

P.O. Box 10386, Des Moines, Iowa 50306-0386

mic.gomedico.com

Agent Services 1-800-547-2401, Option 3

## **ASSIGNMENT OF DISTRIBUTOR AGREEMENT**

Dennis Case, Chief Sales Officer	Date
MEDICO INSURANCE COMPA MEDICO CORP LIFE INSURANCE CO MEDICO LIFE AND HEALTH INSURANC	OMPANY
Medico hereby acknowledges the Assignment of the above-described they relinquish their rights against Assignee, under the above-de	
Printed Name of Signer	
Signature of Assignee (If entity, Principle of Entity)	Date
Printed Name of Signer	
Signature of Assignor (If agency, Principle of Agency)	Date
It is understood that this is an Assignment by Assignor, and not a nas surety for: (1) the performance by Assignee of the obligation Agreement, and (2) for any indebtedness to Medico by Assignee an	ns of the above-described Distributo
This Assignment shall include renewal commissions, if any, on incapality and the Agreement with Medico Insurance Company by Assignor prior to the and understood that this Assignment is subject to all the provisions, of Agreement; and it is further understood and agreed that, notwithst have first claim and lien on any commissions payable under said Different of indebtedness which Assignor may now have or hereafter incur to	e date of this Assignment. It is agreed conditions, and terms of said Distributed canding this Assignment, Medico sha stributor Agreement for the repaymen
Assignee (Person or Entity to receive commissions)	SSN (Individual) or TIN (if Agency)
Hereby assigns to:	
rooignor (Existing rigoric or rigorio) according commissions,	or TIN (if Agency)
Assignor (Existing Agent or Agency assigning commissions)	SSN (Individual)