

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This agreement will continue in force until rescinded in writing by me and accepted by said assignee, except that no acceptance by the assignee is required if I rescind this assignment only as to commissions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

ASSIGNOR: _____
(print or type agents name)

SS# _____
(agents social security number)

ASSIGNEE: Name _____
Address _____

Tax Identification Number _____

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

Assignor Signature _____

Witness Signature _____