

ASSIGNMENT OF COMMISSIONS AND OTHER COMPENSATION

To: Golden Rule Insurance Company and/or American Medical Security Life Insurance Company and/or PacificCare Health Plan Administrators, Inc., and/or United Healthcare Insurance Company, and/or any affiliated company (collectively, "the Company").

If and when the Company owes me compensation because I have sold or secured the sale of insurance products of the Company or for any other reason, I (the undersigned "Assignor") do not wish to receive that compensation, but instead assign all of the compensation to, and direct the Company to pay all of it to, the person or entity I have written below as Assignee:

PLEASE PRINT _____
Assignee Name (person/entity to be paid) Social Security/Tax ID Number

PLEASE PRINT _____
Street City State ZIP Phone

This Assignment applies to (select **ONE**):

- all first year and renewal compensation; or
 all compensation attributable to my business written *after* the date this form is processed by the Company.

I understand and agree that:

1. Payments made by the Company pursuant to this Assignment fully discharge all of the Company's financial obligations to me under any compensation arrangement between us (individually or collectively the "Contract").
2. This Assignment is subject to, and does not affect, any terms or conditions of the Contract except as specifically provided herein.
3. This Assignment is subject to applicable state and federal laws regarding assignment of commissions by insurance producers (by whatever name called). The Company will not be bound by this Assignment in any instance in which it believes applicable law prevents it from paying the Assignee, and it then may pay the person or entity that it, in its sole discretion, determines to be appropriate under the circumstances.
4. This Assignment shall remain in effect, and is binding on both myself and the Company, until revoked. I may revoke this Assignment by sending written notice to the Company. Such revocation will only apply to business written after the effective date of the revocation, and this Assignment will remain in effect for business written for the Company prior to that date. Revocation will be effective on the latter of the date I request, or thirty (30) days after the Company's receipt of the notice. Otherwise, this Assignment is automatically revoked concurrently with termination of the Contract for cause, or upon commencement of any proceeding in bankruptcy, liquidation, receivership or dissolution by or against me or my listed Assignee.
5. This Assignment does not apply to merchandise, trips or other non-cash incentives, awards, contests or other remuneration (collectively "prizes") that the Company may offer from time to time. It also does not apply to a cash equivalent in the event either I or the Company choose to remit or accept such cash equivalent in lieu any particular prize.



Assignor Signature



Assignor Printed Name



Date Signed

SUB-BROKER CONTRACT CHANGE REQUEST/ASSIGNMENT FORM

Subject to acceptance by Golden Rule Insurance Company, please change my existing contract with Golden Rule to show I am a sub-broker under the Key Broker contract between _____ and Golden Rule Insurance Company.

<input type="checkbox"/> Pay Commissions directly to me, and the service fee to the Key Broker.
<input type="checkbox"/> Pay Commissions to agency tax id # _____ and service fee to the Key Broker.
<input checked="" type="checkbox"/> Pay Commissions directly to the Key Broker For value received, the undersigned Sub-Broker assigns to the Key Broker all rights, title and interest held by Sub-Broker in the commissions payable to Sub-Broker under the Golden Rule Insurance Company Independent Broker's Contract ("Assignment"). This Assignment applies only to business written by the Sub-Broker after the effective date of this Assignment. This Assignment may be terminated by written notice to the Key Broker and Golden Rule Insurance Company. Termination of this Assignment will not revoke the assignment of commissions on business written while the Assignment was in effect. Key Broker agrees to indemnify and hold Golden Rule harmless from any claim or demand resulting from this Assignment of Commissions.

Agreed and accepted:

Must be completed by the Sub-Broker

Sub-Broker: _____
<input checked="" type="checkbox"/> Sub-Broker Signature
Printed Name _____
Producer Number _____
Date _____
Address _____
City _____ St _____ Zip _____

Must be completed by the Key Broker/Principal

Key Broker: _____
By: _____
<input checked="" type="checkbox"/> Authorized Signatory of Agency
Printed Name _____
Tax ID Number _____ Agency Code _____
Date _____
Address _____
City _____ St _____ Zip _____
If your contract is annualized will this Sub-Broker be annualized? <input type="checkbox"/> Yes <input type="checkbox"/> No

Accepted by Golden Rule Insurance:

Golden Rule National Key Broker Sales Manager

Date

Effective Date: _____

GOLDEN RULE USE ONLY		
Past 6 month production	Total # of Subs Including CCR	Production Status of Key Broker