



Corporate Offices: One Pre-Paid Way • Ada, OK 74820
www.LegalShield.com • 800-654-7757

LegalShield is the trade name of PPL Legal Care of Canada Corporation

Company GST Registration Number: 898808928RT



OFFICE USE ONLY			
CWA		PLAN	
FOB		FRAN	
MODE		GR#	

UNIVERSAL MEMBER APPLICATION

MAS

Today's Date / / Please Choose the appropriate plan: Family Plan ID Theft Shield
MM DD YYYY Home Based Business Rider Other _____

A \$10 non-refundable fee is required for individual enrollments. The non-refundable enrollment fee for CDLP is \$25. Home Based Business Rider and/or Legal Plan for Self-Employed members should attach a document and provide: 1) business name, 2) social identification number, and 3) a general description of the business.

Please print LEGIBLY in ALL CAPITAL letters, using ONLY BLUE or BLACK INK.

1 Personal Information

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

Mr. Mrs. Miss. Ms. Dr. Applicant's SIN _____ For Internal Use Only DOB / /
MM DD YYYY

Applicant's Name _____ Last _____ First _____ MI _____ (*Co-Applicant refers to Spouse or Domestic Partners, Civil Union Partners, Same-Sex Partners, or other term specifically defined by any local, province or government statute.)

*Co-Applicant's Name _____ Last _____ First _____ MI _____

Address _____ Apt.#/Ste# _____

City _____ Province _____ Postal Code _____

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

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

Please indicate below, on a voluntary basis, if you are either blind or deaf. All information will be kept confidential, and used only to enhance the services provided by LegalShield to its blind and/or deaf associates and members.

Blind Deaf

2 Dependent Information

If you have more than three (3) dependents, please attach a separate piece of paper.

Name _____ Last _____ First _____ MI _____ DOB / /
MM DD YYYY

Name _____ Last _____ First _____ MI _____ DOB / /
MM DD YYYY

Name _____ Last _____ First _____ MI _____ DOB / /
MM DD YYYY

Associate Use Only

Assigned Associate Number _____ Business phone () _____

Associate Name _____ Last _____ First _____ MI _____

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

APP.CAN (10.12)

Associate Signature **X** _____

3 Payment Information Fill out the ONE payment option you prefer.

Your credit card charge or cheque is your receipt.

Please fill out for options below: **OPTION 1 (Bank Draft) or OPTION 2 (Credit Card) payment option**

\$. + \$. + \$. = \$.

Monthly /Annual draft/
Charge amount

One-time
enrollment fee

Applicable GST/PST/HST
on membership fee and/
or enrollment 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 enrollment fee where applicable.)

OPTION 1: **Monthly** Or **Annual Bank Draft** / **Chequing Account** (Attach cheque from account to be drafted.) Or **Savings Account** (Attach verification.) Authorization for Electronic Premium: I authorize LegalShield, to make direct payment by charge/draft of my chequing/savings account from the Financial Institution listed below. This authority will remain in effect until you notify us in writing to terminate the authorization.

I agree that if any charge is dishonored, whether intentionally or inadvertently, PPL Legal Care of Canada Corporation shall be under no liability whatsoever. I understand to revoke this authority, I must provide written notification which will go into effect within 30 days of receipt by PPL Legal Care of Canada Corporation. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I understand I can request cancellation in writing. To obtain more information on my recourse rights or request a sample cancellation form, I may contact my financial institution or visit www.cdnpay.ca. Your account will be drafted each month on or about the effective date of your membership (see date at the top of page one of this application).

Name of Bank _____

Address _____ City _____ Province _____ Postal Code _____

Account # _____ Transit # _____

Cheques should be made payable to PPL Legal Care of Canada Corporation.

When you provide a cheque as payment, you authorize LegalShield to convert the paper cheque to an electronic fund transfer from your account. Funds may be withdrawn from your account as soon as the same day payment is received. Your account will be drafted for the same amount each month on or about the effective date of your membership. You waive your right to notification of continued payment. If the amount or date of your payment changes, we will notify you at least ten days before the payment date.

OPTION 2: **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).

Cardholders Name _____ Last _____ First _____ MI _____

Card # _____ Exp. Date _____ / _____
MM YY

MasterCard Visa Discover American Express

OPTION 3: **Annual Direct Bill** Or **Semi-Annual Direct Bill** I wish to pay Annually/Semi-Annually by cheque. Cheques should be made payable to PPL Legal Care of Canada Corporation.

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

OPTION 4: Payroll Deduction Authorization (Not applicable for individual sales.)

I hereby authorize my employer _____ City _____ Province _____
to deduct \$ _____ from my earnings for my PPL Legal Care of Canada membership & legal services fees.

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** _____
(By signing this application I also certify I am legally residing in Canada.)

Notice Regarding Buyer's Right to Cancel: 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.

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 LegalShield 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, representations other than as set forth herein and in the membership contract.

I hereby acknowledge that on this date, I purchased this plan in the city of _____ in the province of _____.
By signing this application I certify I am legally residing in Canada and agree to the above Authorization of Payment and membership fees selected above.