

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.

Micha Edwards
Candidate Signature

4/01/09
Date

Micha Edwards
Print Name

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

GENERAL AGENT

By: Micha Edwards
(signature always required)

Printed Name: Micha Edwards
(Same as signature above)

General Agent: Micha L. Edwards
(As it appears on license)

DBA: _____
(if applicable)

Date: 4/01/09

Designated Beneficiary: Nathan Millar



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

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

1	2	3	+	4	5	+	6	7	8	9
---	---	---	---	---	---	---	---	---	---	---

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 Micha Edwards | Date 4/01/09

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



SPECIAL AGENT

By: Micha Edwards
(signature always required)

Printed Name: Micha Edwards
(Same as signature above)

Special Agent: Micha L. Edwards
(AS IT APPEARS ON LICENSE)

Date: 4/01/09



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 to deposit my check as indicated below. This authority is to remain in full force and effect until Mutual of Omaha has received notification from me of its termination in such time and in such manner as to afford Mutual of Omaha a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice of termination.

A VOIDED CHECK OR DEPOSIT SLIP MUST BE ATTACHED TO VERIFY ACCOUNT NUMBER.

New Deposit or Change Deposit

Name of Bank Best Bank

Bank Routing Number 012345678

Checking Account No. 1225668

or

Savings Account No. _____

Is This Electronic Deposit For:

Company or Individual (check one)

Printed Name Michael Edwards

Signature Michael Edwards

Tax ID or Social Security Number 123-45-6789

Producer Number _____

Effective Date _____

Telephone Number (678) 342 - 0069

Please remember to attach a voided check or deposit slip to verify account number.

Return completed form and copy of voided check or deposit form to:

Mutual of Omaha Insurance Company or FAX to: 402-351-2646
Attn: 11 - Broker Compensation
Mutual of Omaha Plaza
Omaha, NE 68175

*Electronic Deposit is not available for all products. Please contact Sales Support for exclusions 800-775-7898.

MUTUAL OF OMAHA USE ONLY

Entered & Verified By _____ Date _____

~~A~~ Always 9-month ~~#~~

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: _____

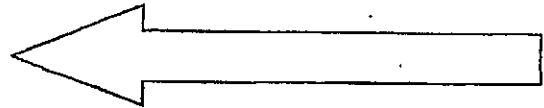
Date: _____

GENERAL AGENT
By: X <i>Micha Edwards</i>
Name: <i>Micha Edwards</i>
Title: _____
Date: <i>4/01/09</i>



ACKNOWLEDGED AND ACCEPTED:

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



** Always 9-month **

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

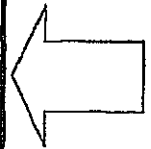
By: _____

Name: _____

Title: _____

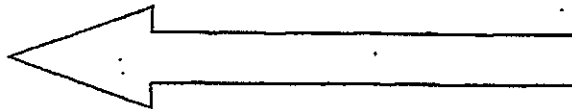
Date: _____

GENERAL AGENT
By: <i>x Micha Edwards</i>
Name: <i>Micha Edwards</i>
Title: _____
Date: <i>4/01/09</i>



ACKNOWLEDGED AND ACCEPTED:

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



**UNITED OF OMAHA LIFE INSURANCE
COMPANY**

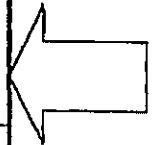
By: _____

Name: _____

Title: _____

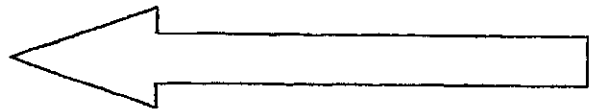
Date: _____

GENERAL AGENT
By: <u>Micha Edwards</u>
Name: <u>Micha Edwards</u>
Title: _____
Date: <u>4/01/09</u>



ACKNOWLEDGED AND ACCEPTED:

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



* Always 9-month *

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 (PN6) Nine-Month (PN7) Twelve-Month (PN8)

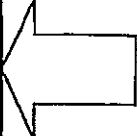
UNITED OF OMAHA LIFE INSURANCE COMPANY

By: _____

Name: _____

Title: _____

Date: _____

GENERAL AGENT/REPRESENTATIVE	
By: <u>Micha Edwards</u>	
Name: <u>Micha Edwards</u>	
Title: _____	
Date: <u>4/01/09</u>	

ACKNOWLEDGED AND ACCEPTED:

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

