

US HEALTH AND LIFE INSURANCE COMPANY
8220 IRVING ROAD, STERLING HEIGHTS, MI 48312

ASSIGNMENT FORM

For good and valuable consideration I, _____
assign and transfer all policies and business written by me and all commissions and service fees which become due
me from US Health and Life Insurance Company to:

(ASSIGNEE)

Select Option A or Option B

- Option A - business written from the current date forward.

I understand this Assignment will not affect the policies and business and payment of commissions and service fees on policies and coverage issued prior to the effective date of this Assignment. Prior policies, and business will remain mine and commissions and service fees on the prior policies and business will continue to be (1) paid to me and (2) reported on the form 1099 issued to me.

- Option B - business written in the past, present and future.

I understand this Assignment transfers all my policies and business whenever written and payment of commissions and service fees on those policies and business to the Assignee, except policies and business written while another Assignment was in effect unless the commissions and fees subject to such other Assignment are re-assigned to me.

I reserve the right to revoke this Assignment on thirty (30) days written notice to the Assignee with a copy to US Health and Life Insurance Company.

Policies and business written and commissions and service fees earned on those policies and business written while this Assignment is in effect are the property of the Assignee until and unless that Assignee reassigns the policies, business and commissions and fees to me.

Revocation of this Assignment shall not be binding on US Health and Life Insurance Company until both of the following occur:

- a. US Health and Life Insurance Company receives a copy of the written revocation; and
- b. the thirty (30) days notice period to the Assignee has expired.

I agree that this Assignment shall not relieve me of any obligations imposed on me by any Agent or Agency Contract, nor shall it limit or impair the rights of US Health and Life Insurance Company under such Agent or Agency Contract.

Signed at _____ on _____
(City/State) (Date)

_____ Witness Signature	_____ Assignor's Signature (Agent or Authorized Signer for Agency if an Agency is the Assignor)
	_____ Assignor's Name (Agent or Agency)