

AGENT ASSIGNMENT OF COMMISSIONS

I, _____ assign my commissions, both 1st year and renewal, to the stated assignees in the following manner:

(Please check one)

Business written from this date forward

All business written

It is agreed and understood that this agreement does not affect the right of Mutual Med to deduct the amount owed, if any, to the company by the assignor.

This agreement will continue in force until rescinded in writing by me and accepted by said assignee, except that no acceptance by the assignee is required if I rescind this assignment only as to commission earned on business written after the date of rescission.

IF PAYING TO YOUR SOCIAL

ASSIGNOR (Agent): _____
(print or type agent name)

Social Security Number _____
(agent social security number)

IF PAYING TO AN AGENCY TAX ID

ASSIGNEE (Agent or Agency): Name _____

Address _____

Tax Identification Number _____

Signed this _____ day of _____, _____.
(day) (month) (year)

Assignor Signature _____

Witness Signature _____