

Premier Insurance Partners Principal: Gerald Hraban

United Health One/Golden Rule Contract Request THIS IS NOT A CONTRACT

Online contracting is now available for United Health One for new agents. To receive a link for the online contract, complete this form. Once this request is received, you will receive an e-mail with a link to complete the online contract from *getappointed@unitedhealthone.com* and please **check your spam folder** as the e-mail has been known to show there for some agents.

If you are currently appointed with UHOne/Golden Rule, please request transfer paperwork

You can e-mail this form to pharmon@pip1.com	
ANY APPLICABLE APPOINTMENT FEES WILL BE REQUSTED I	OURING THE ONLINE CONTRACT PROCESS
Agent Name Name must be exactly as it is on state license	
Social Security Number	
National Producer NumberAddress	
Phone Number	
Resident State	
Date of Birth	
E-Mail Address	_
and a man address entered here will be the one the mix comes to	



STEPHENS-MATTHEWS MARKETING, INC.

"PO Box 1208 "Beverly, OH 45715 "Phone: (800) 544-8250 "Fax: (888) 984-2614 "

Return by fax to: 888-984-2614 or email to: Meagan@stephens-matthews.com

Agent Commission Electronic Funds Transfer Form

Agent/Agency Name:		
Daytime Phone Number:		
Email Address:		
Account Type (Please Check One):	Checking Account (22) Savings Account (32)	
TO ENSURE CODING ACCURACY, PLEASE ATTACH A PRE-PRINTED	Joe Smith 1234 Anystreet Court Anycity, AA 12345 Pay to the order of	1234
YOIDED CHECK f you do not have a blank check, please attach a letter from your	Bank Anywhere	Dollars
ank, on their letterhead, with the routing and account numbers included.	Bank Bank Check Number (I Routing Number Account Number	Do not use)
Bank Routing Number	Bank Account Numb	er
Authorization		
	eting, Inc. to initiate credit entries and, if necessary, adjustmen bunt indicated above, hereinafter called depository.	ts for any credit entrie
Agent Signature:	Date:	
Please submit an	updated authorization any time you change depositories.	

Commission statements will be available on the Stephens-Matthews website www.stephens-matthews.com

This form is only needed if you are assigning commissions to either an agency, or to someone other than yourself



To: Stephens-Matthews Marketing, and/or any other affiliated company (collectively, "the company").

If and when I am owed compensation because I have sold or secured the sale of an insurance product of the Company or for any other reason, I (the undersigned "Assignor") do not wish to receive that compensation, but instead assign it to, and direct the Company to pay it to, the person or entity I have written below as Assignee per my instructions below:

	Assignee Name (person/entity to be paid)	Social Security/tax ID Number
GN HERE		
	Assignor Signature	Date Signed
	Assignor Print Name	Social Security/Tax ID Number



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
Print or type. Specific Instructions on page 3.	following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
		Exempt payee code (if any)
	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)
P ij	is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
bec	Other (See instructions)	(Applies to accounts maintained outside the U.S.)
See S	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name are	nd address (optional)
တ္တ	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Pai	t I Taxpayer Identification Number (TIN)	
	your fire in appropriate box. The fire provided material in hame given on the avoid	urity number
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other] - [] - []
entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.		
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer		dentification number
Numb	er To Give the Requester for guidelines on whose number to enter.	
Par	Certification	
Unde	penalties of perjury, I certify that:	
2. I ar Sei	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issunt not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been not vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) thought subject to backup withholding; and	otified by the Internal Revenue
3. I ar	n a U.S. citizen or other U.S. person (defined below); and	
1 Th	FATCA and a(a) entered on this form (if any) indicating that I am exempt from FATCA reporting in correct	

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

other than	1 1 2	outions to an individual retirement arrangement (IRA), and generally, payments in, but you must provide your correct TIN. See the instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶	Date ▶	

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,