

# MUTUAL AND UNITED OF OMAHA TRANSFER REQUEST FORM

(Please fill out the contract as well)

<i>Product Category (Please Check All That Apply):</i>		For Internal Use Only
Mutual of Omaha Long Term Care	<input type="checkbox"/>	<div style="border: 1px solid black; height: 300px; width: 100%;"></div>
United of Omaha Long Term Care	<input type="checkbox"/>	
Term Life Express, Term Life Complete or Mortgage Term	<input type="checkbox"/>	
SPDA/LTC - Living Care <sup>®</sup> Annuity	<input type="checkbox"/>	
Medicare Supplement	<input type="checkbox"/>	
Critical Illness and Disability	<input type="checkbox"/>	

**Signature of Party Requesting Hierarchy Transfer:**

\_\_\_\_\_  
Contracted Party's Name (please print)

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

\_\_\_\_\_  
TIN or SSN

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Current MGA Signature Acknowledging Transfer (if required):**

\_\_\_\_\_  
Entity Name

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

\_\_\_\_\_  
MGA's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signor