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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: _____

Cell Phone: _____ E-mail Address: _____
(optional) (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: Greg Moore/Asurco Insurance Marketing #0440221

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.

X
Candidate Signature _____

Date _____

FAIR CREDIT REPORTING ACT DISCLOSURE TO CONSUMERS AND BACKGROUND AND INFORMATION SHEET

Mutual of Omaha Insurance Company, United of Omaha Life Insurance Company and Companion Life Insurance Company, whichever is applicable, 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 Insurance Company, United of Omaha Life Insurance Company, and Companion Life Insurance Company, whichever is applicable, 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

You are 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 Insurance Company, United of Omaha Life Insurance Company and Companion Life Insurance Company (together, the "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.

X

Candidate Signature

Date

Print Name

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

GENERAL AGENT

By: X
(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 <u>X</u>	Date <u>→</u>
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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)
- 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: _____

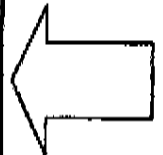
GENERAL AGENT

By: **X** _____

Name: _____

Title: _____

Date: _____



ACKNOWLEDGED AND ACCEPTED:

MASTER GENERAL AGENCY	84
By: _____ (Signature always required)	
Name: _____	
Title: _____	
Date: _____	



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

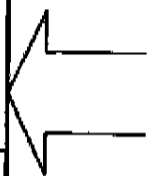
By: _____

Name: _____

Title: _____

Date: _____

GENERAL AGENT
By: X
Name: _____
Title: _____
Date: _____



ACKNOWLEDGED AND ACCEPTED:

MASTER GENERAL AGENCY 9R
By: _____ (Signature always required)
Name: _____
Title: _____
Date: _____

