

## SUB-BROKER CONTRACT CHANGE REQUEST/ASSIGNMENT FORM

Subject to acceptance by UnitedHealthcare, or any of its affiliates, please change my existing contract with UnitedHealthcare to show I am a sub-broker under the Key Broker contract between  
DAVID RUTSTEIN Key Broker and UnitedHealthcare.


- Pay Commissions directly to me, and the override to the Key Broker.
- Pay Commissions to agency tax id # \_\_\_\_\_ and the override to the Key Broker.

**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:	DAVID RUTSTEIN		
By:			
<input checked="" type="checkbox"/>	Authorized Signatory of Agency		
	DAVID RUTSTEIN		
Printed Name	395194	F1H18	
Tax ID Number		Agency Code	
Date	7040 W PALMETTO PARK RD #4		
Address	BOCA RATON FL 33433-3483		
City	St	Zip	

**Accepted by UnitedHealthcare:**

\_\_\_\_\_  
 Senior Key Broker Account Manager / National Sales Manager

\_\_\_\_\_  
 Date

**Effective Date:** \_\_\_\_\_

**Brokers that have written 3 or more individual health applications with UnitedHealthcare in the last 6 months are not eligible to transfer.**

<b>GOLDEN RULE USE ONLY</b>			
KB Status	KB # of Subs	KB # of Subs Allowed	KB Past 12mth Prod
Broker past 6mth Prod	Current Agency Code	Release Required Y/N	

# ASSIGNMENT OF COMMISSIONS AND OTHER COMPENSATION

To: Golden Rule Insurance Company and/or American Medical Security Life Insurance Company and/or Pacificare 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

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Assignor Printed Name

\_\_\_\_\_  
Social Security/Tax ID Number