

Authorized Principal Name (Printed)

Mutual of Omaha and Affiliates Transfer Request Form

Reminder: Commissions must remain at the same rate (or lower) for 6 months from the effective date of the completed transfer.

Please fill out all required sections of the form and <u>have the new marketer submit the Transfer Request Form with the transmittal</u> (and contract if required) to Producer Management at contractsandappointments@mutualofomaha.com.

Please note: If any of the required fields are not filled out correctly or if the necessary contracting is not submitted with the form, it may cause a delay in the processing of your transfer request.

Signature of the Producer/Corporation Requenter the Hierarchy Transfer:	esting	Please select the product(s) being transferred. (At least one product must be marked. Selecting "Cancel Contract with Prior Marketer" without selecting the
If a release is <u>not</u> required by the MGA and you		product(s) being transferred will not be processed.)
have downlines, please check where your downlines should go:		Medicare Supplement, Dental and Dental Savings
Include the downline(s) in the transfer		
Do not include the downline(s) in the transfer		Accidental Death
		Long Term Care
Producer or Corp Name (Printed)		Critical Advantage
		Disability
Producer Number, SSN, or TIN		Term Life Express
Producer Signature	 Date	Index Universal Life Express
(Signature valid for 90 days from the form sign date)	Date	Final Expense
Marketer the Producer is Transferring to		Children's Whole Life
		Cancel Contract with Prior Marketer
Current NACA Signatura Askraculadaina Trans	ofor and	
Current MGA Signature Acknowledging Trans Release if Required:	sier anu	For MGA use only: If a release is required by the MGA and downlines are present, please acknowledge where the
		downlines should go: (Select one)
MGA Name Granting Release (Printed)		MGA acknowledges the release of the transferring entity and their downline
MGA Producer Number, TIN, or SSN		MGA is releasing the entity only
Morri Toddeel Humber, Thy, or 3514		
Authorized Principal Signature	Date	