

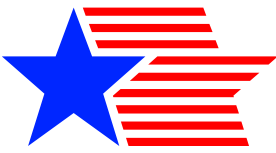
Old Mutual Contracting Checklist

Enclosed, please find the contract you requested. Please take a moment to review the following procedures that will help expedite the procedures of your contract appointment and reduce delays:

1. **Complete the information** below for up-to-date interest.
2. Complete entirely the following:
 - Producer Information Form
 - Direct Deposit Agreement Form
 - W-9 Form
3. **Return all forms** signed and completed by fax or regular mail.
4. Include a current copy of your **RESIDENT agent license**. If you wish to be appointed in other states, include a copy of all non-resident licenses.
5. Include a current copy of your **E&O coverage** (required).
6. A complete, counter signed contract will be returned to you from the insurance company when they have completed your appointment with them.

Name: _____

E-Mail Address: _____ Fax Number: _____



AGENT'S DECLARATION AND AUTHORIZATION

(Must be completed and returned with contracting paperwork)

Return By Fax To:
Annuity Brokers, Inc.
801-576-1331

1. I hereby certify that my answers to the attached questions are true.
2. It is also understood that I, not Annuity Brokers, Inc., will be responsible for any and all commission charge-backs incurred. Should litigation be necessary to collect any debit balances, reasonable attorney fees and collection costs will also be rewarded to the prevailing party.
3. I fully understand I am not authorized to represent myself or my agency as an employee of Annuity Brokers, Inc., nor do I hold Annuity Brokers, Inc. responsible for my actions.
4. I am fully aware and understand that as a licensed insurance agent it is my responsibility to completely understand the products and companies I represent and to properly solicit these products to consumers in accordance with insurance solicitation laws and consumer protection laws within the state(s) where I hold a resident and/or non-resident license.
5. Do you have personal Errors & Omissions (E&O) liability coverage?

_____ Yes _____ No

I understand and acknowledge that I do not have E&O Liability coverage from Annuity Brokers, Inc., and that I am responsible for my own liability and liability coverage.

6. I authorize any individual or company to give Annuity Brokers, Inc., or its authorized representative, any and all information with reference to my character, credit, debts owed insurance companies, business reputation, employment history including information whether or not among their records, and I release said individual and/or company from any and all liability whatsoever which results, or might result, from the disclosure of such information. A photo-copy or fax of this authorization shall be as effective as the original.
7. Under penalties of perjury, I certify that the social security number (or taxpayer identification number) shown on my application form is my correct tax I.D. number.

Dated this _____ day of _____, 20 _____

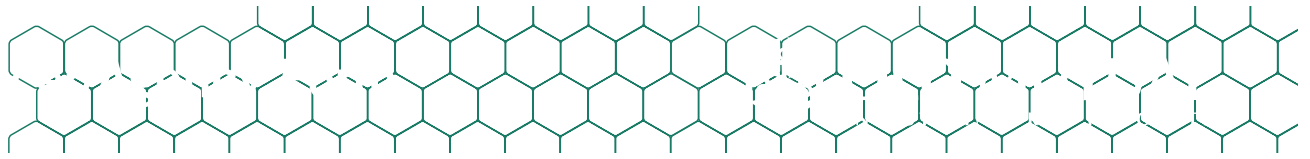
Agent Signature

Printed Name

Annuity Brokers, Inc.

Dated

THE AGENT IS OUR CUSTOMER!
www.annuitybrokers.com



**Producer
Agency**

**OM Financial Life Insurance Company
OM Financial Life Insurance Company of New York**

Instructions:

- Step 1.** Complete, Sign and Date this Form. If you are a corporate principal, complete a separate form for the corporation. Forward the form(s) to your appointing agency.
- Step 2.** Appointing General Agencies, please complete the bottom portion of the Form authorizing the hierarchy set up and compensation.
- Step 3.** Once contracted and you have been given access to SalesLink, you will be asked to sign additional Agreements via an electronic signature.

MGA Name: _____ MGA Number _____
 MGA Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Producer/Agency Information

Producer/Agency Name: _____
 Residence Address: _____
 City: _____ State: _____ Zip: _____
 Residence Phone: _____
 Cell Phone: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Business Phone: _____ Fax: _____
 e-mail address: _____
 Preferred method of contact: e-mail Phone Fax
 Date of Birth: _____
 Social Security Number: _____
 Corporation TIN Number: _____
 Gender: M F Agency
 Language(s) spoken other than English: _____
 Resident State License No.: _____

5. Have you ever been *alleged* to have engaged in any fraud?
Yes No
6. Have you ever been *found* to have engaged in any fraud?
Yes No
7. Have you ever been convicted of any crime?
Yes No
8. Have you ever been barred, fined or disciplined by any insurance, securities or other regulator in any jurisdiction?
Yes No
9. Have you ever had your license to offer or sell insurance products or securities suspended or revoked in any jurisdiction?
Yes No
10. Do you hold a current Certificate of Continuing Education for California and/or Iowa? Yes (Please attach a copy) No
11. Have you taken the AML training course? Yes
No (If not, you are required to complete the LIMRA AML training course and will be entered into the LIMRA database.)

Additional States in which you wish to be appointed and License Numbers for each:

Non- Resident State	License Number
Non- Resident State	License Number
Non- Resident State	License Number

1. Have you ever filed for bankruptcy? Yes No
2. Have you ever been the subject of any complaint related to the solicitation or sale of any insurance product(s), securities or any financial product or service, in any jurisdiction?
Yes No
3. Have you ever been the subject of any investigation or proceeding by any insurance or securities regulator in any jurisdiction?
Yes No
4. Have you ever been accused of or charged with any improper conduct related to the solicitation or sale of any insurance product(s), securities or any financial product or service?
Yes No

If the Answer to any question from 1-9 above is yes, please attach an explanation. Additional information such as supporting documents may be required.

By signing below, I: (i) certify that all of the information provided on this form is true and correct and I acknowledge that my failure to provide truthful and accurate information is a valid basis for the immediate termination of my relationship with OM Financial Life Insurance Company and/or OM Financial Life Insurance Company of New York (the "Company" in reference to either or both, as applicable), for cause; (ii) authorize the Company to conduct an investigation of my background and to disclose the results of any such investigation to the Agency(ies) with which I am or become affiliated; and (iii) acknowledge that I have received, read, and will comply with the Company's Code of Ethical Conduct and Market Conduct Guide, and that I have received, read and agree to be bound by the terms of the Company's Producer/Agency Agreement (each as amended from time-to-time). I understand that I can access all of these documents on SalesLink.

Signature of Producer
or Principal of Agency: _____
 Date: _____

To be completed by the Appointing Agency

Name of Agency: _____ AGA Code: _____
 Approved compensation level/contract type(s): _____
 Signature of Authorized Agent: _____ Date: _____
 Contact Agency by: Fax e-mail

Authorization Agreement for Direct Deposit To Savings or Checking Account

OM Financial Life Insurance Company

Return By Fax To:
Annuity Brokers, Inc.
801-576-1331

INSURER

OM Financial Life Insurance Company

I (we) hereby authorize OM FINANCIAL LIFE INSURANCE COMPANY ("OM Financial Life") to deposit my (our) commission payment with the financial institution identified below ("Bank") and the Bank to credit the same to my (our) account as described below. In the event that OM Financial Life notifies the Bank that funds to which I (we) am not entitled have been deposited to my (our) account by it in error, I (we) hereby authorize the Bank to return said funds to OM Financial Life upon demand, and agree to hold OM Financial Life harmless from any and all liability in connection therewith. OM Financial Life will process chargeback of commissions within its commission system, and only net commission due will be eligible for deposit to my (our) account.

Agent Number	Payee's Name (Please Print)	Bank Account Number		Bank Name
Bank Address	City	State	Zip Code	Bank Phone Number
ABA Transit / Routing Number (Lower left corner of your check)			Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This authorization is to remain in force until OM Financial Life has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and/or the Bank a reasonable opportunity to act on it. This authorization is governed by Maryland law, including Maryland Uniform Commercial Code.

Payee's Signature

Date

Joint Payee's Signature (if jointly paid, both parties must sign)

Date

Attach Voided Check Here

Return to OMFN: Fax No. 410-895-0129

OM Financial Life Insurance Company Baltimore, MD

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.