



## Mutual of Omaha Annuity Product Training Certification & 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.

NOTE: This product training does not fulfill the state 4 hour training requirement.

_____	_____	_____
Agent's Name	Production #	Completion Date

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

**eMail or Fax to Producer Services at:**

**Agency:** (402) 997-1829 or [agency.mailbox@mutualofomaha.com](mailto:agency.mailbox@mutualofomaha.com)

**Brokerage:** (402) 997-1830 or [contractsandappointments@mutualofomaha.com](mailto:contractsandappointments@mutualofomaha.com)

**Mail to:**

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

**Annuity products underwritten by:**

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

**For Home Office Producer Services use only.  
Not for use with the public.**