MedMutual Protect Assignor Commission Payment Authorization

Pay commissions to the licensed insurance agency set forth below, using the business entity's Taxpayer Identification Number (TIN) for reporting purposes, subject to the following terms and conditions which I acknowledge and agree to by selecting the Submit Information button below:

1. I hereby authorize the Company to pay to the licensed insurance agency identified and set forth below (Assignee), all initial and renewal commissions payable to me under that certain Salesperson's Independent Contractor Agreement entered into between myself and the Company (Agreement). This assignment of commissions is subject to all the terms, conditions and provisions of the Agreement.

2. I understand the Assignee must be actively licensed by the Department of Insurance in all states in which I am licensed and intend to solicit applications for the Company and agree I will notify the Company immediately should the license of Assignee in any state be terminated, suspended, revoked or lapse.

Agency (Assignee) Name: HST DBA COMPASS HEALTH CONSULTANTS

Producer's (Assignor) Signature: _____

Signature Date: _____