type	Checking	Savings
This is not an assignment of commissions. Form 1099 will be is	sued to the commiss	sion owner.			
V-9 Information					
Taxpayer Identification Number (TIN) nter your TIN in the appropriate box. For individuals, this is your social secu	urity number. For other s	entities it is vour	employer identification	n number	
Employer Identification Number	·	Titues, it is your e	imployer identification	mumber.	
Certification					
nder penalties of perjury, I certify that:					
 The number provided is my correct taxpayer identification num 		hhaldina ar (h)	I have not been n	atified by the Inter	nal Davanu
I am not subject to backup withholding because: (a) I am exer Service (IRS) that I am subject to backup withholding as a res					
am no longer subject to backup withholding, and B. I am a U.S. person (a U.S. citizen or U.S. resident alien or a p	nartnorship corporat	tion company c	or association cross	tod or organized in	a tha II S a
under the laws of the U.S. or an estate (other than a foreign es	state) or a domestic	trust (as defined	d in Regulations se	ection 301.7701-7)	
Certification instructions: You must cross out item 2 above if you because you have failed to report all interest and dividends on your		by the IRS that	you are currently	subject to backup	withholding
he Internal Revenue Service does not require your con-	sent to any provi	sion of this c	document other	than the above	∋-
eferenced certifications required to avoid backup withh ign Here Signature of	nolaing.				
U.S. Person →			Date	→	
****Pleas	se proceed to Se	ction 3****			
tion 3 - Contract Signature, Certification	and Direct De	eposit Aut	thorization		
y signing below:					
 a) you agree to be bound by the terms and conditions of the Agree b) you certify that the information that you have provided is true and 		ree that you wil	l report immediate	ly any event that w	ould chanc
ny of the information, in any manner, which you have provided,	, ,	•			_
c) you agree to maintain your state insurance license in good stand overage as required, and	ding, stay current with	n required contin	nuing education, a	ind obtain and mai	intain E&O
d) if you have completed the Direct Deposit section(s) you auth	horize Omaha Healt	h Insurance Co	mpany ("OHIC") to	electronically cre	dit the banl
ccount and, if necessary, to electronically debit the account to corn nd effect until you notify Company that you wish to revoke this auth	rect erroneous credi				
and cheek until you notify company that you wish to revoke this auti	ionzation.				
roducer Signature	Busines	s Signature (I	If Signing on the be	ehalf of the Busine	ess)
ame:	Name:				
lame:(Signature Required)					
Pate:	Title:		(Require	ed)	
****Please proceed to the ECDA Authorization Form****	Doto				
*****Please proceed to the FCRA Authorization Form*****	Date:				

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

*IMPORTANT NOTICE REGARDING COMPENSATION:

Entity Type	State
 Licenses and Appointment required for both 	Montana
Individuals and Corporations.	Virginia
 License must be effective prior to the policy 	
application sign date	
Licenses and Appointment required for both	Georgia
Individuals and Corporations	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

FAIR CREDIT REPORTING ACT DISCLOSURE

Disclosure Regarding Consumer Reports

Omaha Health Insurance Company may obtain and use consumer reports about you in order to evaluate your eligibility to contract with Omaha Health Insurance Company as an insurance producer or to remain contracted as an insurance producer for Omaha Health Insurance Company.

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. Omaha Health Insurance Company 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 Omaha Health Insurance Company 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

not to exceed the actual costs of duplication services provided;

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

- (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 Omaha Health Insurance Company to obtain and use consumer reports about me in order to evaluate my eligibility to contract with Omaha Health Insurance Company as an insurance producer. If I am contracted with Omaha Health Insurance Company, my authorization will remain valid for as long as I am contracted, such that, to the extent permitted by applicable law, I agree that Omaha Health Insurance Company 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 Oklahor which will disclose the nature and sco	na. You have a right to request a copy of the ope of the report.	consumer report
Yes, please provide	me a copy of the consumer report.	
e .	upon written request, to be informed of v consumer report is requested, you will be p porting agency furnishing the report.	
Candidate Signature	Date	
Print Name		

Contract Information and Signature Form



Producer only - complete sections 1, 3 & Individual FCRA Authorization Form If contracting as a: 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) SSN: _ - _ DOB: _ - _ First Name, Last Name (as it appears on license) Middle Name Required, if not applicable check box Home Address: Business Address: P.O. Box Accepted Zin Code Primary Phone Number: ____ - ___ Business Phone: ____ - ___ Business Phone: Master General Agency (If applicable): Errors & Omission Insurance (As Required): **Background Information** (Required - Must be answered) 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? Other than minor traffic offenses that did not result in harm to a person or property, have you been (1) Yes No convicted of any offense, or (2) pled guilty or nolo contendre (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) Please review our Online Privacy Policy at www.mutualofomaha.com/privacy 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 (BMO151.014) Please retain a copy of the agreement for your files. A copy will not be returned to 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 (BMO152.014) 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: ___ Account Number: Checking Account Type 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) Relationship: ___ First Name, Middle Initial, Last Name or Business Name Home Address: _____ 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 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 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 →

Please proceed to Section 3

Contract Information and Signature Form

	•	/, Partnership or LLC)	
Name:(As Shown On Income Tax Returns)		TIN:	
Doing Business As:			
Address: P.O. Box Accepted	City	State Zip Code	
	ail Address:		
Principal Officer:			
Master General Agency (If applicable):			=
Contracting Selection (Required for Corporation)			
I have received, reviewed and agree to be bound by the with Mutual of Omaha and its affiliates (BMO151.01) Please retain a copy of the agreement for your files. A co	<u></u>	al Agent Agreement	
Direct Deposit Information (Direct Deposit is required for	General Agent Contracting - Not	applicable for Special Agents)	
Financial Institution:			
Routing Number: Account Nu	umber:	Account Type Checking	g Saving
This is not an assignment of commissions. Form 1099 will be is		••	
Express Pay Opt In Eligibility requires Direct Deposit, Electronic Statements	and no active Legal Judgments Fx	press Pav may not be available for	or all marketer
Express Pay is calculated every day. (If unselected, defe		i isa i isa isa isa isa aramada n	
W-9 Information			
Taxpayer Identification Number (TIN)			
Enter your TIN in the appropriate box. For individuals, this is your social secu	irity 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 num			
2. I am not subject to backup withholding because: (a) I am exe	mpt from backup withholding, or (b)		
Service (IRS) that I am subject to backup withholding as a re-	mpt from backup withholding, or (b)		
Service (IRS) that I am subject to backup withholding as a ream 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 person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. citizen or U.S. resident alien or a person (a U.S. citizen or U.S. citizen o	mpt from backup withholding, or (b) sult of a failure to report all interest partnership, corporation, company	or dividends, or (c) the IRS has ror association created or organize	notified me thated in the U.S. of
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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	
	All States Licensed		
	Alabama	Kentucky	North Carolina
	Alaska	Louisiana	North Dakota
	Arizona	Maine	Ohio
	Arkansas	Maryland	Oklahoma
	California	*Massachusetts	Oregon
	Colorado	Michigan	*Pennsylvania
	Connecticut	Minnesota	Rhode Island
	Delaware	Mississippi	South Carolina
	Florida	Missouri	South Dakota
	*Georgia	*Montana	Tennessee
	Hawaii	Nebraska	Texas
	Idaho	Nevada	Utah
	Illinois	New Hampshire	Vermont
	Indiana	New Jersey	*Virginia
	Iowa	*New Mexico	Washington
	Kansas	New York	West Virginia
			Wisconsin
			Wyoming

*IMPORTANT NOTICE REGARDING COMPENSATION:

Entity Type	State
 Licenses and Appointment required for both 	Montana
Individuals and Corporations.	Virginia
License must be effective prior to the policy	
application sign date	
Licenses and Appointment required for both	Georgia
Individuals and Corporations	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

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

<u>For California applicants</u>: 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 Oklahon which will disclose the nature and second	na. You have a right to request a copy of the consumer report ope of the report.
Yes, please provide	me a copy of the consumer report.
e .	upon written request, to be informed of whether or not a consumer report is requested, you will be provided with the porting agency furnishing the report.
Candidate Signature	Date
Print Name	_

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 Vector One Debit-Check search 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 Vector One Debit-Check search in order to determine your eligibility to be contracted and appointed, or to receive advanced commissions as an insurance producer. We will obtain the Vector One Debit-Check 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 Vector One Debit-Check search.
Yes, please provide me a copy of the results of the Vector One Debit-Check search.
CANDIDATE'S STATEMENT - READ CAREFULLY
Mutual of Omaha is hereby authorized to obtain and conduct a Vector One Debit-Check search 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 Vector One Debit-Check search in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer.
AUTHORIZATION
authorize Vector One Operations, LLC to furnish the results of its Debit-Check.com search to Mutual of Omaha.
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

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

This Amendment ("Amendment") is part of the General Agent Agreement or Representative Agreement ("Agreement") between General Agent or Representative ("GA/Rep") and each insurance company which executes this Amendment (each a "Company"), and is effective on the date signed or stamped by Company for the latest approved advance commission transmittal, as submitted by your Master General Agency. The parties would like to amend the Agreement to provide for the advancing of certain first year commissions on certain Company health insurance Products.

A. COMMISSION ADVANCES.

- 1. Company agrees to provide GA/Rep with advances of certain first year commissions ("Advances") upon issuance of certain health insurance Products.
- 2. GA/Rep may receive Advances on certain health insurance Products as made available to GA/Rep from time to time. Advances will not be made on internal replacement business or affiliate replacement business. Company may make additional Products available for Advances or discontinue Advances on certain Products in its sole discretion.
- 3. Advances will be paid based on the Company approved advance mode and advance maximum amount per policy assigned to this Amendment. Advances will be calculated in accordance with the terms and conditions established by Company, which may be changed from time to time at Company's sole discretion. Payment of Advances will be included with regular compensation payments made pursuant to the terms of the Agreement.
- **B. PAYMENT OF ADVANCES.** Advances are subject to all provisions of the Agreement. Company shall have absolute and complete discretion to withhold payment of any or all Advances to GA/Rep. Advances may be withheld for any reason, including but not limited to, doubts that a policy will be issued or accepted, failure to submit appropriate premium with applications, and actual or potential Indebtedness by GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy to Company. Further, Company shall have absolute and complete discretion to determine whether applications submitted by GA/Rep qualify for Advances.

C. REPAYMENT OF ADVANCES.

- 1. Advances generally will be repaid from commissions earned on the Products. However, all Advances are a debt owed by GA/Rep to Company, and GA/Rep agrees to repay any outstanding Advances to Company within ten (10) days of demand for repayment by Company.
- 2. In addition to the right to repayment set forth in Section C.1 of this Amendment, GA/Rep agrees that the following Advances will be immediately repaid to Company:
 - (a) Advances made on policies which do not issue,
 - (b) Advances made with respect to premium which is refunded for any reason, and
 - (c) Advances made with respect to premium which is not collected by Company.
- Company may offset any Advance or other sum payable to GA/Rep, specifically including unearned commissions, against any amounts GA/Rep and/or other persons or entities in GA/Rep's distribution hierarchy owe to Company, without regard to whether such amounts relate to Products.
- **D. AMENDMENT TO INDEMNIFICATION PROVISION.** Section I. of the Agreement shall remain in effect in its entirety and shall be supplemented as follows:

"In addition, GA/Rep agrees to indemnify Company for any losses suffered by Company resulting from Company's agreement to make Advances to GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy. Upon GA/Rep's written request, Company shall cease making Advances to GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy, which request shall become effective on the date such request is processed by Company."

E. COLLECTION COSTS. In the event any suit or other action is commenced to enforce any provision of this Amendment or to force repayment of any Advances, GA/Rep agrees to pay such additional sums for attorney fees, costs of suit, collection fees or such other costs and expenses as may be incurred by Company in such suit or action.

- **F. TERMINATION.** This Amendment shall be terminated upon the earlier of:
 - 1. Termination of the Agreement, or
 - 2. Receipt of notice from one party to the other that this Amendment is terminated.

G. MISCELLANEOUS.

- 1. This Amendment shall only apply to applications submitted by a GA/Rep who has an active contract, license, and applicable state appointment with Company at the time the GA/Rep submits an application to Company.
- 2. This Amendment shall only apply to applications with an application sign date on or after the effective date of this Amendment, which shall be the date processed in Company's system.
- 3. All commission calculations will be based on Company records.
- 4. Advances on Products may be adjusted, modified or eliminated at Company's sole discretion.
- 5. The administrative rules, practices and procedures regarding Advances may be revised, modified or supplemented by Company from time to time.
- 6. This Amendment shall be read together and construed as one document with the Agreement, but to the extent of any inconsistency or ambiguity, this Amendment shall govern. Except as specifically provided in this Amendment, all of the terms and conditions of the Agreement shall remain in full force and effect.
- 7. Capitalized terms not otherwise defined herein shall have the meaning given them in the Agreement.

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

	SOCIAL SECURITY or
BY:	TAX ID NUMBER:
(Signature always require	
PRINTED NAME:	
TITLE:	DATE:
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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.

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GENERAL AGENT/REPRESENTATIVE

MUTUAL OF OMAHA INSURANCE COMPANY ACCIDENTAL DEATH ISSUE ADVANCE COMMISSION AMENDMENT

This Amendment ("Amendment") is part of the General Agent Agreement or Representative Agreement ("Agreement") between General Agent or Representative ("GA/Rep") and Company which executes this Amendment, and is effective on the date signed or stamped by Company for the latest approved advance commission transmittal, as submitted by your Master General Agency. The parties would like to amend the Agreement to provide for the advancing of certain first year commissions on Company Accidental Death insurance Products.

A. COMMISSION ADVANCES.

- Company agrees to provide GA/Rep with advances of certain first year commissions ("Advances") upon issuance of Accidental Death insurance Products.
- GA/Rep may receive Advances on Accidental Death insurance Products as made available to GA/Rep from time to time. Advances will not be made on internal replacement business or affiliate replacement business. Company may make additional Products available for Advances or discontinue Advances on certain Products in its sole discretion.
- 3. Advances will be paid based on the Company approved advance mode and advance maximum amount per policy assigned to this Amendment. Advances will be calculated in accordance with the terms and conditions established by Company, which may be changed from time to time at Company's sole discretion. Payment of Advances will be included with regular compensation payments made pursuant to the terms of the Agreement.
- **B. PAYMENT OF ADVANCES.** Advances are subject to all provisions of the Agreement. Company shall have absolute and complete discretion to withhold payment of any or all Advances to GA/Rep. Advances may be withheld for any reason, including but not limited to, doubts that a policy will be issued or accepted, failure to submit appropriate premium with applications, and actual or potential Indebtedness by GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy to Company. Further, Company shall have absolute and complete discretion to determine whether applications submitted by GA/Rep qualify for Advances.

C. REPAYMENT OF ADVANCES.

- 1. Advances generally will be repaid from commissions earned on the Products. However, all Advances are a debt owed by GA/Rep to Company, and GA/Rep agrees to repay any outstanding Advances to Company within ten (10) days of demand for repayment by Company.
- 2. In addition to the right to repayment set forth in Section C.1 of this Amendment, GA/Rep agrees that the following Advances will be immediately repaid to Company:
 - (a) Advances made on policies which do not issue,
 - (b) Advances made with respect to premium which is refunded for any reason, and
 - (c) Advances made with respect to premium which is not collected by Company.
- 3. Company may offset any Advance or other sum payable to GA/Rep, specifically including unearned commissions, against any amounts GA/Rep and/or other persons or entities in GA/Rep's distribution hierarchy owe to Company, without regard to whether such amounts relate to Products.
- **D. AMENDMENT TO INDEMNIFICATION PROVISION.** Section I. of the Agreement shall remain in effect in its entirety and shall be supplemented as follows:

"In addition, GA/Rep agrees to indemnify Company for any losses suffered by Company resulting from Company's agreement to make Advances to GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy. Upon GA/Rep's written request, Company shall cease making Advances to GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy, which request shall become effective on the date such request is processed by Company."

E. COLLECTION COSTS. In the event any suit or other action is commenced to enforce any provision of this Amendment or to force repayment of any Advances, GA/Rep agrees to pay such additional sums for attorney fees, costs of suit, collection fees or such other costs and expenses as may be incurred by Company in such suit or action.

- **F. TERMINATION.** This Amendment shall be terminated upon the earlier of:
 - 1. Termination of the Agreement, or
 - 2. Receipt of notice from one party to the other that this Amendment is terminated.

G. MISCELLANEOUS.

- 1. This Amendment shall only apply to applications submitted by a GA/Rep who has an active contract, license, and applicable state appointment with Company at the time the GA/Rep submits an application to Company.
- 2. This Amendment shall only apply to applications with an application sign date on or after the effective date of this Amendment, which shall be the date processed in Company's system.
- 3. All commission calculations will be based on Company records.
- 4. Advances on Products may be adjusted, modified or eliminated at Company's sole discretion.
- 5. The administrative rules, practices and procedures regarding Advances may be revised, modified or supplemented by Company from time to time.
- 6. This Amendment shall be read together and construed as one document with the Agreement, but to the extent of any inconsistency or ambiguity, this Amendment shall govern. Except as specifically provided in this Amendment, all of the terms and conditions of the Agreement shall remain in full force and effect.
- 7. Capitalized terms not otherwise defined herein shall have the meaning given them in the Agreement.

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MUTUAL OF OMAHA INSURANCE COMPANY ACCIDENTAL DEATH ISSUE ADVANCE COMMISSION AMENDMENT

GENERAL AGENT/REPRESENTATIV	/E	
	SOCIAL SECURITY or	
BY:	TAX ID NUMBER:	
(Signature always required)		
PRINTED NAME:		
TITLE:	DATE:	
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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.

COMPANION LIFE INSURANCE COMPANY LIFE ISSUE ADVANCE COMPENSATION AMENDMENT

This Amendment ("Amendment") is part of the General Agent Agreement ("Agreement") between General Agent ("GA") and Company which executes this Amendment and is effective on the date signed or stamped by Company for the latest approved advance commission transmittal, as submitted by your Master General Agency. The parties would like to amend the Agreement to provide for the advancing of certain first year commissions and/or expense allowance amounts on certain Company life insurance Products.

A. COMMISSION AND EXPENSE ALLOWANCE ADVANCES.

- 1. Company agrees to provide GA with advances on certain first year commissions and/or expense allowance amounts ("Advances") upon issuance of certain life insurance Products.
- GA may receive Advances on certain life insurance Products as made available to GA from time to time. Company may make additional Products available for Advances or discontinue Advances on certain Products in its sole discretion.
- 3. Advances will be paid based on the Company approved advance mode and advance maximum amount per policy assigned to this Amendment. Advances will be calculated in accordance with the terms and conditions established by Company, which may be changed from time to time at Company's sole discretion. Payment of Advances will be included with regular compensation payments made pursuant to the terms of the Agreement.
- **B. PAYMENT OF ADVANCES.** Advances are subject to all provisions of the Agreement. Company shall have absolute and complete discretion to withhold payment of any or all Advances to GA. Advances may be withheld for any reason, including but not limited to, doubts that a policy will be issued or accepted, failure to submit appropriate premium with applications, and actual or potential Indebtedness by GA and/or other persons or entities in GA's down line distribution hierarchy to Company. Further, Company shall have absolute and complete discretion to determine whether applications submitted by GA qualify for Advances.

C. REPAYMENT OF ADVANCES.

- 1. Advances generally will be repaid from commissions and/or expense allowance amounts earned on the Products. However, all Advances are a debt owed by GA to Company, and GA agrees to repay any outstanding Advances to Company within ten (10) days of demand for repayment by Company.
- 2. In addition to the right to repayment set forth in Section C.1 of this Amendment, GA agrees that the following Advances will be immediately repaid to Company:
 - (a) Advances made on policies which do not issue,
 - (b) Advances made with respect to premium which is refunded for any reason, and
 - (c) Advances made with respect to premium, which is not collected by Company.
- 3. Company may offset any Advance or other sum payable to GA, specifically including unearned commissions and/or expense allowance amounts, against any amounts GA and/or other persons or entities in GA's distribution hierarchy owe to Company, without regard to whether such amounts relate to Products.
- **D. AMENDMENT TO INDEMNIFICATION PROVISION.** Section I. of the Agreement shall remain in effect in its entirety and shall be supplemented as follows:

"In addition, GA agrees to indemnify Company for any losses suffered by Company resulting from Company's agreement to make Advances to GA and/or other persons or entities in GA's down line distribution hierarchy. Upon GA's written request, Company shall cease making Advances to GA and/or other persons or entities in GA's down line distribution hierarchy, which request shall become effective on the date such request is processed by Company."

E. COLLECTION COSTS. In the event any suit or other action is commenced to enforce any provision of this Amendment or to force repayment of any Advances, GA agrees to pay such additional sums for attorney fees, costs of suit, collection fees or such other costs and expenses as may be incurred by Company in such suit or action.

- **F. TERMINATION.** This Amendment shall be terminated upon the earlier of:
 - 1. Termination of the Agreement, or
 - 2. Receipt of notice from one party to the other that this Amendment is terminated.

G. MISCELLANEOUS.

- 1. This Amendment shall only apply to applications with an application sign date on or after the effective date of this Amendment, which shall be the date processed in Company's system.
- 2. All commission and expense allowance calculations will be based on Company records.
- 3. Advances on Products may be adjusted, modified or eliminated at Company's sole discretion.
- 4. The administrative rules, practices and procedures regarding Advances may be revised, modified or supplemented by Company from time to time.
- 5. This Amendment shall be read together and construed as one document with the Agreement, but to the extent of any inconsistency or ambiguity, this Amendment shall govern. Except as specifically provided in this Amendment, all of the terms and conditions of the Agreement shall remain in full force and effect.
- 6. Capitalized terms not otherwise defined herein shall have the meaning given them in the Agreement.

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COMPANION LIFE INSURANCE COMPANY LIFE ISSUE ADVANCE COMPENSATION AMENDMENT

Please Note: The Debt Verification Authorization form must be signed and must accompany this signature page before advancing will be considered for approval.

GENERAL AGENT/REPRESENT	ATIVE	
	SOCIAL SECURITY or	
BY:	TAX ID NUMBER:	
(Signature always required)		
PRINTED NAME:		
TITLE:	DATE:	
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This Amendment is subject to Company's written approval. If Company approves this Amendment, Company will send an executed signature page to the GA. 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

This Amendment ("Amendment") is part of the General Agent Agreement or Representative Agreement ("Agreement") between General Agent or Representative ("GA/Rep") and Company which executes this Amendment and is effective on the date signed or stamped by Company for the latest approved advance commission transmittal, as submitted by your Master General Agency. The parties would like to amend the Agreement to provide for the advancing of certain first year commissions on certain Company life insurance Products.

A. COMMISSION ADVANCES.

- 1. Company agrees to provide GA/Rep with advances on certain first year commissions ("Advances") upon issuance of certain life insurance Products.
- GA/Rep may receive Advances on certain life insurance Products as made available to GA/Rep from time to time. Advances will not be made on internal replacement business. Company may make additional Products available for Advances or discontinue Advances on certain Products in its sole discretion.
- 3. Advances will be paid based on the Company approved advance mode and advance maximum amount per policy assigned to this Amendment. Advances will be calculated in accordance with the terms and conditions established by Company, which may be changed from time to time at Company's sole discretion. Payment of Advances will be included with regular commission payments made pursuant to the terms of the Agreement.
- **B. PAYMENT OF ADVANCES.** Advances are subject to all provisions of the Agreement. Company shall have absolute and complete discretion to withhold payment of any or all Advances to GA/Rep. Advances may be withheld for any reason, including but not limited to, doubts that a policy will be issued or accepted, failure to submit appropriate premium with applications, and actual or potential Indebtedness by GA/Rep and/or any other persons or entities in GA/Rep's down line distribution hierarchy to Company. Further, Company shall have absolute and complete discretion to determine whether applications submitted by GA/Rep qualify for Advances.

C. REPAYMENT OF ADVANCES.

- 1. Advances generally will be repaid from commissions earned on the Products. However, all Advances are a debt owed by GA/Rep to Company, and GA/Rep agrees to repay any outstanding Advances to Company within ten (10) days of demand for repayment by Company.
- 2. In addition to the right to repayment set forth in Section C.1 of this Amendment, GA/Rep agrees that the following Advances will be immediately repaid to Company:
 - (a) Advances made on policies which do not issue,
 - (b) Advances made with respect to premium which is refunded for any reason, and
 - (c) Advances made with respect to premium, which is not collected by Company.
- 3. Company may offset any Advance or other sum payable to GA/Rep, specifically including unearned commissions, against any amounts GA/Rep and/or other persons or entities in GA/Rep's distribution hierarchy owe to Company, without regard to whether such amounts relate to Products.
- **D. AMENDMENT TO INDEMNIFICATION PROVISION.** Section I. of the Agreement shall remain in effect in its entirety and shall be supplemented as follows:

"In addition, GA/Rep agrees to indemnify Company for any losses suffered by Company resulting from Company's agreement to make Advances to GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy. Upon GA/Rep's written request, Company shall cease making Advances to GA/Rep and/or other persons or entities in GA/Rep's down line distribution hierarchy, which request shall become effective on the date such request is processed by Company."

E. COLLECTION COSTS. In the event any suit or other action is commenced to enforce any provision of this Amendment or to force repayment of any Advances, GA/Rep agrees to pay such additional sums for attorney fees, costs of suit, collection fees or such other costs and expenses as may be incurred by Company in such suit or action.

- F. TERMINATION. This Amendment shall be terminated upon the earlier of:
 - 1. Termination of the Agreement, or
 - 2. Receipt of notice from one party to the other that this Amendment is terminated.

G. MISCELLANEOUS.

- 1. This Amendment shall only apply to applications with an application sign date on or after the effective date of this Amendment, which shall be the date processed in Company's system.
- 2. All commission calculations will be based on Company records.
- 3. Advances on Products may be adjusted, modified or eliminated at Company's sole discretion.
- 4. The administrative rules, practices and procedures regarding Advances may be revised, modified or supplemented by Company from time to time.
- 5. This Amendment shall be read together and construed as one document with the Agreement, but to the extent of any inconsistency or ambiguity, this Amendment shall govern. Except as specifically provided in this Amendment, all of the terms and conditions of the Agreement shall remain in full force and effect.
- 6. Capitalized terms not otherwise defined herein shall have the meaning given them in the Agreement.

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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

	SOCIAL SECURITY or
BY:	TAX ID NUMBER:
(Signature always required)	
PRINTED NAME:	
TITLE:	DATE:
Please Note: The comm	eted Advance Commission Transmittal Form must
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