

SUB-PRODUCER CONTRACT CHANGE REQUEST FORM

Subject to acceptance by Golden Rule Insurance Company ("Golden Rule"), or any of its affiliates, please change my existing contracting with Golden Rule to show I am a Sub-Producer under the Key/FMO Producer Addendum between National Marketing Grp Inc and Golden Rule.
Key/FMO Producer

- Producers that have written 3 or more individual health applications with Golden Rule in the last 6 months are not eligible to transfer.
- Producers who are appointed under a Key/FMO Producer must have written 0 policies in the past 6 months or obtain a written release from their current Key/FMO Producer in order to transfer.

Sub-Producer: Please check ONE commission option below and complete this section.

- Make no change to my current payee on record.
- Commission on new business going forward, from the date Golden Rule approves and processes this request, should be paid to the party designated on the attached Assignment of Commission Form.
- The current Assignment of Commission in place on my business is hereby revoked. Commission on new business going forward, from the date Golden Rule approves and processes this request, should be paid to me directly.

Sub-Producer Name	Sub-Producer NPN or Golden Rule ID
X	
Sub-Producer Signature	Date
Street Address	City State ZIP
Business Phone	Email

<p>Key/FMO Producer Acceptance National Marketing Grp Inc</p> <p style="border-bottom: 1px solid black;">Key/FMO Producer Printed Name (as listed on KP Addendum)</p> <p style="border-bottom: 1px solid black;">X <i>David B. Hay</i> Key/FMO Producer Signature (or Authorized Signatory of Agency)</p> <p>Requested Effective Date of Change Golden Rule will assign a date once all requirements are received And processed in the system, NO CHANGES WILL BE RETROACTIVE.</p>	<p style="border-bottom: 1px solid black;">AA2108203</p> <p style="border-bottom: 1px solid black;">Key/FMO Producer NPN or Golden Rule ID</p> <p style="border-bottom: 1px solid black;">Date</p> <p>Do you authorize Sub-Producer to be Advanced? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>
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FOR GOLDEN RULE USE ONLY

KP/FMO STATUS	KP/FMO # SUBS	KP/FMO # SUBS ALLOWED	SUB-PRODUCER PRODUCTION (LAST 6 MOS)	CURRENT AGENCY ID (IF APPLICABLE)	RELEASE REQUIRED (Y/N)

X

Account Manager Signature	Date
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ASSIGNMENT OF COMMISSIONS AND OTHER MONETARY COMPENSATION

To: Golden Rule Insurance Company and/or UnitedHealthcare Life Insurance Company and/or UnitedHealthcare 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 National Marketing Group 38-2950841
Assignee Name (person/entity to be paid) Social Security/tax ID Number

PLEASE PRINT 6211 Taylor Dr. Flint MI 48507 (810) 744-0980
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 **one** box below)

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

OR

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

OR

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