

SUB-PRODUCER CONTRACT CHANGE REQUEST FORM

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

Key/FMO Producer

Tax ID/NPN

Producers currently appointed under a Key/FMO contract must obtain a written release from their current Key/FMO in order to transfer.

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

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

Sub-Producer Name

Sub-Producer NPN or UnitedHealthcare Life ID

X _____
Sub-Producer Signature

Date

Street Address

City

State

ZIP

Business Phone

Email

To be assigned by the immediate upline (Tiered Compensation Schedule Only):

Compensation Level _____

Please email this completed form to uhocommissions@uhc.com. UnitedHealthcare Life will assign an effective date once all requirements are received and process in the system. NO CHANGES WILL BE RETROACTIVE.