

## Assignment of Broker Commission

### Section I. Broker Information

Name	
Social Security Number	
Producer License Number	
Business Address	
Business Fax	
Business Phone	
E-mail	

### Section II. Assignee Information

Agency Name	
Agency TIN	
Attach W-9	
Agency Address	
Agency Phone	
Contact Person	

### Section III. Assignment

Broker understands and agrees that:

1. Broker refers to the individual identified in Section I herein and Agency refers to the Agency identified in Section II.
2. This Assignment is effective: \_\_\_\_\_.
3. Broker hereby assigns and Agency hereby accepts all right, title and interest in and to commissions payable by MHI to Broker and I hereby authorize MHI to pay such commissions to the Agency.

4. Payment(s) made by Minuteman Health, Inc. (“MHI”) pursuant to this Assignment fully discharges MHI’s financial obligations to the Broker under any compensation arrangement between MHI and Broker.
5. The Broker and/or Agency are responsible for the payment of and/or deductions for any tax obligations and MHI is not liable for any tax liability herein.
6. This Assignment is subject to, and does not affect, any terms or conditions of any such compensation arrangement except as provided herein.
7. Broker and Agency shall comply with all applicable laws and regulations relating to this Assignment.
8. This Assignment shall remain in effect until revoked by Broker. Broker may revoke this Assignment by giving MHI thirty (30) days prior written notice of such revocation. Such revocation shall only apply to new business written after the effective date of the revocation and this Assignment shall remain in effect for business written for MHI prior to that date.

\_\_\_\_\_  
Broker/Assignor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency/Assignee

\_\_\_\_\_  
Date