

IRREVOCABLE ASSIGNMENT OF INSURANCE COMMISSIONS
Mutual of Omaha and Affiliates

_____ (“Assignor”) hereby irrevocably assigns all first year and renewal commissions, monetary bonuses, and other monetary compensation (collectively “Commissions”) payable from Mutual of Omaha Insurance Company, United World Life Insurance Company, United of Omaha Life Insurance Company, Omaha Insurance Company, Omaha Supplemental Insurance Company, and Companion Life Insurance Company and (together, the “Company”)¹ pursuant to the Managing General Agent / General Agent Agreement (including all prior versions of sales contracts thereof) (collectively the “Agreement”) to the Assignee provided below. This assignment shall be applied per the dates requested by Assignor but will not be effective until this form is approved and processed by Company.

Assignee: _____

Address: _____

Phone Number: _____ Email Address: _____

Tax ID Number: _____ Production Number (if any): _____

Product Type(s): Life Health

Requested assignment Date: _____

1. This Assignment is subject to all applicable laws relating to the assignment of insurance Commissions by producers. Company shall not be obligated by the terms of this Assignment if in its reasonable discretion it determines that paying Assignee would be a violation of any applicable law.
2. **This Assignment shall be limited to the transfer of Commissions and shall not include the transfer of client or policy information. The transfer of Commissions may have tax implications.**
3. This Assignment shall apply to the Commissions payable for the Product Type(s) and dates listed above.
4. This Assignment is subject to all the terms and conditions of the Agreement, including Company’s right of offset for any indebtedness.
5. Assignor represents that it has the authority to execute this Assignment and further agrees to indemnify and hold Company harmless from any amounts Company pays under this Assignment. The sole receipt of any sums received by the Assignee will be a full discharge and release to the Company.
6. This Assignment is subject to and will not override, change, or alter any terms or conditions of any compensation arrangements.
7. This Assignment is irrevocable and may not be changed by Assignor once executed and effective.

Assignor: _____

Print Name: _____

Date: _____

Tax ID # or Soc. Sec. Number: _____

Production Number: _____

Signature of Authorized Assignor: _____

Send form to:

Life - mycustomerservice@mutualofomaha.com

Health - health.operations.producer.change@mutualofomaha.com