



# AGENT TO GENERAL AGENCY ASSIGNMENT FORM

## General Agency Information

**GA NAME:** Pinnacle Financial Services Inc

**GA NUMBER:** 607

I understand that by signing the attached form I am agreeing to be aligned under the downstream agent hierarchy of the above mentioned General Agency (GA). I may not have to align all segments of Humana business under the designated GA and it is my responsibility to determine which lines of business are affiliated with the above GA.\*

Please note this is not an Agent Business Transferal Form and does not affect commissions.

## Agent or Agency

(Agent or Agency Name)
(SAN)
(Address) <span style="float: right;">(Telephone #)</span>
(Email Address)

Indicate below which segment(s) of business this affiliation applies to:

**HumanaOne:** (initial)

**Medicare:** (initial)

Are you the Principle Officer of an agency currently contracted with Humana?    Yes    No

If yes, please provide the name and SAN/TIN to re-align the agency:

Agency Name: \_\_\_\_\_ Agency SAN/TIN: \_\_\_\_\_

\*If the agency receives commission on behalf of multiple agents, each agent must submit an assignment form. If there are agents who are not realigning, they must submit an ABTF to change their payee.

I understand that if I would like to discontinue my relationship with the above GA at any time, I will need to follow the Agent Release Policy as outlined in the Producer Partnership Plan.

Pinnacle Financial Services Inc

GA Name (Print)

1321092

GA SAN

\_\_\_\_\_  
GA Signature/Date

\_\_\_\_\_  
Agent Name (Print)

\_\_\_\_\_  
Agent SAN

\_\_\_\_\_  
Agent Signature/Date