

NAIC Suitability in Annuity Transactions Model Regulation
Company Product Training
Certification and Acknowledgement Form

I hereby acknowledge that I have received the appropriate Company product training and understand the benefits and provisions of the Annuity products currently being marketed. I completed these requirements on the date shown below:

Signature

Date

Full Name (PRINT)

Production Number

Please return this completed form to Mutual of Omaha Insurance Company by one of the following options.

Fax or E-mail to:

Agency: (402) 997-1829 or agency.mailbox@mutualofomaha.com

Brokerage: (402) 997-1830 or contractsandappointments@mutualofomaha.com

Mail to:

Mutual of Omaha Insurance Company
3- Producer Services
Mutual of Omaha Plaza
Omaha, NE 68175

NOTE: This product training does not fulfill the 4-hour CE Requirement.

Annuity products underwritten by:
United of Omaha Life Insurance Company
Home Office: Omaha NE 68175

Companion Life Insurance Company
Home Office: Hauppauge, NY 11788

Affiliates of Mutual of Omaha Insurance Company
Mutual of Omaha Plaza, Omaha, NE 68175

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