



General Agent's Contracting Instructions

~Licensing Checklist~ Read Carefully!

- Mutual of Omaha Information Sheet** – Complete in full and sign as the individual.
(Form # M23177-0204)
- General Agent Agreement** – Sign and date the general agent box, fill in social or tax ID, and sign/date bottom
- Special Agent Agreement** – Sign as the special agent. (Form # M23294)
- Fair Credit Reporting Act Disclosure Statement** – Read through statement and sign.
(Form # M23178)
- Check Direct Authorization** – (Optional) Review and fill out form. (Form # Z546)
- Licensing Fee(s)** – Mutual of Omaha pays for all licensing fees.
- Writing your first Application** – Refer to the chart on the reverse side to see if the state your going to be writing business in requires you to be prior appointed.
- E & O Coverage** – This coverage must be effective prior to the time of solicitation for Long-Term Care business only.
- Copy of Current License** – Include a photocopy of your current license. Appointments cannot be processed without it.
- Confidentiality & Privacy Amendment** – Read through and send back (From # M23293)
- Send all of the above to:**

S.A. Nichols Brokerage

4030 Mt. Carmel-Tobasco Road

Ste. 126

Cincinnati, OH 45255

Ph (800)283-0040 * (513)843-5551

Fax (888)508-2700 * (513)843-6593

State	Resident Fees	Non Resident Fees	*Appointed before Submitting Applications?
AL	No Fee	No Fee	NO
AK	No Fee	No Fee	NO
AZ	No Fee	No Fee	NO
AR	No Fee	No Fee	YES
CA	No Fee	No Fee	NO
CO	No Fee	No Fee	NO
CT	No Fee	No Fee	YES
DE	No Fee	No Fee	YES
DC	No Fee	No Fee	YES
FL	No Fee	No Fee	NO
GA	No Fee	No Fee	YES
HI	No Fee	No Fee	YES
ID	No Fee	No Fee	YES
IL	No Fee	No Fee	NO
IN	No Fee	No Fee	NO
IA	No Fee	No Fee	YES
KS	No Fee	No Fee	NO
KY	No Fee	No Fee	YES
LA	No Fee	No Fee	YES
ME	No Fee	No Fee	YES
MD	No Fee	No Fee	NO
MA	No Fee	No Fee	YES
MI	No Fee	No Fee	YES
MN	No Fee	No Fee	YES
MS	No Fee	No Fee	YES
MO	No Fee	No Fee	NO
MT	No Fee	No Fee	YES
NE	No Fee	No Fee	YES
NV	No Fee	No Fee	YES
NH	No Fee	No Fee	YES
NJ	No Fee	No Fee	NO
NM	No Fee	No Fee	YES
NC	No Fee	No Fee	YES
ND	No Fee	No Fee	YES
OH	No Fee	No Fee	YES
OK	No Fee	No Fee	YES
OR	No Fee	No Fee	NO
PA	No Fee	No Fee	YES
RI	No Fee	No Fee	NO
SC	No Fee	No Fee	YES
SD	No Fee	No Fee	YES
TN	No Fee	No Fee	NO
TX	No Fee	No Fee	YES
UT	No Fee	No Fee	YES
VT	No Fee	No Fee	YES
VA	No Fee	No Fee	NO
WA	No Fee	No Fee	YES
WV	No Fee	No Fee	YES
WI	No Fee	No Fee	YES
WY	No Fee	No Fee	YES

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: _____ (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 _____

GENERAL AGENT AGREEMENT

This General Agent Agreement ("Agreement") is between the undersigned General Agent ("GA") and each insurance company which executes this Agreement (each a "Company").

If more than one Company executes this Agreement with GA, GA and each such Company agree that there shall be two or three, as the case may be, separate and distinct agreements between GA and each such executing Company. The rights, duties, obligations and responsibilities of each Company under this Agreement 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 Agreement.

SEE SECTION K FOR DEFINITIONS

The parties agree as follows:

- A. APPOINTMENT.** Company authorizes GA to solicit Product applications and to recruit other General Agents. Company agrees to appoint GA with the appropriate state insurance departments for GA to solicit Product applications. This appointment is not exclusive.
- B. COMPENSATION.**
1. **For Each Product.** GA's compensation depends on the particular Products sold. Compensation for each Product will be as specified in the Compensation/Product Schedules. Compensation/Product Schedules may be changed by Company at any time and will be distributed to GA.
 2. **Contingencies.** In addition to any conditions imposed in the Compensation/Product Schedules and any amendments, no compensation is earned until:
 - (a) GA is licensed and appointed in accordance with laws and Company procedures,
 - (b) the Product is actually issued, delivered to and accepted by the customer,and
 - (c) the premium for the Product is paid to the Company.

3. **Compensation After Termination.** GA shall not be entitled to any compensation after the Termination Date of this Agreement, except for:
 - (a) Vested Compensation,

and
 - (b) any net credit balance in GA's account for compensation earned as of the Termination Date.
4. **Forfeiture.** GA will forfeit all rights to receive compensation, including Vested Compensation, if, in the sole discretion of Company, GA commits any of the following acts:
 - (a) breaches any material provision of this Agreement while in effect or any material obligation that survives termination of this Agreement.
 - (b) commits a fraudulent or illegal act in connection with any activities contemplated under this Agreement.
 - (c) does any act which results in the suspension or revocation of GA's insurance license.

C. GA'S DUTIES.

1. **Licenses and Approvals.** GA shall obtain and maintain and provide copies of all necessary licenses and regulatory approvals to perform the services under this Agreement.
2. **Recruit, Instruct and Supervise.** GA may recruit other General Agents and, if so, shall instruct and supervise such General Agents in the marketing of Products.
3. **Solicitation.** GA shall help its General Agents in all aspects of soliciting Products. If GA is contracting as an individual, then GA may solicit applications for Products.
4. **Service.** GA shall help its General Agents in all aspects of servicing customers. If GA is contracting as an individual, GA shall provide service to GA's customers.
5. **Confidentiality and Privacy.** GA shall comply with the "Confidentiality and Privacy Amendment" which is attached hereto and incorporated into this Agreement. Company may unilaterally revise the Confidentiality and Privacy Amendment upon written notice to GA.

6. **Compliance with Laws and Conduct.** GA shall comply with all applicable laws and regulations and act in an ethical, professional manner in connection with this Agreement.
 7. **Compliance with Company Policies.** GA shall comply, and shall ensure that its employees and General Agents comply, with all policies, practices, procedures, processes and rules of Company.
 8. **Insurance.** GA shall have and maintain Errors and Omissions liability insurance covering GA and GA's employees during the term of this Agreement in an amount and nature, and with such carrier(s) satisfactory to Company and provide evidence of such insurance to Company upon request.
 9. **Fiduciary Responsibilities.** GA shall be responsible for all money collected by GA, GA's employees and its General Agents on behalf of Company and shall remit to Company all payments and collections received for or payable to Company from General Agents, applicants, customers, or others no later than 15 days after receipt, or within any shorter period required by law. All money tendered as payment shall always be the property of Company and shall be held by GA purely in a fiduciary capacity and not for GA's own benefit. GA is not authorized to spend, cash or deposit for any purpose any portion of such money.
 10. **Records.** Except as provided in Section D of the Confidentiality and Privacy Amendment, GA shall keep regular and accurate records of all transactions related to this Agreement for a period of at least five years from the date of such transactions, or longer if required by federal or state law or regulation.
 11. **Advertising Materials.** GA shall obtain Company's written approval prior to using any advertising material or script identifying Company or Products, except such material provided by Company and used pursuant to Company's instructions.
 12. **Notice of Litigation or Regulatory Proceeding.** GA shall promptly notify Company upon receiving notice of potential, threatened, or actual litigation or any regulatory inquiry or complaint with respect to this Agreement or any Product. Company shall have final decision-making authority to assume the administration and defense of any such action. A copy of the correspondence or document received shall accompany each notice.
- D. **LIMITATIONS.** GA, either directly or through its employees or General Agents, shall not:

1. **Expense or Liability.** Incur any expense or liability on account of, or otherwise bind Company without specific prior written approval from an Authorized Representative.
2. **Alteration.** Alter any advertising materials or make, alter, waive or discharge any contracts or Products on behalf of Company.
3. **Premium Payments and Reinstatement.** Extend the time for payment of any premium or waive any premium, or bind Company to reinstate any terminated contract, or accept payment in any form other than a customer check or money order payable to the Company or other method authorized by Company.
4. **Respond in Connection with Proceeding.** Institute or file a response to any legal or regulatory proceeding on behalf of Company in connection with any matter pertaining to this Agreement or any Product, without Company's prior written consent.
5. **Replacement.** Replace any existing insurance product or annuity contract unless the replacement is in compliance with all applicable laws and regulations and is in the best interest of the customer. The decision whether to replace an insurance product or annuity contract should be made by the customer. To help the customer make a decision regarding any proposed replacement, GA must provide the customer with full disclosure (both positive and negative) of all relevant information.
6. **Misrepresentation.** Misrepresent or induce any General Agent to misrepresent, any provision, benefit, or premium of any Product.

E. COMPENSATION ADMINISTRATION.

1. **Accounting.** Company will account to GA for commissions based upon initial and renewal premiums received and accepted by Company for policies issued upon applications submitted by or through GA. Company reserves the right to freeze GA's account for a reasonable period of time to ensure that funds are available to reimburse the Company for any Indebtedness.
2. **Effect of Return of Premium.** If any premiums shall be returned by Company on any policy or contract, or should Company become liable for the return thereof for any cause either before or after the Termination Date, GA shall pay to Company all compensation previously paid or credited to GA's account on such returned premium.

3. **Set-Off.** Company is authorized to set-off and apply any and all amounts due to GA from Company under this Agreement to any and all obligations or Indebtedness of GA or its employees, General Agents or affiliates to Company or its affiliates. This right of set-off does not require Company to make any prior demand upon GA, and the right exists irrespective of whether the obligations of GA or its affiliates are contingent or unmatured. The rights of the Company under this Section E.3 are in addition to any other rights and remedies which the Company may have under this Agreement or otherwise.
 4. **Interest.** Interest will accrue on any amount due under this Agreement, which has not been paid within thirty days of receipt of written demand for such amount at the rate of one percent per month, or the highest rate permitted by law, whichever is lower.
 5. **Limitation of Compensation Actions.** Any claim by GA regarding compensation must be brought within one year from the date the compensation was reported on an accounting issued from Company to GA. Any claim regarding compensation must be brought against the corporation which issued the Compensation/Product Schedule to which the claim relates.
- F. **TERMINATION WITH OR WITHOUT CAUSE.** In addition to the termination provisions set forth in Section I of the Confidentiality and Privacy Amendment, GA or Company shall have the right at any time to terminate this Agreement, with cause or without cause, upon written notice to the other party. Termination shall be effective as of the Termination Date.
- G. **INDEPENDENT CONTRACTOR.** GA is an independent contractor and not an employee of Company. Subject to legal and regulatory requirements, GA shall be free to exercise GA's own judgment as to the persons from whom GA will solicit and the time and place of such solicitation.
- H. **INSPECTION OF BOOKS AND RECORDS.** Company shall have the right, during normal business hours and with reasonable notice, to inspect, audit and make copies from the books and records of the GA for the purpose of verifying GA's compliance with the provisions of this Agreement.
- I. **INDEMNITY AND HOLD HARMLESS.** Each party shall indemnify and hold the other party harmless from any liability, loss, costs, expenses (including reasonable attorneys' fees incurred by the indemnified party) or damages, including punitive and extra-contractual damages, resulting from any act or omission by the indemnifying party or any of its employees or General Agents in the performance of its duties under this Agreement or other agreements with Company.

J. GENERAL.

1. **Issue and Product Type.** Company shall retain the right to decide whether to issue or withdraw a Product and determine the type of Product to be issued or withdrawn. Company may discontinue or change a Product at any time.
2. **Producer of Record.** The producer of record for any Product shall be determined by Company records. Company reserves the right to change the producer of record according to Company procedures and shall have no obligation to designate a successor producer of record.
3. **Notice.** Any notice required or permitted to be sent to Company under this Agreement shall be delivered personally or sent by U.S. Mail with all postage prepaid or by express mail to:

**6-Appointments and Contracts
Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, Nebraska 68175-0001**

4. **Entire Agreement.** This Agreement, the Confidentiality and Privacy Amendment and the Compensation/Product Schedules constitute the entire agreement between the parties regarding the Products sold under this Agreement.
5. **Governing Law.** With respect to Companion Life Insurance Company, this Agreement shall be governed by the laws of the State of New York, without giving effect to that State's principles of conflicts of law. With respect to any other Company, this Agreement shall be governed by the laws of the State of Nebraska, without giving effect to that State's principles of conflicts of law.
6. **Severability.** In the event any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in effect.
7. **No Waiver.** Failure of Company to enforce any provision of this Agreement shall not operate to waive or modify such provision or render such provision unenforceable.
8. **No Assignment or Change.** Except for Compensation/Product Schedules, Confidentiality and Privacy Amendments and other amendments to the Agreement which are required by federal, state or local laws or regulations, no modification, amendment or assignment of this Agreement shall be valid unless approved in

writing by an Authorized Representative. Compensation/Product Schedules, Confidentiality and Privacy Amendments and other amendments to the Agreement which are required by federal, state or local laws or regulations may be distributed only by Company but need not be signed by either party to be effective.

9. **Survival.** GA's appointment pursuant to Section A of this Agreement shall immediately terminate on the Termination Date. Except for Sections C.2 and C.3 of this Agreement, all other provisions of this Agreement shall survive its termination.
 10. **Beneficiary.** If GA is an individual, then GA designates the beneficiary specified on the signature page or such other party or parties as GA may designate by written notice delivered to and recorded by Company, as beneficiary for payment of any compensation becoming due after GA's death.
 11. **Headings.** Any section or other heading contained in this Agreement are for reference purposes and convenience only and shall not affect, in any way, the meaning and interpretation of this Agreement.
- K. **DEFINITIONS.** The following terms have the following meanings. Any singular word shall include any plural of the same word.
1. **"Authorized Representative"** means the President of a Company or an individual authorized in writing by the President.
 2. **"Compensation/Product Schedule"** means a Company's distributed commission schedule that (a) specifies the amounts and conditions under which commissions will be due and payable to GA for any Product, and (b) is made a part of this Agreement.
 3. **"General Agent"** means any individual or organization, which (a) enters into a general agent or other marketing agreement with Company and (b) submits Product applications that designate GA.
 4. **"Indebtedness"** means any amounts owed by GA to Company, including but not limited to (a) the chargeback of any compensation paid or credited to GA under this or any other Agreement, if the monies on which such compensation was based are not collected or are refunded by the Company, (b) any advances made by Company to GA, (c) any expenses incurred by the Company on behalf of GA, and (d) any amount paid by the Company, which in its determination resulted from fraud, misrepresentation or other improper conduct by the GA.

5. **"Product"** means any insurance policy, contract, investment vehicle or other offering identified in any Compensation/Product Schedule.
6. **"Termination Date"** means the later to occur of (a) the date on which GA or Company sends written notice of termination to the other party, or (b) the date specified by GA or Company in a written notice of termination to the other party.
7. **"Vested Compensation"** means compensation identified as vested on a Compensation/Product Schedule and that may be paid to GA after the Termination Date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are paid to Company, and (c) if GA is the writing agent, GA must also remain the producer of record.

**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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CONFIDENTIALITY AND PRIVACY AMENDMENT

General Agent

This "Confidentiality and Privacy Amendment" is made a part of and incorporated into the General Agent Agreement between GA and Company ("Agreement") and is effective on the effective date of the Agreement. Terms not otherwise defined in this Confidentiality and Privacy Amendment shall have the same meaning set forth in the Agreement and 45 CFR 160.103 and 164.501. To the extent any provision of the Agreement conflicts with or is inconsistent with any provision of this Confidentiality and Privacy Amendment the provisions of this Confidentiality and Privacy Amendment shall control. All other terms and conditions of the Agreement not inconsistent with the terms of this Confidentiality and Privacy Amendment shall remain in full force and effect.

A. Definitions.

1. **"Confidential Business Information"** means the following nonpublic business or financial information whether in written, oral or electronic form: information which relates to customers or the business of Company including without limitation, sales and rate information, software, business plans and operating strategies, Product information, personal information that is not considered Protected Health Information, and material identifying an association with the Company. Confidential Business Information does not include information similar to Confidential Business Information which is independently owned and developed by GA.
2. **"Confidential Information"** means Confidential Business Information and Protected Health Information.
3. **"HIPAA Implementation Date"** means the date designated by the HIPAA Privacy Law by which a covered entity must be in compliance with the HIPAA Privacy Law.
4. **"HIPAA Privacy Law"** means the Standards for Privacy of Individually Identifiable Information at 45 CFR part 160 and part 164, subparts A and E, as they may be amended from time to time.
5. **"Representative"** means all officers, directors, employees, agents, consultants, representatives, subcontractors, professional advisors and affiliates of GA.

- B. **Confidentiality of Confidential Business Information.** GA agrees to retain all Confidential Business Information in confidence, and will not use or disclose Confidential Business Information to others except (a) to its directors, officers and employees who are necessary or appropriate to perform the obligations required of GA hereunder, or (b) if not otherwise prohibited under the Agreement, to GA's Representatives, for purposes related to GA's performance of its obligations under the Agreement, provided the Representative is first informed of

the confidential nature of such information and the obligations set forth herein, and agrees to be bound thereby. GA is responsible to Company for a breach of confidentiality by its Representatives.

C. **GA's Obligations Regarding Protected Health Information.**

1. **Non-disclosure of Protected Health Information.** GA agrees to not use or further disclose Protected Health Information other than as permitted or required by this Confidentiality and Privacy Amendment.
2. **Safeguarding.** GA agrees to use appropriate safeguards to prevent use or disclosure of Protected Health Information other than as provided for by this Confidentiality and Privacy Amendment.
3. **Reporting Unauthorized Use or Disclosure.** GA agrees to report to Company any use or disclosure of the Protected Health Information not provided for by this Confidentiality and Privacy Amendment. Such report shall be made as soon as possible, but in no event later than three business days following the date that GA becomes aware of such unauthorized use or disclosure. GA shall take action(s) requested by Company, if any, to mitigate such unauthorized use or disclosure.
4. **Representatives.** GA agrees to ensure that any Representative to whom it provides Protected Health Information agrees to the same restrictions and conditions set forth in this Confidentiality and Privacy Amendment.
5. **Access to Protected Health Information.** At the request of and in the time and manner designated by Company, GA agrees to provide access to Protected Health Information to Company, or as directed by Company, to an Individual in order to meet the requirements under 45 CFR 164.524.
6. **Amendment of Protected Health Information.** GA agrees to make any amendment(s) to Protected Health Information that Company directs or agrees to pursuant to 45 CFR 164.526 in the time and manner designated by Company.
7. **Accounting for Disclosures.** GA agrees to document and immediately notify Company's privacy office of its disclosure of any Protected Health Information for purposes outside of Treatment, Payment or Health care operations, as each term is defined in the HIPAA Privacy Law. With regard to each such disclosure, GA will provide Company the date of the disclosure, the name of the entity or person who received the Protected Health Information, the address of such entity or person, if known, a brief description of the Protected Health Information disclosed, a brief statement regarding the purpose and explanation of the basis of such disclosure and the name(s) of all Individuals whose Protected Health Information was disclosed in accordance with 45 CFR 164.528.

8. **Inspection of Internal Practices, Books and Records.** GA agrees to make its internal practices, books, and records, including policies, procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information available to Company, or at the request of Company to the Secretary or their designee, in a time and manner designated by Company or the Secretary for purposes of determining Company's compliance with the HIPAA Privacy Law.
- D. **Return or Destruction of Confidential Business Information and Protected Health Information.** Upon termination of the Agreement, for any reason, GA will promptly return or destroy all Confidential Business Information. Upon written request of Company, the destruction or return of such information shall be confirmed in writing. Upon termination of the Agreement, for any reason, GA shall return, if feasible, all Protected Health Information received from Company, or created or received by GA on behalf of Company, that GA maintains in any form and retain no copies of it. If the return of any Protected Health Information is not feasible, the protections of Sections C and D of this Confidentiality and Privacy Amendment shall be extended to the Protected Health Information and GA's use and disclosure of such Protected Health Information shall be limited to those purposes that make the return of the Protected Health Information not feasible, for so long as GA maintains the Protected Health Information.
- E. **Disclosures Required by Law or a Governmental Authority.** If GA is required to disclose Confidential Information in response to legal process or a governmental authority, GA shall immediately notify Company and, upon request, cooperate with Company in connection with obtaining a protective order. GA shall furnish only that portion of the Confidential Information which it is legally required to disclose and shall use commercially reasonable efforts to ensure that confidential treatment will be accorded such Confidential Information.
- F. **Compliance with Laws.** GA shall comply with its obligations under this Confidentiality and Privacy Amendment and under any applicable state or federal law or regulations as may be in effect or as may hereafter be enacted, adopted or determined regarding the confidentiality, use and disclosure of Confidential Information.
- G. **Amendment.** This Confidentiality and Privacy Amendment shall be amended to conform to any new or different legal requirements that result from any changes, revisions or replacements of the HIPAA Privacy Law, on or before the effective date thereof. Company may change, revise or replace this Confidentiality and Privacy Amendment in its sole discretion upon notice to GA without the consent of GA. In the event of a conflict between the requirements of this Confidentiality and Privacy Amendment and those of the HIPAA Privacy Law, the HIPAA Privacy Law shall control.
- H. **Survival.** The respective rights and obligations of GA under this Confidentiality and Privacy Amendment shall survive the termination of the Agreement.

- I. **Termination for Violation of this Confidentiality and Privacy Amendment.**
Company may terminate the Agreement, effective immediately upon notice to GA, if GA has violated the terms of this Confidentiality and Privacy Amendment.

Acknowledged by Company:

By: 

Name: Michael J. Jareske

Title: SVP Individual Financial

**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

**TO BE COMPLETED BY SPECIAL AGENT
FOR ALL STATES EXCEPT NEW YORK**



SPECIAL AGENT

By: _____
(Signature always required)

Printed Name: _____
(Same as signature above)

Special Agent: _____
(As it appears on license)

Date: _____



**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: _____

Check Deposit Authorization



I, the undersigned, do hereby authorize Mutual of Omaha and its affiliates to deposit my check as indicated below. This authority is to remain in full force and effect until Mutual of Omaha and its affiliates has received notification from me of its termination in such time and in such manner as to afford Mutual of Omaha and its affiliates 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.

I understand, this is not an assignment of commissions. 1099's will continue to be issued to the commission owner.

A VOIDED CHECK 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 to verify account number.

Return completed form and copy of voided check to:

Mutual of Omaha Insurance Company or FAX to: 402-351-2646
Attn: 6 - 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 _____

**MUTUAL OF OMAHA INSURANCE COMPANY
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 and is effective on the date signed or stamped by the Company. The parties would like to amend the Agreement to provide for the advancing of certain commissions on certain Mutual of Omaha Insurance Company Products.

A. COMMISSION ADVANCES.

1. The Company agrees to provide GA/Rep with advances of certain commissions ("Advances") on certain Mutual of Omaha Insurance Company Products.
2. GA/Rep may receive Advances on certain Mutual of Omaha Insurance Company 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 mode GA/Rep selects in this Amendment except that despite the mode selected, maximum advance for Critical Illness policies will be six-months. 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 as follows:
 - \$3,000 for policies advancing six-months
 - \$4,000 for policies advancing nine-months
 - \$5,000 for policies advancing twelve-months

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/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 to the Company. Further, the 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 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/Rep, specifically including unearned commissions, against any amounts GA/Rep or persons or entities in GA's/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 other persons or entities in GA's/Rep's down line distribution hierarchy. Upon GA's/Rep's written request, Company shall cease making Advances to GA/Rep and/or other persons or entities in GA's/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 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.

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: _____

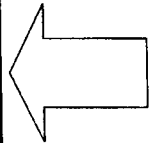
GENERAL AGENT/REPRESENTATIVE

By: _____

Name: _____

Title: _____

Date: _____



ACKNOWLEDGED AND ACCEPTED:

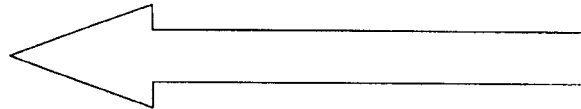
MASTER GENERAL AGENCY

By: _____
(Signature always required)

Name: _____

Title: _____

Date: _____



**UNITED WORLD LIFE INSURANCE COMPANY
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 and is effective on the date signed or stamped by the Company. The parties would like to amend the Agreement to provide for the advancing of certain commissions on certain United World Life Insurance Company Products.

A. COMMISSION ADVANCES.

1. The Company agrees to provide GA/Rep with advances of certain commissions ("Advances") on certain United World Life Insurance Company Products.
2. GA/Rep may receive Advances on certain United World Life Insurance Company 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 mode GA/Rep selects in this Amendment. 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 as follows:
 - \$3,000 if the "six-month" mode is selected
 - \$4,000 if the "nine-month" mode is selected
 - \$5,000 if the "twelve-month" mode is selected

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/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 to the Company. Further, the 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 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/Rep, specifically including unearned commissions, against any amounts GA/Rep or persons or entities in GA's/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 other persons or entities in GA's/Rep's down line distribution hierarchy. Upon GA's/Rep's written request, Company shall cease making Advances to GA/Rep and/or other persons or entities in GA's/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 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 production 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.

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

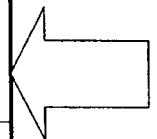
By: _____

Name: _____

Title: _____

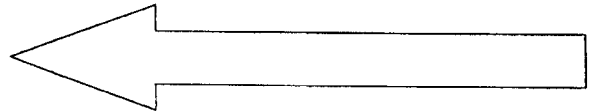
Date: _____

GENERAL AGENT/REPRESENTATIVE
By: _____
Name: _____
Title: _____
Date: _____



ACKNOWLEDGED AND ACCEPTED:

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



LIFE INSURANCE 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 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/Rep, GA/Rep and each such Company agree that there shall be one or two, as the case may be, separate and distinct amendments between GA/Rep 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/Rep 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/Rep with nine-month advances on certain first year commissions ("Advances") upon issuance of certain life insurance Products.
2. 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 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/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 to the Company. Further, the 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 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/Rep, specifically including unearned commissions, against any amounts GA/Rep or persons or entities in GA's/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 other persons or entities in GA's/Rep's down line distribution hierarchy. Upon GA's/Rep's written request, Company shall cease making Advances to GA/Rep and/or other persons or entities in GA's/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 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**

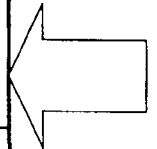
By: _____

Name: _____

Title: _____

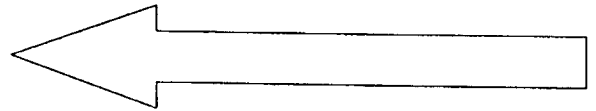
Date: _____

GENERAL AGENT/REPRESENTATIVE
By: _____
Name: _____
Title: _____
Date: _____



ACKNOWLEDGED AND ACCEPTED:

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



***** This Schedule is not valid until executed by an Authorized Representative of the Company*****

**COMPENSATION/PRODUCT SCHEDULE
UNITED WORLD LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

A. COMMISSION

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United World Life Insurance Company
- Application and Premium Submitted to: United World Life Insurance Company
- Commission paid by: United World Life Insurance Company

POLICY FORM: WM1, WM2, WM3, WM4, WM8 and State Equivalents and State Special Plans

National	New Business, Internal & External Replacements				
	Under Age 65	Age 65+			All Plans
		Policy Years			
		1 - 6	7 - 10	11+	
Commission Rate	0.0%	20.0%	7.0%	0.0%	

Arkansas	New Business, Internal & External Replacements						
	Under Age 65	Age 65-74			Age 75+		
		Policy Years			Policy Years		
		1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	0.0%	12.0%	6.0%	0.0%	6.0%	3.0%	0.0%

Colorado, Kansas, Kentucky, Missouri, Wisconsin	New Business, Internal & External Replacements		
	All Ages		
	Policy Years		
	1 - 6	7 - 10	11+
Commission Rate	12.0%	6.0%	0.0%

Florida, Georgia, Idaho, Illinois, Iowa, New Mexico, North Dakota, Virginia	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
		Policy Years		
		1 - 6	7 - 10	11+
Commission Rate	0.0%	12.0%	6.0%	0.0%

***** This Schedule is not valid until executed by an Authorized Representative of the Company*****

Indiana	New Business, Internal & External Replacements		
	Under Age 65	Age 65+	
	All Policy Years	Policy Years	
All Plans		1 - 8	9+
Commission Rate	0.0%	12.0%	0.0%

Louisiana, Minnesota, Oregon	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
All Plans	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	6.0%	3.0%	0.0%	12.0%	6.0%	0.0%

Maryland, New Jersey, North Carolina, Oklahoma	New Business, Internal & External Replacements					
	Under Age 65 - Plan A Only*			Age 65+		
	Policy Years			Policy Years		
All Plans	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	6.0%	3.0%	0.0%	12.0%	6.0%	0.0%

*All Other Plans are paid 0% commission to under age 65.

Michigan	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
	All Policy Years	Policy Years		
All Plans		1 - 3	4 - 10	11+
Commission Rate	0.0%	25.0%	10.0%	0.0%

New Hampshire	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
All Plans	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	10.0%	3.5%	0.0%	20.0%	7.0%	0.0%

West Virginia	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
	All Policy Years	Policy Years		
All Plans		1 - 5	6 - 10	11+
Commission Rate	0.0%	21.5%	3.5%	0.0%

B. COMMISSION RULES

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. Commission is calculated on the lesser of initial premium or paid premium.
3. Medicare Part B deductible premium is not commissionable except for the state of Indiana. Commission is not calculated on premium increases.
4. The commission for this Product is Vested Compensation and may be credited to you after the Termination Date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are credited to Company, and (c) if you are the writing agent, you must also remain the producer of record.
5. Internal Replacements. Commission will be calculated when a new United World Medicare Supplement policy replaces an existing United World Medicare Supplement policy, or an existing United World Medicare Select policy, and the producer of record and the Master General Agent does not change. The commission on the new internal replacement policy will be calculated based upon the policy year of the former policy.

***** *This Schedule is not valid until executed by an Authorized Representative of the Company******

6. **Affiliate Company Replacements.** Commission will not be calculated when a new United World Medicare Supplement policy replaces an existing Mutual of Omaha Insurance Company Medicare Supplement policy or certificate, or an existing Mutual of Omaha Insurance Company Medicare Supplement Trust policy or certificate, or an existing Mutual of Omaha Insurance Company Medicare Select policy.
7. Commission will not be calculated on replacements from the Agency distribution to the Brokerage distribution.
8. **External Replacements.** Commission will be calculated the same as new business unless a state special rule applies.
9. The Company may, from time to time, issue Compensation/Product Schedules with respect to these Products which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

C. GENERAL PROVISIONS

1. **Products Included.** The provisions and conditions of this Schedule shall apply only to the Products specifically identified in this Schedule.
2. **Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.
3. **Administrative Rules.** The Company's administrative rules, practices and procedures may be revised, modified or supplemented by the Company from time to time.
4. **Laws & Regulations.** Commission on the Products set forth above may be adjusted as required by any applicable laws or regulations.

This Compensation/Product Schedule is in addition to any other schedules currently in force or that may come into force in the future. This Schedule shall remain in effect until changed or terminated by Company.

UNITED WORLD LIFE INSURANCE COMPANY

Date first approved by an Authorized Representative: _____

***** This Schedule is not valid until signed by an Authorized Representative of the Company *****

**COMPENSATION/PRODUCT SCHEDULE
UNITED WORLD LIFE INSURANCE COMPANY
MEDICARE SELECT**

This Schedule is part of your agreement or contract with Company ("Agreement") and is in effect on the later to occur of: (1) the date this Schedule was first approved by an Authorized Representative, (2) the effective date of your Agreement, or (3) the effective date assigned by Company for the latest approved transmittal sheet, for the Product(s) herein, as submitted by your Master General Agency. In no event does this Schedule apply to persons with Special Agent Contracts. Terms not otherwise defined in this Schedule shall have the meaning set forth in the Agreement.

A. COMMISSION

The Company shall use the following rates for policies issued on applications produced by you or, if applicable, other persons in your down line distribution who submit Product applications that designate you. Your rate for each policy will be reduced by any rates the Company has assigned to other persons in your down line distribution for such policy, if any. In no event shall the rate credited to you and your down line distribution for each policy exceed the rate provided on this Schedule.

- Authorized Affiliated Company: United World Life Insurance Company
- Application and Premium Submitted to: United World Life Insurance Company
- Commission paid by: United World Life Insurance Company

POLICY FORM: WM5, WM6, WM7 and State Equivalents and State Special Plans

National	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
	All Policy Years	Policy Years		
All Plans		1 - 6	7 - 10	11+
Commission Rate	0.0%	20.0%	7.0%	0.0%

Florida, Oklahoma	New Business, Internal & External Replacements			
	Under Age 65	Age 65+		
	All Policy Years	Policy Years		
All Plans		1 - 6	7 - 10	11+
Commission Rate	0.0%	12.0%	6.0%	0.0%

Kentucky, Missouri	New Business, Internal & External Replacements		
	All Ages		
	Policy Years		
All Plans	1 - 6	7 - 10	11+
Commission Rate	12.0%	6.0%	0.0%

Louisiana	New Business, Internal & External Replacements					
	Under Age 65			Age 65+		
	Policy Years			Policy Years		
All Plans	1 - 6	7 - 10	11+	1 - 6	7 - 10	11+
Commission Rate	6.0%	3.0%	0.0%	12.0%	6.0%	0.0%

B. COMMISSION RULES

1. The commission rate is the rate that is in effect on the application date of the issued policy.
2. Commission is calculated on the lesser of initial premium or paid premium.
3. Medicare Part B deductible premium is not commissionable. Commission is not calculated on premium increases.

***** ***This Schedule is not valid until signed by an Authorized Representative of the Company*** *****

4. The commission for this Product is Vested Compensation and may be credited to you after the Termination Date if (a) the policy related to the Product remains in force, (b) the premiums for the policy are credited to Company, and (c) if you are the writing agent, you must also remain the producer of record.
5. Internal Replacements. Commission will be calculated when a new United World Medicare Select policy replaces an existing United World Medicare Select policy, or an existing United World Medicare Supplement policy, and the producer of record and the Master General Agent does not change. The commission on the new internal replacement policy will be calculated based upon the policy year of the former policy.
6. Affiliate Company Replacements. Commission will not be calculated when a new United World Medicare Select policy replaces an existing Mutual of Omaha Insurance Company Medicare Select policy, or an existing Mutual of Omaha Insurance Company Medicare Supplement policy or certificate, or an existing Mutual of Omaha Insurance Company Medicare Supplement Trust policy or certificate.
7. Commission will not be calculated on replacements from the Agency distribution to the Brokerage distribution.
8. External Replacements. Commission will be calculated the same as new business unless a state special rule applies.
9. The Company may, from time to time, issue Compensation/Product Schedules with respect to these Products which (a) amend, replace or terminate this Schedule, or (b) identify whether this Product is eligible for bonuses.

C. GENERAL PROVISIONS

1. **Products Included.** The provisions and conditions of this Schedule shall apply only to the Products specifically identified in this Schedule.
2. **Non-assignment.** You may not assign or pledge as collateral any commission payable under this Schedule. Any attempt to assign commission under this Schedule shall be void.
3. **Administrative Rules.** The Company's administrative rules, practices and procedures may be revised, modified or supplemented by the Company from time to time.
4. **Laws & Regulations.** Commission on the Products set forth above may be adjusted as required by any applicable laws or regulations.

This Compensation/Product Schedule is in addition to any other schedules currently in force or that may come into force in the future. This Schedule shall remain in effect until changed or terminated by Company.

UNITED WORLD LIFE INSURANCE COMPANY

Date first approved by an Authorized Representative: _____