paperwork

section 4

(Rev. 7.04)

Pre-Paid Legal Services®, Inc., and subsidiaries

Corporate Offices: One Pre-Paid Way • Ada, OK 74820 • www.prepaidlegal.com

Associate Agreement

1

2

Office Use Only

$ ______ L __1__

W/mem ❑ D ______

W/Lic ❑

Personal Information *Please print*

- Fill in EITHER the Individual SSN OR the Federal Tax I.D. No. for Corporations.
- Income will be reported to the SSN you list below.
- The SSN must match the name listed.

3 **Applicant's Assigned Associate No.** ______
(Available through IVR at (800) 699-9004)

4 **Applicant's Social Security No.** ______
(Use for Individuals)

5 **Federal Tax I.D. No.** ______
(Use for Corporations)

If operating under a company name, print it here:

6 ______

7 Applicant's Last Name ______

Applicant's First Name ______

8 Spouse Name ______
Last First M.I.

9 Mailing Address ______

Apt. No. ______ Ste. No. ______

City ______ State ______ Zip + 4 ______

10 Shipping Address ______
NOTE: SUPPLIES WILL NOT BE SENT TO P.O. BOXES

City ______ State ______ Zip + 4 ______

11 Today's Date ___ / ___ / ___
Month Day Year

12 Applicant's Date of Birth ___ / ___ / ___
Month Day Year

13 Home Phone ( ) ______

Business Phone ( ) ______

14 Fax Number ( ) ______

15 Email Address ______
RECEIVE IMPORTANT CORPORATE NEWS!

16 Info Kit Issued by ______
Name Associate Number

- I have had explained to me the Pre-Paid Legal Services®, Inc. (PPLSI), membership and compensation plan and understand the benefits of both.
- I have read the company policies and procedures on the reverse of this form and been given a copy and agree to abide by them.
- If paying by check, I agree that PPLSI may convert my check into an electronic debit to be drawn on my account for the face amount shown on the check I've provided.
- By signing this form, I certify that I accept the placement of my Associate Agreement under the sponsoring Associate.
- I understand this agreement is subject to approval by a duly authorized officer/representative of PPLSI.

Under penalties of perjury, I certify that: 17

(1) the number shown on this form is my correct taxpayer identification number **(2) I am not subject to backup withholding because:** **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding.

NOTE: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

The following questions MUST be answered, if applicable, <u>or the application will be returned</u>:

1. Have you ever held a professional license (i.e. an insurance license) in any state which was suspended or revoked? Yes ❑ No ❑
2. Have you ever been convicted of a felony? Yes ❑ No ❑ 18
3. Has anyone who might write business under this Associate Agreement ever been convicted of a felony? Yes ❑ No ❑ Not applicable ❑

If you answered Yes on any of these questions, please send documents concerning the matter. Having a felony would not preclude your acceptance as an Associate.

Signature of Applicant X ______ 19

Applicant's Pre-Paid Legal membership number ______

Notice, Authorization and Release for the Procurement of a Consumer and/or Investigative Consumer Report

I, the undersigned consumer, do hereby authorize **PPLSI** by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. ("KBA"), located at 1900 Church Street, Suite 400, Nashville, TN 37203,** to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during the term of my contract with **PPLSI**. These above-mentioned reports may include a social security number verification.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **KBA**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code §1786. By my signature below, I further understand and acknowledge that my independent contractor position with PPLSI is contingent upon the successful completion of the above referenced investigative consumer report.

Signature of Applicant X ______ 20

*Please provide me with a copy of my investigative consumer report (CA, OK & MN residents only). Yes ❑ No ❑

Sponsoring Associate
(Associate under whom the new Associate is being placed or is signing under)
By signing this form, I certify that I understand I am responsible for working with the new Associate listed on this Associate Agreement.

X ______ 21

Assoc.# ______ Phone ______

Placing Associate:
By signing this form, I certify that I understand I personally recruited this new Associate and placed him or her in my organization under the Sponsor listed.

X ______ 22

Assoc.# ______ Phone ______

Payment Information

❑ **Fast Start to Success Entry Fee** **$249.00**
23 OR ❑ Associate Agreement Entry Fee 65.00

TOTAL TO PPLSI: $ ______

(*Note:* *The $249 fee includes the cost for the Fast Start training course. This fee is non-refundable after you have attended the training.*)

24 ❑ **PPL / CDLP License Application Fee**
Include if required by your state. **Must** be a separate check. Completed license application **must** accompany fee.

25 **TOTAL LICENSE FEES: $** ______

Paid by:
❑ MONEY ORDER ❑ CHECK ❑ VISA ❑ MASTERCARD ❑ DISCOVER ❑ AMEX

Your Credit Card Number 26

_/_/_/_/ _/_/_/_/ _/_/_/_/ _/_/_/_/

Expiration date: ___/___ Amount to be charged: $ ______

Cardholder's signature: X ______

Choose ONE of the following methods by which you wish to receive commissions for memberships written under this Associate Agreement: 27

❑ 1-Year Earnings Plan **OR** ❑ 3-Year Earnings Plan

<u>The advance amount you receive is the same under both options, but your earnings and chargeback amounts will differ between the two.</u> For details on compensation, please see a complete Pre-Paid Legal Associate Compensation Plan, available through Marketing Services at (580) 436-7424. If you do <u>not</u> select one of the compensation methods listed, you will automatically be paid on the 1-Year Earnings Plan for memberships written under this Agreement.

❑ **Yes, I want to be paid by Direct Deposit!** 28

To be paid by direct deposit, you must include a voided check from the account into which the commissions are to be deposited **<u>UNLESS</u>** you are paying your Associate Agreement Entry Fee by check from the same account into which you want your commissions directly deposited. ❑ Checking ❑ Savings

Associate fees will not be refundable unless the Associate Agreement is terminated by the Associate within the first 30 days after the effective date, any marketing materials or supplies are returned in usable condition and the Associate has not sold any memberships or recruited any other Associates.

Associate Agreement Explanation (U.S.)

Applicant's Personal Information

1 BAR CODE: Used for the imaging process which speeds application processing.

2 OFFICE USE ONLY: Leave these spaces blank.

3 APPLICANT'S ASSIGNED ASSOCIATE #: The number assigned to the new Associate by PPL. Must be included to ensure correct processing for commission payments. You can obtain this # by calling the IVR line toll-free at (800) 699-9004.

4 APPLICANT'S SSN: The Social Security number of the new Associate. Earnings are reported to the IRS under the # listed here. The primary person whose # is listed is responsible for any actions, filing reports, etc., on the Agreement. Number changes are $250. Fill out the applicable blank only. Include both your SSN and Federal Tax ID number on apps for licensed states (AL, AR, FL, IL, MA, MS, MT, ND, NE, SC, TN, TX, VA, WI) if the SSN and Tax ID are different.

5 FEDERAL TAX ID #: Fill in if Associate is writing under a Federal Tax ID number.

6 COMPANY NAME: Print the new Associate name here if operating under a company name.

7 ASSOCIATE LAST & FIRST NAME: The exact name the new Associate wishes to use to receive commission checks. Commission checks will not be cut to any Associate using a name containing the words Pre-Paid Legal Services, Pre-Paid, Pre-Paid Legal, Legal Service, or any combination thereof. The name <u>must</u> match the SSN or Fed. ID used.

8 SPOUSE NAME: A spouse may be listed by entering the name in the appropriate space. If both spouses are listed on the Agreement in a licensed state, both must submit license applications and become licensed.

9 MAILING ADDRESS: Associate's complete mailing address. Include apartment or suite numbers.

10 SHIPPING ADDRESS: where supplies may be sent) Do not list P.O. boxes here! Supplies can not be sent to P.O. boxes. Be sure to list the City, State, and include the Zip Code + 4 whenever possible.

11 TODAY'S DATE: The date the Associate Agreement is signed.

12 APPLICANT'S DATE OF BIRTH: Associate's date of birth.

13 HOME & BUSINESS PHONE NUMBERS: Telephone numbers of the new Associate (either business or home) where the Associate can be reached during the day.

14 FAX NUMBER: The FAX # of the new Associate.

15 EMAIL ADDRESS: Very important in order to receive valuable and timely Company updates via email blasts from the Home Office!

16 INTRO KIT ISSUED BY__________: Fill in if you issued the new Associate an Intro Kit. For more information on this, please call Marketing Services.

17 IMPORTANT INFORMATION: By signing the Associate Agreement, the applicant is agreeing to this information.

18 THESE QUESTIONS MUST BE ANSWERED! Include the applicant's PPL membership number and answer YES or NO to the questions listed. If answering YES to any question, the applicant must include all information regarding the situation.

19 SIGNATURE OF APPLICANT: Signature of the new Associate.

20 CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT: Pre-Paid Legal Services will request a consumer and/or investigative consumer report on all Associate applicants.

21 SPONSORING ASSOCIATE: The signature of the sponsor under whom the new Associate is being placed, plus his or her Associate # and phone #.

22 PLACING ASSOCIATE: The signature of the Upline Associate who recruited and placed the new Associate (if applicable), plus his or her Associate # and phone #.

Payment Information

23 CHECK HERE that the Associate fee is enclosed. Check either the FSTS fee OR the $65 Associate fee—not both. (The $65 fee is included in the FSTS fee.) MAKE CHECKS OUT TO PPLSI for items in this section.

24 PPL/CDLP LICENSE APPLICATION FEE: You must include a <u>separate check</u> for applicable CDLP or PPL license application fees. Completed license application <u>must</u> accompany the fee.

25 PAID BY: Check the appropriate box for method of Associate fee/license fee payment. Note: When sending in multiple apps, be sure to send in separate checks for each one.

26 CREDIT CARD INFO: Clearly write in the credit card number. If spaces are not adequate, write in additional digits. Also include the total amount to be charged and the expiration date and have the cardholder sign on the space provided.

27 EARNINGS PLAN: Check the appropriate box to indicate the method by which you wish to receive commission payments.

28 DIRECT DEPOSIT: Check and list the requested information if you want your commissions directly deposited into your bank account. Include a voided check from the account in which commissions are to be deposited <u>unless</u> you are paying your Associate Agreement Entry Fee by check from the same account into which you want your commissions directly deposited.

(Rev. 9.04)

Company GST Registration Number: 898808928RT

PPL Legal Care *of* Canada Corporation
a subsidiary of Pre-Paid Legal Services®, Inc.
Corporate Offices: One Pre-Paid Way • Ada, OK 74820 • www.prepaidlegal.com

Associate Agreement

1

Office Use Only	
$ ______	L __I__
W/mem ❑	D __Q__

Personal Information

Please print

2 **Today's Date** ___/___/___ (Month Day Year)

3 **Name** ____________ (Last First M.I.)

4 **Assigned Associate No.** ____________
[Available through IVR at (800) 699-9004]

5 **Social Insurance No.** ____________
[Used for PPL internal business processes only.]

6 **Date of Birth** ___/___/___ (Month Day Year)

If operating under a company name, print it here:
____

7 **GST Registration No.** ____________
[Use for Corporations]

8 Spouse Name ____________ (Last First M.I.)

9 Mailing Address ____________

Apt. No. ______ Ste. No. ______

City ______ Province ______ Postal Code ______

10 Shipping Address ____________
NOTE: SUPPLIES WILL NOT BE SENT TO P.O. BOXES

City ______ Province ______ Postal Code ______

11 Home Phone (   ) ____________

Business Phone (   ) ____________

12 Fax Number (   ) ____________

13 Email Address ____________
RECEIVE IMPORTANT CORPORATE NEWS!

Intro Kit issued by (Associate No.) ____________

- By signing this form, I certify that I accept the placement of my Associate Agreement under the sponsoring Associate.
- I have had explained to me the PPL Legal Care of Canada Corporation membership and compensation plan and understand the benefits of both.
- I have read the Company policies and procedures on the reverse side of this form and been given a copy and agree to abide by them. 14
- If paying by cheque, I agree that PPLSI may convert my cheque into an electronic debit to be drawn on my account for the face amount shown on the cheque I've provided.
- I understand this agreement is subject to approval by a duly authorized officer/representative of PPL Legal Care of Canada Corporation.

The following questions MUST be answered, if applicable, or the application will be returned:

1. Have you ever had any license issued to you by a governing agency, from any province, suspended or revoked? Yes ❑ No ❑
2. Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes ❑ No ❑ 15
3. Has anyone who might write business under this Associate Agreement ever been convicted of a criminal offence for which a pardon has not been granted? Yes ❑ No ❑ Not applicable ❑

If you answered Yes on any of these questions, please send documents concerning the matter. Having a felony record would not preclude your acceptance as an Associate.

Your Right to Privacy: 16
By signing this application, I confirm that I have read and understand the Privacy Policy and Practices found on the reverse side of this application and understand that it applies to this application, any related agreements and arrangements, and any modification, extensions and renewals thereof. I consent to the collection, use and disclosure of my personal information as outlined in the Privacy Policy and Practices.

17

Signature of Applicant X ____________

Applicant's Pre-Paid Legal membership number ____________

Sponsoring Associate:
(Associate under whom the new Associate is being placed or is signing under)
By signing this form, I certify that I understand I am responsible for working with the new Associate listed on this Associate Agreement.

X ____________ 18

Assoc.# ______ Phone ______

Placing Associate:
By signing this form, I certify that I understand I personally recruited this new Associate and placed him or her in my organization under the Sponsor listed.

X ____________ 19

Assoc.# ______ Phone ______

Payment Information

❑ **Fast Start to Success Entry Fee**	**$249.00**
OR ❑ Associate Agreement Entry Fee	65.00
Total Entry Fee	$ ______
Applicable GST/HST/PST	$ ______
TOTAL TO PPLSI:	$ ______

20

Note: The $249 fee includes the cost for the Fast Start training course. This fee is non-refundable after you have attended the training.)

21 **Paid by:** ❑ MONEY ORDER ❑ CHEQUE ❑ VISA ❑ MASTERCARD

Your Credit Card Number

22 _/_/_/_/ _/_/_/_/ _/_/_/_/ _/_/_/_/

Expiration date: ______ 23 Amount to be charged: $ ______ 24

Cardholder's signature: X ____________ 25

Choose ONE of the following methods by which you wish to receive commissions for memberships written under this Associate Agreement:

❑ 1-Year Earnings Plan **OR** ❑ 3-Year Earnings Plan 26

The advance amount you receive is the same under both options, but your earnings and chargeback amounts will differ between the two. For details on compensation, please see a complete Pre-Paid Legal Associate Compensation Plan, available through Marketing Services at (580) 436-7424. If you do not select one of the compensation methods listed, you will automatically be paid on the 1-Year Earnings Plan for memberships written under this Agreement.

Associate fees will not be refundable unless the Associate Agreement is terminated by the Associate within the first 30 days after the effective date, any marketing materials or supplies are returned in usable condition and the Associate has not sold any memberships or recruited any other Associates.

Direct Deposit Information

❑ **Yes, I want to be paid by Direct Deposit!**

27

In Canada
You must include a voided cheque from the Canadian account in which commissions are to be deposited. ❑ Chequing ❑ Savings

Bank Name ____________
Account Number ____________
Transit Number ____________

In the United States
You must include a voided cheque from the US account in which commissions are to be deposited. ❑ Chequing ❑ Savings

Bank Name ____________
Account Number ____________
Transit Number ____________

AA.CAN (9.04) • 52473 White Copy: Corporate Office – Ada, OK Yellow Copy: Sponsoring Associate Pink Copy: New Associate

Authorization Code: ______

Associate Agreement Explanation (Canada)

1 OFFICE USE ONLY: Leave these spaces blank.

2 TODAY'S DATE: Write the date the Associate Agreement is signed.

3 ASSOCIATE NAME: The exact name the new Associate wishes to use to receive commission cheques. Commission cheques will not be cut to any Associate using a name containing the words Pre-Paid Legal Services, Pre-Paid, Pre-Paid Legal, Legal Service, or any combination thereof.

4 APPLICANT'S ASSOCIATE NUMBER: This is a company-assigned number which you may obtain by calling (800) 699-9004.

5 APPLICANT'S SOCIAL INSURANCE NUMBER: This number will be used for ID purposes only.

6 DATE OF BIRTH: The new Associate's date of birth.

7 GST REG. NUMBER: List the new Associate's GST registration number.

8 SPOUSE NAME: The new Associate's spouse.

9 MAILING ADDRESS: The new Associate's complete mailing address. Also include apartment or suite numbers.

10 SHIPPING ADDRESS WHERE SUPPLIES MAY BE SENT): Do not list P.O. boxes here! Supplies cannot be sent to P.O. boxes. Include the City, Province and Postal Code.

11 PHONE NUMBER: Phone number of the new Associate (either business or home) where the Associate can be reached during the day.

12 FAX NUMBER: FAX number of the new Associate.

13 EMAIL ADDRESS: Very important in order to receive valuable and timely updates via email blasts from the Home Office!

14 By signing the agreement, the applicant is affirming that he/she has read and understands these terms.

15 BE SURE TO MARK YES OR NO FOR THESE QUESTIONS: If either answer is YES, include all information regarding the situation.

16 RIGHT TO PRIVACY STATEMENT
If either answer is YES, include all information regarding the situation.

17 SIGNATURE OF APPLICANT
Applicant must sign here and include his/her PPL membership number if applicable.

18 SPONSORING ASSOCIATE: The signature of the sponsor under whom the new Associate is being placed and his/her phone number.

19 PLACING ASSOCIATE: The signature of the Associate who recruited and placed the new Associate (if applicable) and his/her phone number.

20 PAYMENT INFO: Select either FSTS or the $65 Associate Agreement Fee–not both. (The $65 fee is included in the FSTS fee) Add applicable taxes and write the total. A Canadian tax schedule is available on Fax Back [call (800) 699-9004] and Docs on Demand on our Website (#23305).

21 PAID BY: Check the appropriate box for method of Associate fee payment. Note: When sending in multiple apps, be sure to send in separate cheques for each one.

22 YOUR CREDIT CARD NUMBER: Clearly write in the credit card number. If spaces are not adequate, write in additional digits.

23 CREDIT CARD EXPIRATION DATE: Write credit card expiration date.

24 AMOUNT TO BE CHARGED: Total amount charged to the credit card.

25 CARDHOLDER'S SIGNATURE: The cardholder must sign the credit card authorization.

26 EARNINGS PLAN: Check the appropriate box to indicate the method by which you wish to receive commission payments.

27 DIRECT DEPOSIT: Select if you want your commissions directly deposited into your bank account. List the bank name, account #, and transit #. Include a voided cheque from the account in which commissions are to be deposited.

Universal Membership Application (U.S.)

White copy: Home Office – Ada, Oklahoma Yellow copy: Associate Pink copy: Member

1

Pre-Paid Legal Services®, Inc., and subsidiaries
Corporate Offices: P.O. Box 145 • Ada, OK 74821-0145

UNIVERSAL
membership
application

A $10 non-refundable fee is required for individual enrollments.

2

CHECK ONE
- ❑ Pre-Paid Legal Services®, Inc.
- ❑ Pre-Paid Legal Casualty™, Inc.
- ❑ Pre-Paid Legal Services of Tennessee, Inc.
- ❑ Pre-Paid Legal Services, Inc. of Florida
- ❑ National Pre-Paid Legal Services of Mississippi, Inc.
- ❑ Legal Service Plans of Virginia, Inc.
- ❑ Ohio Access to Justice, Inc.

administered by Pre-Paid Legal Services®, Inc.

CHECK ALL THAT APPLY*
- ❑ Standard Plan ❑ Expanded Plan
- ❑ Commercial Drivers Legal Plan ($25 Enrollment Fee)
- ❑ Law Officers Legal Plan ❑ Exp. Law Officers Legal Plan
- ❑ Home-Based Business Plan (1st time enrollee)
- 3 ❑ HBB Rider only (must be same payment method as Expanded Plan)
- ❑ Legal Shield ❑ Other*

4

OFFICE USE ONLY	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

*Some plans may not be available in certain states.

IR ❑ 5

member information

Please print.

6 Today's Date ___ / ___ / ___ (Month, Day, Year) *If you chose the bank draft option, your account will be drafted on or about this date each month.*

7 SSN# ___ - ___ - ___ *For internal use only by PPLSI. Our privacy policy is available upon request.*

8 Name: Last ___ First ___ MI ___

9 Mailing Address: Apt./Ste.# ___ Street Address ___ City ___ State ___ ZIP + 4 ___

10 Member's Date of Birth ___ / ___ / ___ (Month, Day, Year)

11 Spouse: Last ___ First ___ MI ___

12 Work Phone ___ - ___ - ___ Ext. ___
Home Phone ___ - ___ - ___

13 Email Address ___
❑ *I do not wish to receive email updates from PPLSI about my membership. (Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.)*

Associate Use Only
- Assigned Associate Number 14 ___
- Associate Name 15 ___
- Associate SSN Number (If Licensed) 16 ___
- Associate License Number (In Florida) 17 ___
- Business Phone 18 ___
- Signature of Associate X ___

19 **Applicant:** I understand that the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand that the company will mail the written contract to me at the address noted herein within the next fourteen days. If I have not received my contract within that time frame, I understand that it is my responsibility to call the Pre-Paid Legal Home Office at 1-800-654-7757 to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, warranties or representations other than as set forth herein and in the membership contract.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any materially false, incomplete, or misleading information concerning a material fact is guilty of a felony of the 3rd degree.

20 I hereby acknowledge that on this date, I purchased this plan in the city of ___ in the state of ___. By signing this application

21 I certify I am legally residing in the United States of America.

Signature of Applicant X ___ 22

Dependents
- ___ Last / First / MI ___ / ___ / ___ Date of Birth
- ___ Last / First / MI ___ / ___ / ___ Date of Birth
- 23 ___ Last / First / MI ___ / ___ / ___ Date of Birth

payment information

TO COMPLETE, select the ONE payment option you prefer. Your credit card charge or check is your receipt. 24

❑ Monthly or Annual Bank Draft

Authorization for Electronic Transfers Drawn by and Payable for Premium: I hereby authorize Pre-Paid Legal Services®, Inc., to charge/draft my checking/savings account from the Financial Institution listed below. **This authority is to remain in effect until Pre-Paid Legal Services®, Inc., receives written notification from me revoking the authorization. Your account will be drafted each month on or about the effective date of your membership.**

Name of Bank (Financial Institution) ___ 25
Bank Address ___
CITY STATE ZIP

Acct. # ___
Institution Transit # ___
Signature of Account Holder X ___ 26
❑ Checking Account (Attach check from account to be drafted.) 27 ❑ Savings Account (Attach verification.)

Please fill out for Bank Draft or Credit Card payment options:
- Monthly/Annual draft/Charge amount $ ___ 28
- One-time enrollment fee $ ___
- **Total enclosed by check, money order, or charged to credit card** $ ___

(If paying by credit card, I realize my first charge will include a one-time enrollment fee where applicable.)

❑ Monthly or Annual Payment by Credit Card

I wish to pay by credit card until I revoke this authorization in writing. I realize my account will be charged on or about the 15th or 25th monthly.

Card #: ___ Exp. Date: ___ (Mo./Yr.)

Cardholder Signature: X ___ ❑ MasterCard ❑ Visa ❑ Discover ❑ AMEX

❑ Annual Direct Bill

I wish to pay annually by check. Checks should be made payable to Pre-Paid Legal Services, Inc. 29

Amount enclosed: ___
*Must include first year payment.

APP.UNI (7.02) • 50994

- Please print! Illegible applications will delay processing.
- Faxed applications are not accepted for processing.
- We cannot guarantee the order in which membership applications are processed.
- We will not accept applications which have been altered with correction fluid. If you or your prospect makes a mistake while filling out an application, do not cover up the mistake with correction fluid. Simply cross out the incorrect information and reenter the correct information. All changes must be initialed by the member and the Associate. **NOTE:** If the Associate information or effective date changes, a new application must be completed.

Membership Application Explanation

1. **Bar Code:** For Home Office processing use.
2. **Check One:** Check the box of the appropriate PPL operating subsidiary in the state where the plan is being sold.
3. **Check all that apply:** Check the box of the appropriate plan and/or rider being purchased. If the plan is not listed, write it in the “Other” space. **Note:** Some plans listed are not available in certain states. Make sure the plan you are selling is available in the member’s state.
4. **Office Use Only:** Used for Home Office processing purposes only.
5. **IR:** Check if you would like to enroll in Integrity Resource Management, a third party management system which can be purchased by Associates for per-member fee to help encourage retention of the plan by your members.
6. **Today’s Date:** Since a new member is covered immediately, the date must be correct to ensure accurate coverage of the member. **Note: The Corporate Office has the right to change the membership effective date if 1) the company requests a specific effective date or 2) if the membership application is not received within 10 days of the effective date on the application.**
7. **Social Security Number:** This number must be printed legibly.
8. **Name of applicant member:** List <u>full</u> name of the new member. DO NOT USE INITIALS. If initials are the member's legal name, write “Initials Only.” Be sure to spell the member's name correctly. Nothing is more important to someone than his or her name.
9. **Mailing Address:** The home address of the member. Be sure to include the zip code or zip + 4 when available. To ensure the membership contract arrives on a timely basis, double check the member’s address.
10. **Member’s date of birth:** Write in the primary member’s birthdate.
11. **Spouse:** List the full name of the member’s spouse (See #8).
12. **Phone:** List the member’s work phone number and home phone number.
13. **Email Address:** List the member’s email address. **This is very important for retention purposes!** Members will receive valuable info by email to help encourage usage of the plan and possibly increase retention rates.
14. **Associate number:** The selling Associate’s Social Security number. Be sure your SSN number is on the application. **Note: When writing business under your tax ID number, list it as your Associate number and put your SSN on the “Associate SS Number” line.**
15. **Associate Name:** The exact name the Associate wishes to use to receive commission checks.
16. **Associate Social Security # (if licensed):** The selling Associate’s license # if it is different than his/her Associate #.
17. **Associate License Number (In Florida):** For Florida Associates only: Please fill in your license number here.
18. **Business Phone:** Be sure to include your business phone number should the Home Office need to reach you regarding processing of your business.
19. **Applicant:** By signing the application, the member is acknowledging that he/she under stands this information.
20. Important note for Associates marketing in Florida.
21. **Where purchased:** The city and state where the membership was purchased.
22. **Signature of applicant:** Be sure this signature is **exactly** the way the name is listed in full on the application.
23. **Dependents:** The full name of each dependent child listed separately, along with his or her date of birth. If additional space is needed for dependent children’s names, please attach a separate sheet of paper. If member has no dependents, write “None.”
24. **Select the payment method you prefer:** The member must select ONE type of payment method from those listed below.
25. **Bank name, Acct #, Institution Transit #:** <u>The bank name, correct account number, and the institution transit numbers are a must.</u>
26. **Signature of Account Holder:** Member’s signature as it appears on checks. Be sure the member signs here if paying by bank draft.
27. **Checking or savings:** Designate if the account to be drafted is a checking or savings account. If the account to be drafted is a savings account, additional information is required. **Include a voided check or a verification of account letter on bank letterhead verifying the account holder and transit and account numbers from the account to be drafted if different from the check used to make the 1st payment. For savings, provide a bank document indicating your savings account number.** **Note:** Ohio residents, you must write separate checks for membership fees and Associate fees. Checks for memberships are payable to OAJ; checks for Associate fees to PPL.
28. **Fill out for Options #1 or #2, Bank Draft or Credit Card:** 1) Enter the monthly or annual bank or credit card draft amount; 2) Enter the enroll ment fee amount; 3) Enter the total enclosed by check or charged to credit card.
29. **Annual Direct Bill:** Check here if applicant wishes to pay by annual direct bill. A check should be enclosed for the correct amount.

Universal Membership Application (CANADA)

1 Company GST Registration Number: 898808928RT
2

Office Use Only	
CWA	PLAN
FOB	FRAN
MODE	GR#

PPL Legal Care of Canada
Membership Application

A $10 fee is required for individual enrolments. IR ☐

member information PLEASE PRINT

3 Signed on (Today's Date) ___/___/_____ Day Month Year
If you choose the bank draft option, your account will be drafted on or about this date each month.

4 Signed at (Physical Location) ____________

5 SIN # *(Optional)* ___-___-___ *Your SIN # is used for PPL internal business processes only.*
Your membership number will be included on your membership contract.

6 Name Last ____________
First ____________ MI ____

7 Mailing Address Apt./Ste.# ____________
Street Address ____________
City ____________
Province ______ Postal Code ____________

8 Member's Date of Birth ___/___/_____

9 Spouse Last ____________
First ____________ MI ____

10 Work Phone ___-___-____ Ext. ____
Home Phone ___-___-____

11 Email Address ____________
☐ *I do not wish to receive email updates from PPLSI about my membership. Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.*

Associate Use Only
Associate Number ____ 12
Selling Associate Name ____________
Business Phone ____________ 13
Signature of Associate **X** ____________

Dependents
Last / First / MI ____________ Date of Birth __/__/__
Last / First / MI ____________ Date of Birth __/__/__ 14
Last / First / MI ____________ Date of Birth __/__/__

Employer ____________ 15
Address ____________ 16

Your Right to Privacy: By signing this application, I confirm that I have read and understand the Personal Information Notice found on the reverse side of this application and understand that it applies to this application, any related agreements and arrangements, and any modification, extensions and renewals thereof. I consent to the collection, use and disclosure of my personal information as outlined in the Personal Information Notice.

Signature of Applicant **X** ____________ 17
By signing this application I also certify I am legally residing in Canada.

Notice Regarding Buyer's Right to Cancel: 18
The completed contract between the member and PPL Legal Care of Canada Corporation consists of this application, a description of benefits, and a Buyer's Right to Cancel, the latter two of which will be mailed to you upon receipt of payment. You may cancel your membership at any time after receipt of these materials.
In British Columbia: (i) If no delivery date is specified in the contract and the goods are not supplied within 120 days after the date of the contract, then you, the buyer, may cancel the contract within 10 days after the expiry of this 120 day period provided that you have not accepted delivery of the goods; and (ii) this is a contract to which the Consumer Protection Act of British Columbia applies.

payment information

19 **TO COMPLETE, select the ONE payment option you prefer. Your credit card charge or cheque is your receipt.**

1 ☐ **Monthly or Annual Bank Draft**
Authorization for Electronic Transfers Drawn by and Payable for membership and legal services fees: I hereby authorize PPL Legal Care of Canada Corporation to charge/draft my chequing/savings account from the Financial Institution listed below. I agree that if any charge is dishonored, whether intentionally or inadvertently, PPL Legal Care of Canada Corporation shall be under no liability whatsoever. **This authority is to remain in effect until PPL Legal Care of Canada Corporation receives written notification from me revoking the authorization. Your account will be drafted each month on or about the effective date of your membership.**

Name of Bank (Financial Institution) ____________
Bank Address ____________
CITY PROVINCE POSTAL CODE 20
Signature of Account Holder **X** ____________
Cheques should be made payable to PPL Legal Care of Canada Corporation.

Acct. # ____________ 21
Institution Transit # ____________

☐ Chequing Account *(Attach cheque from account to be drafted.)* 22
☐ Savings Account *(Attach verification.)*

Fill out for Options #1 or #2:
BANK DRAFT OR CREDIT CARD
Monthly/Annual draft Membership Fee $____
One-time enrolment fee 23 $____
Applicable GST/HST/PST on membership fee and/or enrolment fee $____
TOTAL Enclosed by cheque, money order, or charged to credit card $____
(If paying by credit card, I realize my first charge will include a one-time enrolment fee where applicable.)

2 ☐ **Monthly/Annual Payment by Credit Card**
I wish to pay by credit card until I revoke this authorization in writing.
24 Card #: ____________
I realize my first charge will include $10 to cover my enrolment fee where applicable.
Exp. Date: ____ (Mo./Yr.) *Your credit card charge or your cheque is your receipt.*
☐ MasterCard ☐ Visa 25
Amount Charged: $___.__ Cardholder Signature: **X** ____________ 26

3 ☐ **Annual Direct Bill** I wish to pay annually by cheque. Cheques should be made payable to PPL Legal Care of Canada Corporation.

4 ☐ **Payroll Deduction Authorization** (Not applicable for individual sales.)
I hereby authorize my employer ____________ City ____________
Province ______ to deduct $______ 27 from my earnings for my PPL Legal Care of Canada membership & legal services fees.

Print name ____________
SIN ____________ Date ____________
Applicant signature **X** ____________

- Please print! Illegible applications will delay processing.
- Faxed applications are not accepted for processing.
- We cannot guarantee the order in which membership apps are processed.
- We will not accept applications which have been altered with correction fluid. If you or your prospect makes a mistake while filling out an application, do not cover up the mistake with correction fluid. Simply cross out the incorrect information and reenter the correct information. All changes must be initialed.

NOTE: If the Associate information or effective date changes, a new application must be completed.

Membership App. Explanation (CANADA)

1 COMPANY GST REGISTRATION NUMBER: Our Company GST Number, as required by law.

2 OFFICE USE ONLY: Leave these spaces blank.

3 SIGNED ON (TODAY'S DATE): (Day / Month / Year) Since a new member is covered immediately, the date must be correct to ensure accurate coverage of the member. Note: The Corporate Office has the right to change the membership effective date if 1) the company requests a specific effective date or 2) if the application is not received within 10 days of the effective date on the application.

4 SIGNED AT (PHYSICAL LOCATION): The physical address of the location where the membership is being filled out. Example: 321 E. Oak St., Toronto, ONT L4Z 1T5

5 SIN (SOCIAL INSURANCE NUMBER): This number must be printed legibly. Your membership number will be included on your membership card and contract. Your SIN # is for ID purposes only.

6 NAME: List full name of the new member. DO NOT USE INITIALS. If initials are the member's legal name, indicate "Initials Only" in that space. Be sure to spell the member's name correctly.

7 MAILING ADDRESS: The address is the home address of the member. Be sure to include the postal code. To ensure the membership contract arrives on a timely basis, double check the member's address.

8 MEMBER'S DATE OF BIRTH: Write in the member's birthdate (Day / Month / Year).

9 SPOUSE: The full name of the member's spouse (See # 6).

10 PHONE: The member's work & home number.

11 EMAIL: List the member's email address. **Very important for receiving valuable information from the Home Office to encourage retention!**

12 ASSOCIATE NUMBER: The Associate number of the selling Associate, not the member. The Company will assign your Associate number. You may obtain it by calling the Interactive Voice Response (IVR) line at 800.699.9004.

13 SELLING ASSOCIATE'S NAME & SIGNATURE: The selling Associate should print and sign his or her name here. This should be the exact name the new Associate wishes to use to receive commission checks. If the selling Associate information has been completed on the application and the information needs to be altered, the Associates must both initial the correction on the application (NO CORRECTION FLUID) and paper clip a letter, with the signature of the original Associate, confirming the change.

14 DEPENDENTS: The full name of each dependent child listed separately, along with the date of birth. If additional space is needed for dependent children's names, please attach a separate sheet of paper and include the additional names. If the member has no dependents, write "NONE" in this space.

15 EMPLOYER & ADDRESS: The member's place of employment and address. If "self-employed," list address.

16 YOUR RIGHT TO PRIVACY: By signing, applicant affirms he / she has read and understands the Personal Information Notice on the reverse side.

17 SIGNATURE OF THE APPLICANT-MEMBER: Be sure this signature is exactly the way his / her name is listed in full on the application.

18 NOTICE REGARDING BUYER'S RIGHT TO CANCEL: Consumer protection information required by law.

19 SELECT THE PAYMENT METHOD YOU PREFER: Select either monthly / annual bank draft or monthly / annual payment by credit card.

20 SIGNATURE OF ACCOUNT HOLDER: Member's signature as it appears on checks. The member must sign if paying by bank draft.

21 ACCOUNT # & INSTITUTION TRANSIT #: Please print legibly the account number from which the draft will be taken and the 8-digit Institution Transit number located on the bottom right corner of the member's check.

22 CHEQUING OR SAVINGS: Designate if the account to be drafted is a chequing or savings account. If it is a savings account, attach a copy of the account statement or a copy of the member's savings ID card. (Not applicable for group accounts.) The institution's transit number and the correct account number is a must. Include a voided cheque or a verification of account letter on bank letterhead verifying the account holder and transit and account numbers from the account to be drafted if different from the cheque used to make the 1st payment. (Voided check not necessary for group accounts.)

23 FILL OUT FOR OPTIONS 1 & 2: BANK DRAFT OR CREDIT CARD: Fill in the appropriate amount to be drafted or charged. Include appropriate GST / HST / PST taxes. You may obtain a Canadian Tax Schedule (listed by Province) by calling 800.699.9004 and requesting Fax Back Document #23305. Add $25 ($23.95 group rate) for monthly draft or $300 ($287.40 group rate) for annual draft and any applicable taxes. Fill in the total amount to be drafted or charged monthly or annually.

Funds must be paid in Canadian Dollars.

24 MONTHLY / ANNUAL PAYMENT BY CREDIT CARD: If member chooses this option, legibly fill in the member's credit card number and the month and year of the expiration date.

25 SELECT THE CREDIT CARD TYPE: MASTERCARD OR VISA.

26 CARDHOLDER SIGNATURE: Member's signature as it appears on the card to be drafted.

27 PAYROLL DEDUCTION AUTHORIZATION: For use by employee group accounts only.

Membership Payment Methods

The following payment methods are available to members. A one-time, **nonrefundable** $10 enrollment fee is required for individual sales of the Pre-Paid Legal Services®, Inc., Family Plan in all states and provinces.

1. Monthly / Annual Bank Draft–Initial payment of one month

The membership may be paid monthly or annually by automatic bank draft transfer from the member's bank account. After the application and the first month's or first year's membership fees have been received, the member is notified of the deduction through his / her monthly bank statement. When writing a membership application, be sure the Authorization to Honor Checks or Electronic Transfers section is signed, and the monthly or annual amount filled in by the member.

a) Membership fee: Fill in the correct monthly or annual membership fee.
b) Signature of account holder: The bank draft authorization must be signed the same way the account holder signs on his or her checking account. We cannot accept the Associate's check for the membership fee.

A check must accompany the application.
Payment for the first month's or year's membership fee and enrollment fee must accompany all bank draft business. Thereafter, the monthly membership fee will be drawn automatically from the member's checking account. Remember, you must write separate checks for membership fees and Associate fees. **Ohio residents must make membership checks payable to OAJ.**

If the first month's membership fee is paid through money order or cashier's check:
- Commissions will be paid as earned
- You must include a voided check and appropriate bank draft information

Cash will not be accepted.

Drafts may be made from a savings account if clearly marked on the authorization.
- Verify with the financial institution that the savings account can be drafted.
- A bank document verifying the savings account number is necessary.

Remind the member that the bank account is drafted on the same date as the member's effective date or the next business day thereafter.

Note:

- You must attach a bank document with preprinted name and account # or a verification of account letter on bank letterhead verifying the account holder and transit and account numbers.
  If bank documents are not included, we will contact the member by mail to obtain the information. This may hinder timely processing of the application and delay availability of benefits to the member, and / or payment of commissions to the Associate. It may also result in failure to meet deadlines for Fast Start qualification, contest requirements, or ED requirements.

- **Funds must be paid in Canadian Dollars.**

Membership Payment Methods

2. Credit Card

A member may pay the first and subsequent membership fees by Visa, MasterCard, American Express, or Discover. (In Canada, MasterCard and Visa only.) Use the credit card portion at the bottom of the Universal Membership Application to check the type of card and write in the complete card number, expiration date and the amount to be charged.

Credit card payments may be monthly or annually. The member will continue to be charged when payment is due until a written request from the member to stop charges is received in the Corporate Offices. If an applicant wants to pay one time only by credit card, specify in writing on the credit card authorization and the member will be billed for an annual payment next year.

3. Annual Direct

The member may choose to be billed annually for the membership fee. The completed and signed application should be forwarded along with a personal check, money order, or cashier's check for the annual amount. The member will be sent a statement each year thereafter.

- Quarterly payments are not accepted.
- Semiannual payments are accepted but will be paid as-earned.

4. Payroll Deduction

For more information on group sales, contact Marketing Services. You must be qualified for groups sales before you approach a group.

Upgrades, Add-ons & Reinstatements

How are upgrades and add-ons done?

In order to upgrade or add on to an existing plan, members must fill out a new membership application. The bank draft or credit card information must show the new monthly bank draft amount. “Upgrade” or “Add-on” must be written across the top of the membership application.

Important:

Member must authorize **total new amount** to be withdrawn in the bankdraft, not just the amount of the upgrade or add-on.

Example

If, for example, a member wishes to upgrade to the $25.00 plan or add the Legal Shield benefit to an existing family plan, a new membership application must be filled out with the new bank draft information completed and the application must be submitted to the Home Office.

Note

PPLSI reserves the right to disqualify any add-on ($16.00 to $25.00, for example) from counting toward Executive Director Qualification, Level promotions, or contests. Counters will not be given for upgrades or add-ons written by the same Associate or organization within 90 days of the original application’s processing date.

How are reinstatements done?

When an Associate reinstates a membership that has been cancelled over 90 days, a new writing Associate can be assigned. If you were the original writing agent, no counter will be issued, but you will receive as-earned commissions. The new Associate will receive a $40 reinstatement commission and a counter ($30 if the member was originally paying less than $10 a month) as well as be able to earn on the membership through future years.

When an Associate reinstates a membership that has not been cancelled over 90 days, the original writing Associate will remain as the Associate and continue to earn on the membership.

If the membership has been cancelled for five (5) years or longer, the new writing agent will be paid advance commissions on the sale as a new membership.

Helpful Reminders

Pre-Paid Legal membership fees

The first month's fee provides coverage for the month paid, thereafter to be paid by automatic bank draft each month. **The Associate's check is not acceptable for payment unless it is for an immediate family member* such as spouse, mother, father, brother, sister, grandparent, or grandchild** (commissions will be paid as earned). If a money order is submitted, commissions will be paid as earned.

Remember: Always include a Bank Draft Authorization with bank information, or credit card number and expiration date.

When bank draft is selected as the preferred payment, you may call the bank with the account to be drafted for the bank's transit number (always 9 digits in the U.S.) —OR— you can find the transit number at the bottom of the check.

Note: Many times the check number appears in this string of numbers. **DO NOT INCLUDE IT IN THE TRANSIT OR ACCOUNT #.**

*Attach a note to the application explaining relationship of the member to the Associate.

Final check before mailing:

- Designate the desired plan and riders.
- Make sure the application is completely filled out (mail in the white copy).
- Make sure the authorization for bank draft or credit card information on the application is filled out.
- Include a check for the fees plus enrollment fee. Also include a voided check or a verification of account letter on bank letterhead verifying the account holder and transit and account numbers if monthly drafts are on a different account than the first's month's payment.
- If you know the member is reinstating or adding benefits, indicate either "REINSTATEMENT" or "ADD-ON" at the top of the application.
- Use the pre-addressed envelopes supplied to send business to the Corporate Offices.
- Do not use staples.

What you leave with the member immediately:

- A temporary membership card showing member's name and membership number
- Pink copy of the membership application

What you need for your records:

- The yellow copy of the membership application

Reasons for Returned & Pending Business

If the membership application or Associate Agreement you write is not processable, the business will be returned to you . However, in some cases it will be held in the Home Office pending more information. The Company is obligated to promptly notify the member that his / her coverage is not in force. You will receive a copy of any correspondence that must be returned to the member *if* the Home Office can identify you by name or number. Letters are sent with the membership application outlining requirements for application completion. Please follow the instructions carefully. The most common reasons for returned or pending business are listed below.

Reasons for pending business

1. Money order, cashier's check, or cash received for membership fee without voided check and appropriate bank draft information.
2. Questions 1, 2 & 3 on Associate Agreement regarding License and Felonies not answered.

Thoroughness pays...

Make sure none of your business has to be returned. A little extra attention to details when writing memberships and Associate Agreements will pay off in the long run!

Reasons for returned business

1. Bank information is incomplete or signature of payor is missing.
2. Cannot accept the Associate's check for membership except for immediate family members (spouse, mother, father, brother, sister, grandparent, or grandchild).
3. No money was received with the Associate Agreement.
4. Associate is not licensed in the state in which the member resides.
5. The state in which the membership was purchased is not open for business or for the plan requested.
6. Payroll deduction selected for an individual sale (available only to groups).
7. Commercial Drivers Legal Plan applications do not include the state in which the membership was purchased **in addition to** the member's state of residence.
8. Miscellaneous.

Note:

- Please do not use Pre-Paid Legal Services' envelopes except for Pre-Paid Legal business. Because of the preprinted bar code on the bottom of our envelopes, they are mailed directly to our office *regardless* of the address on them. This applies even if the bar code is marked through.

Submitting Business to Corporate: UPS

Pre-Paid Legal has enabled you to conveniently overnight your applications via UPS to the Corporate Office for $7.25 from within the continental U.S. (Hawaii and Alaska require an additional $5.00 fee).

What if I don't have supplies but want to send a package to Pre-Paid?

- If you have an UPS Account you can call UPS directly at 1-800-PICK-UPS or go online at www.ups.com to place your order for free supplies.
- You can also find free supplies at authorized UPS Drop Locations.
- If you do not have a UPS account, order supplies through the PPL Supply Store in Associates only. (Shipping charges will apply when you order through PPL supplies.)

  NOTE: The recommended UPS supply to begin shipping is the "UPS Next Day Window Envelope" - item number: 010195203

Can I get this rate on all my UPS shipping?

No, this special rate applies **ONLY** to PPL Associates shipping UPS by purchasing a shipping label online in Associates Only. Labels are pre-addressed to the Pre-Paid Legal Corporate Office.

Where do I take the package for shipping?

We encourage you to drop your UPS envelopes at UPS Drop Off Locations, if possible. You can login to Associates Only or contact UPS directly (www.ups.com or 800.PICKUPS) to find the nearest Drop Off Location. Or you can hand your completed UPS Next Day Air package to any UPS driver you see.

How can I make sure my package has been received at the Home Office?

1) Visit the UPS website by going through Associates Only at prepaidlegal.com and clicking the "UPS Shipping" link.
2) You will be able to track your package by using your Associate Number in the tracking area of the UPS Shipping link on Associates Only!
3) The UPS website will provide you with proof of delivery or current delivery status of your package.

I'm ready to send a package. Where do I start?

- First log on to "Associates Only" at www.prepaidlegal.com.
- Click on the "UPS Shipping" link.
- If you're ready to send a package, click on "Make the Label"

  Please note: The Corporate Office is not responsible for labels that do not print properly from user's home or office printer.
- Once your label has been printed, click on the "UPS Drop Off Locator" link to locate a convenient drop off point.

How will this be billed?

The $7.25 rate for your shipment will be charged to your credit card at the time you purchase the label online in Associates Only at prepaidlegal.com.