



## Omaha Insurance Company Contract Submission

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

Agent Number: \_\_\_\_\_

### Submission:

**By Fax: (512) 233-0761**

**By Email: [licensing@psmbrokerage.com](mailto:licensing@psmbrokerage.com)**

**By Mail: Precision Senior Marketing**

PO Box 203008

Austin, TX 78720-3008

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**Questions? Call (800) 998-7715**





**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: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

Production Number: \_\_\_\_\_





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



<b>SPECIAL AGENT</b>
By: _____ (Signature always required)
Printed Name: _____ (Same as signature above)
Special Agent: _____ (As it appears on license)
Date: _____
SSN or TIN: _____
Production Number: _____



\* Please fill out if contracting as a corporation

**MUTUAL OF OMAHA INSURANCE COMPANY  
UNITED OF OMAHA LIFE INSURANCE COMPANY  
UNITED WORLD LIFE INSURANCE COMPANY  
OMAHA INSURANCE COMPANY  
HEALTH ISSUE ADVANCE COMMISSION AMENDMENT**

**GENERAL AGENT/REPRESENTATIVE**

BY: _____ (Signature always required)	SOCIAL SECURITY or TAX ID NUMBER: _____
PRINTED NAME: _____	
TITLE: _____ DATE: _____	

**Please Note: The completed Advance Commission Transmittal Form must accompany this signed Advance Commission Amendment.**

**MASTER GENERAL AGENCY**

**I approve of the Advance of Commission pursuant to this Agreement.**

BY: _____ (Signature always required)	
PRINTED NAME: _____	
TITLE: _____ DATE: _____	

This Amendment is subject to Company's written approval. If Company approves this Amendment, Company will send an executed signature page to the GA/Rep. The executed signature page will become part of this Amendment. The advance mode and the advance maximum amount per policy will be included on the executed signature page.