LIBERTY
Dental Plan of Nevada

Assignment of Commissions and Other Compensation

Assignor identified below hereby assigns to the Assignee identified below the commissions and other compensation now due or which become due on business specified below on the effective date of this Assignment. I authorize the Assignee to collect all such commissions and other compensation. These commissions and other compensation are for the Assignee's full use and benefit. I agree to indemnify and hold Liberty Dental harmless from any amounts which Liberty Dental pays under this Assignment. Liberty Dental is not responsible for any tax consequences of this Assignment. Liberty Dental is not in any way responsible for the validity of this Assignment. This Assignment is subject to any contracts between Assignor, Assignee, and Liberty Dental, including, but not limited to any offset, lien or security interest relating to the assigned commissions and other compensation and payments to secure payment of any indebtedness which I or the Assignee may now or in the future owe to Liberty Dental. This Assignment is based upon a valid and enforceable agreement between the Assignee and me. The Assignee has paid me good and valuable consideration for this Assignment. I understand that I am solely responsible for notification and any contractual obligations that I may have with a previous Assignee when I request to change the Assignment.

Assignor (Must be appointed by Liberty Dental Plan of Nevada, Inc.)

Name: _____ **SSN/TIN** _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ **Cell:** _____

Assignee (Must be appointed by Liberty Dental Plan of Nevada, Inc.)

Name: _____ **SSN/TIN** _____

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ **Cell:** _____

☐ **Assignment effective** _____ **, 20 ___ for all business placed with Liberty Dental. This assignment replaces all previous assignments.**

☐ **Assignment only for the following groups effective** _____ **, 20 ___**

Group Name: _____ **Group Number:** _____

Group Name: _____ **Group Number:** _____

Group Name: _____ **Group Number:** _____

☐ See attached sheet for additional groups to which the Assignment applies.

_____ _____ _____
(Assignor Signature) (Date) (Title)