

## Direct Deposit Authorization (Brokerage)

I, the undersigned, do hereby authorize Mutual of Omaha and its affiliates to deposit my check as indicated below. This authority is to remain in full force and effect until Mutual of Omaha and its Affiliates have received notification from me of its termination in such time and in such manner as to afford Mutual of Omaha and its affiliates a reasonable opportunity to act on it. In no event shall it be effective with respect to entries processed prior to receipt of notice.

I also understand this is not an assignment of commissions, 1099's will continue to be issued to the commission owner.

**This Electronic Funds Deposit is for:**

Individual/Business Name (please print) \_\_\_\_\_  
Name Associated with SSN or Tax ID

Signature **X** \_\_\_\_\_  
Authorized signature as shown on the account

Social Security Number or Tax ID \_\_\_\_\_

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

Telephone Number (            ) \_\_\_\_\_

Deposit Type:  New Deposit Account            or             Change to Existing Deposit Account

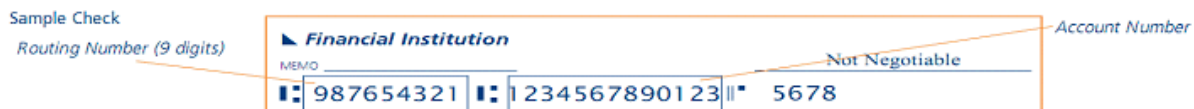
Name of Financial Institution \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Account Type:  Checking Account            or             Savings Account

Business            or             Individual



**A VOIDED IMPRINTED CHECK, SAVINGS DEPOSIT SLIP OR LETTER FROM THE BANK MUST BE ATTACHED TO VERIFY ACCOUNT AND ROUTING NUMBERS.**

**For Direct Deposit Setup Inquiries:**  
 Phone: (800) 867-6873  
 Fax: (402) 997-1830  
 Email: [contractsandappointments@mutualofomaha.com](mailto:contractsandappointments@mutualofomaha.com)

**For Compensation Inquiries:**  
 Phone: (800) 475-4465