
Name Insured (please print)

In order to facilitate dividend distribution, please complete this assignment.

NOTICE OF ASSIGNMENT

I, the undersigned, hereby assign to the Racquet and Health Club Owners Worker's Compensation Safety Group, Inc. ("Safety Group") a New Jersey Not-For-Profit Corporation ("Company") all dividends earned, declared and paid under the Workers' Compensation Classification Dividend Plan policy ("Policy") this date applied for through Creative Insurance Services, Inc. ("C.I.S.") or any renewal thereof, until such time as this assignment is revoked.

I understand that dividends paid to the Safety Group under this assignment by the Company under the Policy will be paid annually to me by the Safety Group after final annual audit by the Company of all the participants under the Policy, less all administrative expenses.

I understand that the Safety Group may apply dividends paid to it under this assignment to any amounts owed by me to C.I.S. and/or any premium finance company.

This assignment can only be revoked by written notice sent by certified mail effective upon receipt by the Safety Group at 15 Creative Circle, Holmdel, New Jersey 07733.

It is specifically understood and intended that this assignment shall in no way constitute a trust or fiduciary relationship between the undersigned and the Safety Group.

Date

Owner's or principal's signature

Title