



**Don Boozer & Associates  
1-800-543-0886**

**MUTUAL OF OMAHA CONTRACTING CHECKLIST**

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

Direct Up Line: \_\_\_\_\_ #: \_\_\_\_\_

Agent / Agency: **Don Boozer & Associates** # **0493344**

**Documents to be Completed and Returned:**

- Background and Information Sheet (M23177)
- Fair Credit Reporting Act Disclosure (M23178)
- Tax Information Page (**sign in TWO places**) (M23293)
- Direct Deposit Authorization (Z546\_510)
- "Voided" Check for EFT Commission Transfer
- Electronic Email Statements Form
- Individual State License(s)
- Corporate State License(s) (*If Applicable*)
- Commission Advance Addendum (*Optional*)
- Current E&O Certificate of Coverage

**WHEN COMPLETED RETURN TO**

**Mail:** Don Boozer & Associates  
2524 Lillian Miller Parkway  
Suite 115  
Denton TX 76210  
**Fax:** 1-888-543-0886  
**Email:** [contracts@donboozer.com](mailto:contracts@donboozer.com)

# 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)

	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.
	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:

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.**

<b>Sign Here</b>	Signature of U.S. Person →	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 →
-----------	----------------------------	--------

\*\*\*\*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)

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

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

# GENERAL AGENT AGREEMENT

MUTUAL OF OMAHA INSURANCE COMPANY

ON BEHALF OF IT AND ITS AFFILIATES SET FORTH IN  
COMPENSATION PRODUCT SCHEDULES  
ATTACHED TO THIS AGREEMENT

By: **X** \_\_\_\_\_

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

Title: \_\_\_\_\_

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

## IMPORTANT

PLEASE READ BEFORE YOU LEAVE THIS PAGE

You are the **GENERAL AGENT** in this appointment process. The signature above is for the general agent agreement.

**PLEASE COMPLETE AND SIGN!**

## 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.