ASSIGNMENT OF COMMISSIONS AND OTHER MONETARY COMPENSATION

To: UnitedHealthcare Life Insurance Company and/or Golden Rule Insurance Company and/or UnitedHealthcare Insurance Company, and/or All Savers 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 it to, and direct the Company to pay it to, the person or entity I have written below as Assignee per my applicability instructions below:

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 and complete **option 1 OR 2** below):

1. ❑ **All monetary compensation including commissions, monetary bonuses, monetary incentives/prizes.**
   (in addition, check <u>one</u> box below)

   ❑ all monetary compensation attributable to my business written *after* the date this form is processed by the Company

   <u>OR</u>

   ❑ all monetary compensation for all business issued, including any business issued prior to this date (only allowed if no prior Assignment has been submitted by the Assignor to the Company)

2. ❑ **Commissions only (monetary bonuses and monetary incentives/prizes will be paid directly to you)**

   (in addition, check one box below)

   ❑ all commissions attributable to my business written *after* the date this form is processed by the Company

   <u>OR</u>

   ❑ all first year and renewal commissions for all business issued, including any business issued prior to this date (only allowed if no prior Assignment has been submitted by the Assignor to 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.

2. This Assignment is subject to, and does not affect, any terms or conditions of any such compensation arrangements, 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 later of the date I request, or not later than thirty (30) days after the Company's receipt of the notice.

5. This Assignment does not apply to non-monetary incentives/prizes (e.g., merchandise, trips, non-cash incentives, awards, contest results, or any other non-cash remuneration).

6. Assignor understands the Assignee may enter into a Commission Advance Agreement ("Advance Agreement") with the Company. The Advance Agreement entitles the Assignee to receive an advance on the payment of compensation for business issued by the Company after the effective date of the Advance Agreement. Assignor understands and acknowledges that the Company, as a condition to agreeing to the Advance Agreement, requires the Assignee to obtain Assignments from all sub-brokers, including the Assignor. Assignor further agrees that commissions attributable to any business written by the Assignor that are advanced to the Assignee under their Advance Agreement are hereby assigned to the Assignor, even if the business was written prior to the date of this Assignment.

_____　　　　_____

Assignor Signature　　　　　　　　　　　　　　　Date Signed

_____　　　　_____

Assignor Printed Name　　　　　　　　　　　　　Social Security/Tax ID Number