



800-322-6342  
www.dmi.com

## Old Mutual General Agent Licensing

1. Complete, sign and date the Producer Information Form
2. Complete, sign and date the Direct Deposit/EFT Form
3. Attach copies of all state licenses you are requesting to be appointed in (include a corporate license if commissions are being assign to an agency)
4. Attach proof of **Errors and Omissions** coverage (include E&O coverage for agency if commissions are being assigned to an agency)
5. Return to DMI via fax 781-740-9778 or email to [ccormican@dmi.com](mailto:ccormican@dmi.com)

If you have any questions regarding the completion of this paperwork,  
please call DMI at 1-800-322-6342

**\*\*\*PLEASE NOTE THAT MOST CARRIERS ARE NOW REQUIRING PROOF OF COMPLETION OF  
THE AML (Anti-Money Laundering) Certification.**

**If you have completed this course, please send your certificate to DMI.**

**THANK YOU!**

# Agent Appointment Instructions

INSURER

OM Financial Life Insurance Company

Agents are required to be appointed by OM Financial Life Insurance Company in those states that they solicit business, both resident and non-resident license. Non-resident licensing is required for any overrides, which are paid in FL, NM, PA, NY and UT.

States have guidelines on whether or not an agent can solicit business prior to appointment date. We designate states that have restrictions as "Sensitive States".

Sensitive states include DC, LA, WV and WY.

OM Financial Life pays all state appointment fees and renewal fees. Agents must complete a Producer Information Form from either a Managing General Agent or one of our field representatives. The compensation arrangement received will depend upon the level of committed production.

To ensure proper and timely contracting, it is important that you provide complete, accurate information. Attach all required documentation and/or fees. Make sure you read and understand the Market Conduct Guide. Keep all appointment documentation together, and submit the completed package to your recruiting General Producer:

- Signed and completed Producer Information

*Note: California Licensed Agents that sell annuities should include a copy of their Continuing Education Certificate.*  
Producer Information Form - Complete and sign. Should be completed for all individuals and/or agencies, corporations who are to receive payment of agent compensation directly from OM Financial Life. Agents who wish to have their commissions assigned to their agency should also complete the producer information form; corporation or who are principals of an agency/corporation complete this form. Be sure to indicate those states you wish to be appointed. Sign and complete W9

- Electronic Funds Transfer (EFT direct deposit form - Complete and sign the Authorization Agreement for Direct Deposit form and enclose a voided check or deposit slip.

- First-time licensees must enclose completed original state forms with appropriate fees.

- E&O Insurance coverage - OM Financial Life has negotiated cost effective group E&O coverage. To apply, complete and sign the Enrollment Form, and enclose a check made payable to Insurance Specialists Services, Inc. for your first year's premium. E&O coverage is mandatory in AL, MS and RI.

Agent appointment packages MUST be signed and submitted by your up-line and/or MGA (Master General Producer)

Questions about these procedures should be referred to Sales Support at (800-445-6758, prompt 1).

# Producer/Agency Form



- 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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Corporation TIN Number: \_\_\_\_\_

Gender:  M  F  Agency

Resident State License No.: \_\_\_\_\_

Attach additional non resident licenses in which you wish to be appointed.

Broker Dealer Name: \_\_\_\_\_

Life Target Premium - Previous 12 Months: \$ \_\_\_\_\_

OM Life Premium - Next 12 Months: \$ \_\_\_\_\_

Fixed/Fixed-Indexed Annuity Premium - Previous 12 Months: \$ \_\_\_\_\_

OM Annuity Premium - Next 12 Months: \$ \_\_\_\_\_

- 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

- 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.)

**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: \_\_\_\_\_

**Only Authorized forms can be faxed directly to OMFN at 410-895-0129.**

# Authorization Agreement for Direct Deposit To Savings or Checking Account

## OM Financial Life Insurance Company

<b>INSURER</b>	
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="radio"/> Checking <input type="radio"/> 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.

<b>Payee's Signature</b>	Date
<b>Joint Payee's Signature</b> (if jointly paid, both parties must sign)	Date



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