

Mutual of Omaha and Affiliates Transfer Request Form

Reminder: Commissions must remain at the same rate for 6 months from the effective date of the transfer.

Please fill out the following section(s) and submit along with transmittal and/or full contracting to Producer Services for transfer to be processed.

Signature of Producer/Corporation Requesting Hierarchy Transfer:

If a release is not required by MGA and you have downlines please check where downlines should go.

- Check if releasing entity only
 Check to include entity's downline

 Producer or Corp Name (Printed)

 Producer Signature _____ Date

 Producer #, TIN, or SSN

Current MGA Signature Acknowledging Transfer and Release, If Required: (select one)

- Check if releasing entity only
 Check to include entity's downline

 Marketer or Corp Name Granting Release (Printed)

 Authorized Principal Signature _____ Date

 Authorized Principal Printed Name

 Marketer Production #, TIN, or SSN

Please Check All That Apply

- | | |
|---|--------------------------|
| Medicare Supplement, PDP
Dental and Dental Savings | <input type="checkbox"/> |
| Accidental Death | <input type="checkbox"/> |
| Long Term Care | <input type="checkbox"/> |
| Critical Advantage | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> |
| Term Life Express | <input type="checkbox"/> |
| IUL Express | <input type="checkbox"/> |
| Final Expense | <input type="checkbox"/> |
| Children's Whole Life | <input type="checkbox"/> |
| Cancel Contract with Prior Marketer | <input type="checkbox"/> |

Complete this section below ONLY if your upline Marketer has NOT granted you a release*

I _____ (Producer Signature) certify that my current marketer will not release the following products and is aware that I intend to transfer the checked products below in accordance with the Transfer Guidelines.

NOTICE: Six (6) months from the date this form is received at Mutual of Omaha, your new Marketer will have 45 days to submit new contracting paperwork or this request will expire.

- | | | | | | | | |
|-------------------|-----------------------|--------------------|-----------------------|-----------------------|-----------------------|---------------|-----------------------|
| Term Life Express | <input type="radio"/> | Long Term Care | <input type="radio"/> | IUL Express | <input type="radio"/> | Clear Section | <input type="radio"/> |
| Final Expense | <input type="radio"/> | Critical Advantage | <input type="radio"/> | Children's Whole Life | <input type="radio"/> | | |
| Accidental Death | <input type="radio"/> | Disability | <input type="radio"/> | | | | |

*Medicare Supplement, PDP and Dental are not eligible for intent to transfer without a release

Acquisitions: If you have recently been acquired or merged with another entity you are not required to get a release from your current upline. You will however be required to provide evidence of the acquisition and or merger and new contracting paperwork may be required.