

MUTUAL OF OMAHA PRODUCT SELECTION

1. Does the agent plan on physically soliciting business in Florida?

No Yes

2. If yes, please provide the counties in which the agent plans on soliciting business.

3. Please select the Mutual of Omaha products you would like to sell under GoHealth.

Medicare Supplement
Dental
Accidental Death
Critical Advantage
Disability
Long Term Care
Final Expense

Life

Contract Information and Signature Form

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tion 1	Busine	ss Entity & Prin	cipal- complete	e sections 1, 2, 3	3 (both signature blo	cks) & Individual FC	RA Authorizatio	on Form	
Producer Inforn	nation	(Required)							
Name:		First Name Middle In	itial Last Namo (as it ar	ppoars on license)	SSN:		DOB:		
				ppears on license)			MM	יזיז סט	
						City	State	Zip Code	-
Business Add	lress:	P	O. Box Accepted			City	State	Zip Code	-
Primary Phone	e Numbe	er:	Bus	siness Phone:		Email Address:			
Master General Ag	gency (If	applicable):							
Errors & Omission	Insurar	ce (As Require	ed):		Carrier Name	\$\$	Minimum \$1M Per Cl	aim	
Background Info	ormati	on (Required	- Must be answ	wered)					
	No pl yo au	as any regulato aced you on pro ou a restricted li ithority, such as	ry authority, su obation, assess cense, or other s an insurance	ich as an insuran sed you any adm rwise disciplined department, FIN	ninistrative costs, en you? Are you curre IRA or the SEC?	RA or the SEC ever tered into a consent ently under investiga	order with you, tion by any regu	issued	
Yes N						son or property, have ntest) to any offense			
NOTE: Answering	"YES" to	the above quest	ions does not a	utomatically prec	lude you from being	contracted.			
If Yes, pleas	se includ	county							
						tion and applicable sup f your request to be co		ation (court doci	iment
Contracting Se	election	(Require	d)						
L have rec	ceived rev	iewed and agree	to be bound by t	he Terms & Condit	ions of the General	Agent Agreeme	nf with Mutual of	Omaha and its]
			to be bearing by th			/ gent / greenie			
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				Please re	tain a copy of the agre	ement for your files. A Aaent Aareemen t			-
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Section 2

Business I	nformation (Only complex	te this section if contracting as an Inc	corporated Entity, Partne	ership or L	LC)	
Name:			4 1T	↓: <u> </u>		
		(As Shown On Income Tax Returns)				
Doing	Business As:					
Addres	S:	P.O. Box Accepted	<u>City</u>	State	Zip Code	
			ony		210 0000	
Princip	al Officer:					
		»/e):				
Contract	ng Selection (Require	d for Corporation)				
FT 14	ave received, reviewed and ag	ree to be bound by the Terms & Conditio	ns of the <u>General Agent</u>	Agreeme	ent	
wi	th Mutual of Omaha and its affi	iliates (BMO151.012)				
		ment for your files. A copy will not be ret	urned to vou.			
Direct Dep	osit information (Compl	lete if you are electing direct deposit)				
Financial	Institution:				_	
Routing I	lumber:	Account Number:	Accou	int Type	Checking	Savings
-		ns. Form 1099 will be issued to the comm			0	Ū
Express P						
	igibility requires Direct Deposit,	, Electronic Statements and no active Leg	al Judgments. Express Pa	y may not l	be available for all	marketers.
	press Pay is calculated every (day. (If unselected, default pay cycle is V	V eekly.)			
W-9 Inform	nation					
Taxpayer	Identification Number (TI	4)				
Enter your TIN	in the appropriate box. For individu	uals, this is your social security number. For oth	er entities, it is your employer id	dentification	number.	
Emple	yer Identification Number	F				
-	-					
Certificati						
	es of perjury, I certify that:	and the state of t				
		xpayer identification number, and g because: (a) I am exempt from backup	withholding or (h) I have n	ot boon no	tified by the Intern	
z. I dili li	(IRS) that I am subject to bac	kup withholding as a result of a failure to	report all interest or divider	ot been no ods. or (c)	the IRS has notifi	al Revenue
	onger subject to backup withhe		report an interest of airdel			
		U.S. resident alien or a partnership, corpo	vration, company or associa	ation create	ed or organized in	the U.S. or
		e (other than a foreign estate) or a domes				
Certificatio	instructions : You must cros	s out item 2 above if you have been notifi	ed by the IRS that you are	currently su	ubject to backup w	/ithholding
		st and dividends on your tax return.	-			
		not require your consent to any pro	vision of this docume	nt other t	than the above-	•
		avoid backup withholding.				
Sign Here	Signature of U.S. Person ➔			Date-	•	
				Duto	-	
				1		

****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	Business Signature (If Signing on the behalf of the Business)		
Name: (Signature Required)	Name:		
Date:	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.