

MUTUAL OF OMAHA INSURANCE COMPANY
BACKGROUND AND INFORMATION SHEET

Name: _____

Social Security Number: _____ Date of Birth: _____

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

Home Phone: _____ Home Fax: _____ (optional)

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): _____

Broker Dealer Name, if applicable: _____

Errors and Omission Insurance Information:

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

The coverage is with _____
Carrier Name

In the amount of \$ _____

I will promptly notify Mutual of Omaha 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, 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 TO CONSUMERS
AND BACKGROUND AND INFORMATION SHEET

Mutual of Omaha Insurance Company and its affiliates with which you intend to contract (together, "Mutual of Omaha") will obtain consumer reports for the purpose of serving as a factor in establishing your eligibility for contracting as an insurance producer.

"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 appointed.

By signing below, I acknowledge the "Fair Credit Reporting Act Disclosure to Consumers" has been provided to me.

CANDIDATE'S STATEMENT ? READ CAREFULLY

Mutual of Omaha is hereby authorized to make any investigation 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 inquiry 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 National Association of Securities Dealers, The Securities and Exchange Commission or any other person or organization having any records, data or information concerning my credit history, public record information, insurance license, regulatory action history or criminal record history to furnish such 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



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 _____



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

By: _____

Name: _____

Title: First VP Compliance License & Appt

Date: _____

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.

Social Security Number

			+		+				
--	--	--	---	--	---	--	--	--	--

or

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 (including a U.S. resident alien).

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 certifications required to avoid backup withholding.

Sign Here	Signature of U.S. person →	Date →
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LIFE INSURANCE
ADVANCE COMMISSION AMENDMENT

This Amendment (?Amendment?) is part of the General Agent Agreement (?Agreement?) between General Agent (?GA?) and each insurance Company which executes this Amendment and is effective on the date signed or stamped by that Company. The parties would like to amend the Agreement to provide for the advancing of certain first year commissions on certain life insurance Products.

If more than one Company executes this Amendment with GA, GA and each such Company agree that there shall be one or two, as the case may be, separate and distinct amendments between GA and each such executing Company. The rights, duties, obligations and responsibilities of each Company under this Amendment are separate and distinct from the duties, obligations and responsibilities of any other Company. All such rights, duties, obligations and responsibilities shall exist only between GA and each Company. No Company shall have any responsibility or liability for the actions or omissions of any other Company under this Amendment.

A. COMMISSION ADVANCES.

1. The Company agrees to provide GA with nine-month advances on certain first year commissions (?Advances?) upon issuance of certain life insurance Products.
2. GA may receive Advances on certain life insurance Products as made available to GA 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 calculated in accordance with the terms and conditions established by the 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. The maximum Advance for each policy will be \$4,000.

B. PAYMENT OF ADVANCES. Advances are subject to all provisions of the Agreement. The 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 to the Company. Further, the 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 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 the 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 the Company.

3. The Company may offset any Advance or other sum payable to GA, specifically including unearned commissions, against any amounts GA or 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 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 be applicable to applications submitted to and received by the Company in Omaha, Nebraska, on or after the effective date of this Amendment.
- 2. All commission calculations will be based on Company records.
- 3. Advances on Products may be adjusted, modified or eliminated at the Company's sole discretion.
- 4. The administrative rules, practices and procedures regarding Advances may be revised, modified or supplemented by the 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.

UNITED OF OMAHA LIFE INSURANCE
COMPANY

By: _____

Name: _____

Title: _____

Date: _____

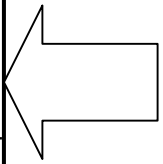
GENERAL AGENT

By: _____

Name: _____

Title: _____

Date: _____



ACKNOWLEDGED AND ACCEPTED:

MASTER GENERAL AGENCY

By: _____
(Signature always required)

Name: _____

Title: _____

Date: _____

