

Living Promise Prospecting Postcard Overprint Order Form
Use to Order Living Promise prospecting Postcard (128169) as seen on
Sales Professional Access



To Order:

- Request form must be completed in full; if not completed in full your request will be delayed.
- Complete request form and FAX to 1-402-351-1431 or scan and email to **both**.....greg.peet@mutualofomaha.com and jo.becerra@mutualofomaha.com
- Questions: call 800-693-6083, ext 2186 or 3609
- You will be e-mailed a PDF to review for accuracy and approval for printing.
- If response is not received within 30 days, your request will be cancelled.

Producer Material is Being Required for (Required)

Your Name _____
E-mail Address _____
Daytime Phone Number _____ Production Number _____

Requested By: (complete only if you are ordering for producer above)

Name _____
E-mail Address _____
Daytime Phone Number _____
 Check here if you want to be copied on approval.

PREMIUM INFORMATION YOU WISH TO ADVERTISE ON POSTCARD:

We provide premiums based on the information you provide here:

State: _____ Quantity _____
(Not Available in WI) (Graded Benefit N/A in AR, MT & NC) (Min 25 – Max 5,000 every 6 months)

Choose only one option: Level Benefit Plan Graded Benefit Plan
Choose only one option: Non-Tobacco Tobacco *No distinction for Graded Benefit Plan

Male: Face Amounts - Must provide four: (Level: \$2,000 - \$40,000 / Graded: \$2,000 - \$20,000)

\$ _____ \$ _____ \$ _____ \$ _____

Issue Ages (Must Provide 3) Age 1: _____ Age 2: _____ Age 3: _____
(Age range 45 – 85 for Level Benefit Plan; 45-80 for Graded Benefit Plan)

Female: Face Amounts - Must provide four: (Level: \$2,000 - \$40,000 / Graded: \$2,000 - \$20,000)

\$ _____ \$ _____ \$ _____ \$ _____

Issue Ages (Must Provide 3) Age 1: _____ Age 2: _____ Age 3: _____
(Age range 45 – 85 for Level Benefit Plan; 45-80 for Graded Benefit Plan)

NOTE - AGENCY NAME: If utilizing an Agency Name on your prospecting pieces, the Agency Name must be listed in your up-line within your hierarchy on United of Omaha's records. If your hierarchy does not currently reflect the Agency Name, you will need to contact your MGA to obtain the appropriate paperwork required by United of Omaha to have the agency added to your hierarchy. Once the appropriate paperwork is filled out, your MGA will forward this paperwork to Producers Services at United of Omaha for processing. The following requirements must be met to set up an agency on Mutual of Omaha's records:

- Agency must hold a valid state insurance license
- Agency must be assigned a valid Tax-Id number

Contact Information: Information to be printed on postcard.

Agency Name _____
 Agent Name _____
 Local and/or Toll Free Phone Number _____
 E-mail Address _____

Return Address:

Agency Name _____
 Agent Name _____
 PO Box or Street Address _____
 City, State, ZIP _____

Complete ONLY if you have a Bulk Rate permit.

Bulk Rate Permit (USPS may be contacted to verify permit information provided):
 ● If Bulk Rate Permit is not owned by you; Permission Letter on Company letterhead required.
 ● Must provide a copy of the 1. "Permit Imprint Authorization" from PS form 3615 and 2. "Post Office receipt for money" (PS Form 3544)

<input type="checkbox"/> Presort Standard or <input type="checkbox"/> First Class	Permit #	City and State of Origin:
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SHIPPING INSTRUCTIONS (Items are shipped via UPS)

Company _____
 Attention _____
 Street Address (cannot ship to a P.O. Box) _____
 City, State, ZIP _____