



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

Brokerage: (402) 997-1830 or 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.**