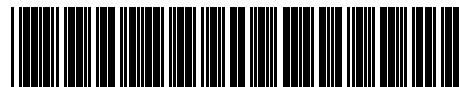




PRE-PAID LEGAL SERVICES, INC., AND SUBSIDIARIES

UNIVERSAL MEMBER APPLICATION

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



★★ MEDICAL PROFESSIONAL ★★

Subsidiaries list CHECK ONE:

- Pre-Paid Legal Services, Inc.
- Pre-Paid Legal Casualty, Inc.
- Pre-Paid Legal Services, Inc. of Florida
- Legal Service Plans of Virginia, Inc.

OFFICE USE ONLY	
CWA	
FOB	
MODE	
PLAN	
FRAN	
GR#	

- Standard Plan
 - Expanded Plan
 - Commercial Drivers Legal Plan (\$25 Enrollment Fee)
 - Law Officers Legal Plan
 - Exp. Law Officers Legal Plan
 - Home-Based Business Plan
 - Legal Shield
 - IDT
 - IDT GOLD
 - LPSE
 - Other* _____
- *Some plans may not be available in certain states.

Today's Date ____/____/____
If you choose the bank draft option, your account will be drafted on or about the above date each month.

MAS

personal information

The information you provide on this application is considered non-public information, and Pre-Paid Legal takes care to protect your information.

Applicant's SSN _____ DOB ____/____/____
For internal use only by PPLSI. Our privacy policy is available upon request.

Mr. Mrs. Miss. Ms. Dr. **A \$10 non-refundable fee is required for individual enrollments.**

Please print in **ALL CAPITAL** letters. Use **ONLY BLUE** or **BLACK INK**. **FAILURE TO PRINT LEGIBLY** can cause **DELAYS IN PROCESSING YOUR APPLICATION**.

Applicant's Last Name _____

(First Name) _____ Middle Initial _____

* Spouse's Last Name _____
*(*Spouse includes Domestic Partners, Civil Union Partners, Same-Sex Partners, or other term specifically defined by any local, state or federal statute.)*

(First Name) _____ Middle Initial _____

Apt. # / Ste # _____

Mailing Address
(COMPLETE ADDRESS, NO ABBREVIATIONS PLEASE)

City _____

State _____

ZIP + 4 _____ Cell # () _____

Business Phone () _____ Ext. _____ Home Phone () _____

Email Address _____

(Your privacy is a priority with us! PPLSI will not sell your email address or personal information of any kind to third party vendors.)

CONFIDENTIAL

associates only

Assigned Associate Number 114436694

Associate Last Name Marketing Services

First Name CCAC Middle Initial _____

Associate SSN Number (If Licensed) _____ Associate Lic. Number (In Florida) _____

Business Phone (770) 708-2615 Ext. _____

Signature of Associate CCAC Marketing Services

dependent information

Last Name, First _____	Middle Initial _____	DOB _____ / _____ / _____
Last Name, First _____	Middle Initial _____	DOB _____ / _____ / _____
Last Name, First _____	Middle Initial _____	DOB _____ / _____ / _____
Last Name, First _____	Middle Initial _____	DOB _____ / _____ / _____
Last Name, First _____	Middle Initial _____	DOB _____ / _____ / _____
Last Name, First _____	Middle Initial _____	DOB _____ / _____ / _____
Last Name, First _____	Middle Initial _____	DOB _____ / _____ / _____

payment information

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

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.**

Monthly or Annual Bank Draft

Name of Bank _____

Address _____

City _____

State _____ ZIP + 4 _____ - _____

Account # _____

Transit # _____

Checking Account (Attach check from account to be drafted.) Savings Account (Attach verification.)

Signature of Account Holder X _____

When you provide Pre-Paid Legal Services, Inc. with a check presented as payment, you authorize Pre-Paid Legal Services, Inc. to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account as soon as the same day payment is received. **For inquiries please call: 800-654-7757.**

CONFIDENTIAL

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 each month (or Annually) on or about the effective date of my membership.

Cardholders Last Name _____

First Name _____ Middle Initial _____

Card # _____

Exp. Date _____ / _____ MasterCard Visa
 Discover American Express

Cardholders Signature X _____

Annual Direct Bill or Semi-Annual Direct Bill

I wish to pay Annually/Semi-Annually by check. Checks should be made payable to Pre-Paid Legal Services, Inc.

Amount enclosed \$ _____ . _____ *Must include first payment and enrollment fee.

Please fill out for Bank Draft or Credit Card payment options:

Monthly /Annual draft/ Charge amount	\$ _____ . _____
One-time enrollment fee	\$ 10 . 00
First Payment/ Draft Total	\$ _____ . _____
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.)

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.

In NJ, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In TN, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I hereby acknowledge that on this date, I purchased this plan in the city of _____ in the state of _____. By signing this application I certify I am legally residing in the United States of America.

Signature of Applicant X _____