



Start

Your LegalShield
career begins here


LegalShield®

Welcome

This is your business. We're here to serve!

As a LegalShield Independent Associate, how far you take your business is up to you, but you will never be alone. We offer a wide range of services from tools to training, to help you in your career. Your sponsor, your upline, and your Company, LegalShield, are committed to your success every step of the way.

To help you get started, we've provided important information you need to know from the start. If you have any questions, LegalShield has a special department dedicated exclusively to assisting you:

Associate Services, 580.436.7424. Hours of operation are 7 a.m. to 7 p.m. CST, M-F. You can also contact us online! Login to Associates Only and click the "Contact Us" tab. Or email us at associateservices@legalshield.com.

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Be sure to read the Success Guide.

This in-depth reference guide covers company policy and includes detailed information on our products, Associate compensation, procedural issues such as advertising guidelines, and more!

To view the Success Guide:

Go to online.legalshield.com to login into the Associates Only Portal. Click on Tools, Docs on Demand, and Success Guide (DOD #21301).

License Information

Go to Tools and States/Provinces at a Glance in the Associates Only Portal for more detailed licensing information for your state or province.

If you're interested in marketing in a state that requires a license, please call a Home Office Licensing Consultant at (580) 436-7424.

Can I submit applications and receive commissions before I'm licensed?

- No—you must be licensed and the Corporate Office must have notice of the license and complete the appointment process before you begin marketing.
- We cannot process an application nor can you receive commissions on memberships until after you are properly licensed and appointed.

Can I be licensed in more than one state?

In certain situations you may be licensed to sell in more than one state. For more information, please call a Licensing Consultant at (580) 436-7424 or via email at licensing@legalshield.com.

What are the licensing policies if I'm marketing under a company name?

Certain states require that the company or entity under which you're marketing be licensed. Please call a LegalShield Licensing Consultant for details in this case.

What about husband/wife teams?

In a state where a license is required to market, a husband and wife must both be licensed and appointed for both to be able to sell. They may operate under the same Associate Agreement and Associate number. Both names may appear on the Associate Agreement (John/Mary), but this is not necessary. If both names do appear on the Agreement, both spouses must submit a license application.

If I live in a state that does not require a license and I want to market in a state that requires a license, do I still need a license?

Yes. You must be licensed in the state in which the prospective member lives. Certain states require special licenses for nonresidents, and the fees may differ from in-state licenses.

Do I have to renew my license?

Most states require annual or biannual renewal of the license/appointment. The Home Office will notify you of the renewal date, but it's your responsibility to promptly renew any license and/or appointment according to guidelines.

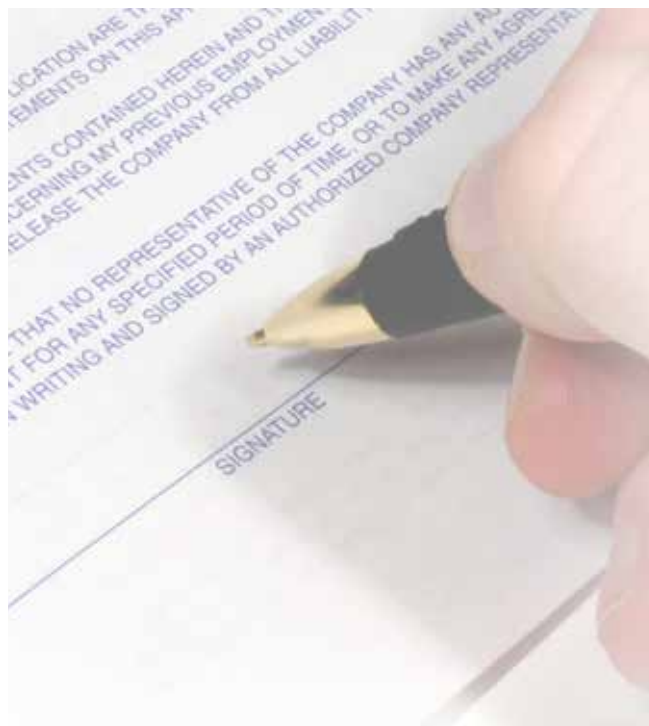
Can I recruit new Associates before I'm licensed?

Yes. Although you are not allowed to sell a membership before being properly licensed and appointed, you can still recruit Associates into the company.

Can I sell IDShield memberships before I'm licensed?

Yes. IDShield sales do not require a license.

See the States and Provinces at a Glance for quick reference on licensing requirements.



Contact Lists

The following list should help jog your memory. Think of everyone you know who could help you get an appointment. Start with the ones you know who own, operate or run a business and then work with everyone else. If you are not ready to make that first call, review Section 6 in your Success Guide. Section 6 is called "Getting Started Right", and it can help you take the first step!

The following list should help jog your memory. Think of everyone you know who could help you get an appointment. Start with the ones you know who own, operate, or run a business and then work with everyone else.

Family Members	Closest friends	Acquaintances available
Organizations or Clubs	Those with whom you do business	Past Clients
Educators - public or private	Insurance Agents, Brokers & Benefits	Others

Make your list of contacts - ask yourself if you know anyone who works in any of these areas:

Accounting	Construction	Engineering	Pharmacies	
Advertising	Credit Union	Food Service	Plumbing	
Animal Health/Vet	Dentist	Furniture	Police	
Automobile	Dermatologists	Grocery Store	Printing	
Banking	Designers	Health Insurance	Real Estate	
Boys/Girls Club	Doctors	Hospitals	Schools	
Broadcasting	Dry Cleaners	Manufacturing		
Brokers	Education	Mechanics		
Cable TV	Electrician	Newspaper		

States and Provinces at a Glance

These documents are loaded with important information you need to know! Login to the Associates Only portal at online.legalshield.com. Go to Tools, Docs on Demand, and Company Information to find **States at a Glance (DOD #22507)** and **Provinces at a Glance (DOD #23307)**.

LegalShield Advantage Comparison Chart

eService Subscription Comparison	Associate Portal	LegalShield Advantage
Please note, fees are collected in advance of service. You may cancel or change your subscription at any time. Changes take effect with the NEXT billing cycle. Changes to subscription level are not eligible for refunds or pro-rations. Thank you!	Free	\$19.95/mo bankdraft \$20.95/mo credit card
	Provides the basic support an Associate needs for his/her business.	For the serious professional. No Limits! Supports all areas of the business.
Statistics/Reports: Track your business through top-level statistics.	✓	✓
Training: Take online training and find a Fast Start Training class close to you.	✓	✓
Calls and Webcasts: Weekly conference call/web presentations provide the most up-to-date information about current promotions and upcoming events. You also have access to the archive for calls you may miss.	✓	✓
Newsletter: Weekly newsletter communicates latest information on programs, provides special recognition, and more.	✓	✓
Basic Account Settings: Update your account information online.	✓	✓
Documents on Demand and FAQs: Access to the documents and information you need to build your business.	✓	✓
Presentations and Advertisements: Guidelines and tools to help you discover the best way to advertise your business.	✓	✓
States/Provinces at a Glance: Find the plans available where you live, and discover what licensing requirements may exist for where you plan to market LegalShield products.	✓	✓
Associate Perks: Access to discounts and resources exclusive for LegalShield Associates.	✓	✓
LMS Access for all courses through the 300 level (fees apply for 400 and 500 level)	✓	✓
Eligibility for corporate-sponsored incentive programs		✓
Individual to Individual (1-2-1) Websites - custom sites designed to market LegalShield Plan and Identity Theft Plans with more robust content and features (including additional videos).		✓

eService Subscription Comparison	Associate Portal	LegalShield Advantage
Recruiting Website - your very own LegalShield recruiting website. Bring others into the business with you - online!		✓
YourName@legalshieldassociate.com: Receive a professional email address. Access your account online through Associates Only or set it up with your existing email client (like Outlook, Thunderbird, or others).		✓
SucceedCRM Tool: Manage your business online and through your mobile device. Add, edit, and make notes for your prospects. Engage prospects with automated email campaign tools. Enjoy analytics based activity level tracking to let you know when someone might be ready for that next phone call.		✓
Statistics/Reports: Track your business through top-level statistics. Enhanced Reporting to discover more about your business and how to build it towards the future. Verify New Members (Determine when your new members are activated through a convenient online tool.)		✓ UNLIMITED
Online Placement: Begin to build your business by strategically placing new recruits into your organization. (After recruiting one associate.)		✓ (Full Depth Organizational Reporting)
Corporate Website Leads: When a prospect visits the corporate website and requests more information, this lead is distributed in a "round robin" approach to qualified associates with a Business Professional eService subscription.		✓
Legacy: Enhanced organizational reporting that can be customized to how you like to track your business (personal and organizational).		✓
Additional Reporting for Employee Groups: If you're selling to employees and want to gain insight into that activity, the reporting is what you need.		✓
* All sales, online or offline, are subject to licensing restrictions. If a sale is made, and the associate does not hold the appropriate licensing in the state where the sale is made, the sale is credited to the corporate account.		

Agreements and Applications



To ensure your business processes smoothly, it is important that you read through the following forms and tips. All information must be filled out accurately, clearly, and completely before it can be processed. Here are some common issues that can result in unprocessed business.

1. The credit card is declined.

Ensure the credit card number and information is accurate and legible. This is the single most common problem when processing new business.

2. The address does not verify.

Make sure the address is accurate and complete. If there needs to be a suffix for street, place, lane, etc., you must include that on the form.

3. You are not licensed properly.

It is your responsibility to know if you need a license in your state or not. If you market LegalShield products without a license in a state that requires one, you will not receive credit for that sale. (See page three.)

4. No payment option was selected.

We have to know how often and by what method the new member will be paying for his or her membership. Likewise, we must have payment information when signing up a new Associate.

The image displays a collage of LegalShield application forms. The forms are organized into several sections:

- Associate Application:** Includes sections for Personal Information (Applicant's Assigned Associate No., Name, Address, Phone, Email), Payment Information (Payment Method, Amount, Card Details), and Associate Use Only (Assigned Associate Number, Associate Name, Address, Phone, Email).
- Universal Member Application:** Includes sections for Personal Information (Applicant's Assigned Associate No., Name, Address, Phone, Email), Payment Information (Payment Method, Amount, Card Details), and Associate Use Only (Assigned Associate Number, Associate Name, Address, Phone, Email).
- Canadian Associate Application:** Includes sections for Personal Information (Applicant's Assigned Associate No., Name, Address, Phone, Email), Payment Information (Payment Method, Amount, Card Details), and Associate Use Only (Assigned Associate Number, Associate Name, Address, Phone, Email).

Each form contains detailed instructions and checkboxes for various options, such as "I am a new member" or "I am an existing member". The forms are designed to be filled out by the applicant and submitted to LegalShield for processing.

Associate Agreement



Associate Agreement Explanation (US)

- Please print! Illegible Associate Agreements will delay processing.
- Faxed Associate Agreements are not accepted for processing.
- We cannot guarantee the order in which Associate Agreements are processed.
- We will not accept Associate Agreements which have been altered with correction fluid. If you or your prospect makes a mistake while filling out an Associate Agreement, 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 Agreement information or effective date changes, a new Agreement must be completed.

Applicant's Personal Information

1. **Bar Code:** Used for the imaging process which speeds application processing.
2. **Today's Date**
3. **Applicant's Assigned Associate #:** The number assigned to the new Associate by LegalShield. 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. **Company Name:** Print the new Associate name here if operating under a company name.
 - 4a. Primary Contact for Company Named in No. 4
5. **Applicant's 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 LegalShield. The name must match the SSN or Fed. ID used.
6. **Co-Applicant's 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.
7. **Applicant's SSN or Federal Tax ID #:** 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. 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 or fill in if Associate is writing under a Federal Tax ID Number.
 - 7a. New Associate Date of Birth
8. Any name the applicant may be know by other than the name listed above
- 8a. **Recognition Name:** Name used when applicant is recognized in publications and at events.
9. **Mailing Address:** Associate's complete mailing address. Include apartment or suite numbers.
- 9a. **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.
10. **Home Phone Number:** Telephone numbers of the new Associate where the Associate can be reached during the day.
 - 10a. Cell Phone Number
- 10b. **Business Phone Number:** Telephone numbers of the new Associate where the Associate can be reached during the day.

- 10c. **Fax Number:** The FAX # of the new Associate.
11. **Email Address:** Very important in order to receive valuable and timely Company updates via email blasts from the Home Office!
12. **Sponsoring Associate:** The number and signature of the sponsor under whom the new Associate is being placed.
13. **Placing Associate:** The Placing Associate who personally recruited the new Associate.

Payment Information

14. The Associate Agreement Entry fee.
15. **LegalShield Advantage:** Automatic monthly enrollment unless you indicate to opt out. However, by opting out, you will not be eligible for recognition or other incentives.
16. **LegalShield License Application Fee:** You must include a separate check for applicable LegalShield license application fees. Completed license application must accompany the fee.
17. **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.
- 17a. Amount to be charged to the account indicated.
18. **Credit card info:** Clearly write in the credit card number. Also include the total amount to be charged and the expiration date and have the cardholder sign on the space provided.
19. Signature of applicant
20. **Procurement of Consumer and/or Investigative Consumer Report:** LegalShield will request a consumer and/or investigative consumer report on all Associate applicants. All Associate Agreements are placed on hold pending results of Consumer report.
21. **Direct Deposit:** Check and list the 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 unless you are paying your Associate Agreement Entry Fee by check from the same account into which you want your commissions directly deposited.
22. These questions must be answered! Include the applicant's LegalShield 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.
23. **Signature of applicant:** Signature of the new Associate.
24. Applicant's LegalShield Membership Number
25. Applicant's SSN or Federal Tax ID Number

State-Of-The-Art Scanning Equipment

is used to expedite document processing. It is important that you print legibly with black or dark blue ink and that each letter or number is printed clearly. The most common cause for delays in processing Associate Agreements is either poor writing or fields that require information are left blank. **If you have any questions, please call Associate Services.**

Associate Agreement (USA)



Corporate Offices: One Pre-Paid Way • Ada, OK 74820
www.LegalShield.com • 580-436-7424

Advancement Preference:
☐ Network ☐ B2B



2 Today's Date / /
MM DD YYYY

Fill in either the Individual SSN OR the Federal Tax I.D. No. for Business Entity. • Income will be reported to the number you list below.
The SSN or EIN must match the name listed. **Please print in ALL CAPITAL letters. Use ONLY BLUE or BLACK INK. FAILURE TO PRINT LEGIBLY can cause DELAYS IN PROCESSING YOUR APPLICATION.**

ASSOCIATE APPLICATION

Personal Information

Applicant's Assigned Associate No. **3**

If applying under a company name, print here **4**

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. Primary contact if company named above **4a**

Applicant's Name **5**
Last First MI

*Co-Applicant's Name **6**
Last First MI

Applicant's SSN or Federal Tax I.D. No. **7** DOB **7a** / /
MM DD YYYY

If Applicant is known by another name other than the one listed above, Please PRINT HERE **8**

Recognition Name - name used when applicant is recognized in publications and at events. **8a**

Address **9**
Apt. # /Ste #

City State Zip + 4

Shipping Address **9a**
Apt. # /Ste #

(If different than mailing address)
City State Zip + 4

Phone # () **10**
Home

Phone # () **10a**
Cell

Phone # () **10b**
Business

Fax # () **10c** Ext.

Email **11**

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

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

Sponsoring Associate No. Associate Name & Phone No.

13 ☐ **Placing Associate**
I certify that I understand I personally recruited this new Associate and placed him or her in my organization under the Sponsor listed.

Placing Associate No. Associate Name & Phone No.

Associate Agreement (USA)

Payment Information

Your credit card charge or check is your receipt.

Fast Start Entry Fee (choose one)

(Note: \$249 includes twelve months of LegalShield Advantage.)

14 ☐ \$249.00
☐ \$99.00

15 LegalShield Advantage

(Note: This is a monthly fee. If paying with credit card, there will be an additional \$1 processing fee each month. If you choose to not utilize LegalShield Advantage click here ☐. By opting out, you understand you will not be eligible for recognition or other incentives.)

☒ \$19.95

16 License Application Fee

Include if required in your state. Must be a separate check. Completed license application must accompany application

\$ _____

17 Paid By: ☐ Money order ☐ Check ☐ Credit Card

Amount to be charged

17a \$ _____

18 Name on Card

Your Credit Card Number

Exp. Date

X 19

Signature of Cardholder

Receive Commissions by Direct Deposit!

21

CHOOSE ONE: ☐ Daily ☐ Weekly ☐ Monthly

(Subject to minimum accrual and other criteria established by the company)

We need your account information for direct deposit.

CHOOSE ONE: ☐ Checking ☐ Savings OR

☐ Use the same account used for the Associate Agreement Entry Fee.

To be paid by direct deposit, you must include a voided check or deposit slip from the account into which the commissions are to be deposited unless you are paying your Associate Agreement Entry Fee by check from the same account into which you want your commissions directly deposited. If you do not provide information for direct deposit and check one of the options above, you will be paid commissions by check on a monthly basis subject to minimum accrual and other criteria established by the company. 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.

UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

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 dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings.

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 under reporting interest or dividends on your tax returns.

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

1. Have you pled to, or been convicted of, a felony? ☐ Yes ☐ No
2. Has anyone who might write business under this Associate Agreement pled to, or been convicted of, a felony? ☐ Yes ☐ No
3. Has any professional license (i.e. an insurance license) held by you in any state been suspended or revoked? ☐ Yes ☐ No
4. Has any professional license held by anyone who might write business under this Associate Agreement in any state been suspended or revoked? ☐ Yes ☐ No
5. Do you, or does anyone who might write business under this Associate Agreement, have any unresolved pending arrests and/or charges? ☐ Yes ☐ No

If you answered "Yes" on any of these questions, please send documents concerning the matter. Having a felony will not necessarily preclude your acceptance as an Associate. If any changes occur to the answers you've given above after your Associate Agreement is approved, you are required to notify LegalShield immediately.

- I have had explained to me the LegalShield membership and compensation plan and understand the benefits of both.
- I have read the Policies and Procedures on the reverse of this form and been given a copy and agree to them as in effect from time to time.
- If paying by check, I agree that LegalShield 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 LegalShield.

Signature of Applicant

X 23

By Authorized Representative
if Business Entity

X

Applicant's LegalShield Membership No.

24

Applicant's SSN No. OR Federal Tax ID No.

25

20 PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

By submitting this application, you understand that LegalShield may procure a consumer report and/or investigative consumer report on you. You also understand that at LegalShield's discretion subsequent consumer and/or investigative consumer reports may be procured during the term of your contract with LegalShield. These above-mentioned reports may include a Social Security Number verification. You are entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which you are the subject upon your written request, if such is made within a reasonable time after the date hereof. You may receive a written summary of your rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786. Your independent contractor position with LegalShield is contingent upon the successful completion of the above referenced investigative consumer report.

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

COMMUNICATION AND INFORMATION

eService: It's more than a website. After your Associate Agreement has been processed and accepted, you can create a login name and check out various services! A subscription to eService for a fee provides your own legalshield.com marketing websites, subscriptions to regular company associate magazines and more.

Go to www.legalshield.com to learn more.

I authorize LegalShield, to make direct payment by charge or draft of my checking/savings account from the financial information listed below. This authority will remain in effect until I notify LegalShield in writing to terminate the authorization. When I provide a check as payment, I authorize LegalShield to convert the paper check to an electronic fund transfer from my account. Funds may be withdrawn from my account as soon as the same day payment is received. My account will be drafted for the same amount each month on or about the effective date of my membership. I waive my right to notification of continued payment. If the amount or date of your payment changes, LegalShield will notify me at least ten days before the payment date. For inquiries, please call 580-436-7424.

Policies & Procedures

1 An Associate is an independent contractor and does not have a franchise, distributorship or other exclusive right to sell arrangement with LegalShield. LegalShield reserves the right to accept or reject any Associate Agreement in its sole discretion. An Associate is not an employee for federal tax purposes or any other purposes. An Associate is neither an agent, partner, nor involved in a joint venture with LegalShield. The Associate will be responsible for all costs or liabilities incurred by the Associate in the sale and/or distribution of all LegalShield products/services. The Associate shall not enter into any agreements or make any purchases in the name of, or on behalf of, LegalShield.

2 An Associate at his/her own expense (if any) shall be responsible for the filing of any and all reports required by local law or public authority with respect to the sale of any products/services marketed by LegalShield and shall abide by any and all federal, state, county, and municipal laws, rules, regulations, and ordinances with respect to all sales. The Associate is responsible for providing LegalShield his/her Social Security number or Federal Tax Identification number for tax reporting purposes.

3 An Associate does not have the authority to waive, change, or modify a LegalShield product or service in any way. Furthermore, no modification of any service is binding upon LegalShield unless authorized in writing at the corporate offices of LegalShield by an authorized officer of the Home Office.

4 Regarding advertising: (a) Only advertising and promotional material that is pre-printed, pre-approved, and properly licensed by LegalShield may be purchased or used in the promotion or sale of LegalShield products/services. An Associate agrees to pay for all supplies and marketing materials needed. Supplies should be obtained directly from LegalShield. If an Associate wishes to return supplies and obtain a refund, he/she must return the supplies in usable condition and request a refund within 15 days of the purchase date. If an Associate wishes to exchange a supply item for another, he/she must return the item in usable condition and request an exchange within 30 days of the purchase date. Obsolete material will not be eligible for refund or exchange. (b) An Associate may not contact prospects by using auto dialers, unsolicited telemarketing, unsolicited advertisements to fax machines and/or any other method prohibited by applicable federal or state law. In addition, an Associate initiating the transmission of unsolicited commercial electronic mail (spam), agrees to comply with all LegalShield policies regarding such advertising, as well as to applicable state and federal laws governing

such transmissions.(c) Any Associate sponsored website shall comply with these policies and any other policies of LegalShield relating to Associate websites.

5 There are no territory exclusives. Any Associate may sell products/services in any state in which LegalShield is authorized to do business, except in those states where an insurance or other license or appointment is required unless the Associate meets those requirements. However, an Associate may recruit other Associates in any state in which LegalShield is authorized to do business, provided the prospective Associate is properly licensed in that state if so required for the sale of products/services.

6 The Associate and the Associate's spouse and the Associate's children, will normally be regarded as one Associate for purpose of placement, downline or lineages. However, a spouse, may complete a separate Agreement (and submit the necessary fee), provided the Agreement is sponsored by the same person or entity. In the event of a dispute, the Applicant is the responsible party for all income as well as information on the account.

7 The accepted practice is for a new Associate to be sponsored by the first person who contacted him/her regarding a particular LegalShield product/service. LegalShield will continue to support this practice. However, the relationship as to who sponsored the new Associate will be determined by the first completed Associate Agreement processed by LegalShield for that particular product/service.

8 The identity of an Associate's downline is confidential, proprietary information that belongs to LegalShield. The Associate may not disclose the identity of the downline to third parties and may not use the information for any purpose other than promoting LegalShield during or after his or her relationship with LegalShield. In addition, the Associate shall not disclose to any person other than LegalShield any non-public information concerning members he/she acquires in connection with processing of membership applications.

9 A change in the relationship between sponsor and Associate may be made by an active Associate filing a written resignation with the LegalShield product/service and remaining inactive in the product/service for the specified time frame. After that time, the Associate may be re-sponsored by a different person or entity by paying the appropriate fee. Resignation time frames range from six months to one year. Any sponsor change will result in the Associate losing his/her current level in the marketing plan and any downlines in place.

Policies and Procedures (cont.)

10 The Associate Agreement and all rights and responsibilities thereunder may be passed by an Associate upon death by Will, trust or other appropriate and legally executed provision. If there is no Will or other instrument providing otherwise, LegalShield will deem the rights of this Associate Agreement to be held by (i) the Associate's spouse identified on the agreement; or (ii) if no spouse as provided by the law of distribution. In any transfer of the Associate Agreement, any outstanding debit balance of the deceased Associate at the time of death will be charged back against earned commissions, including renewals.

11 An Associate may wish to sell his/her organization to another Associate. However, an Associate may not sell his/her organization in the first 12 months he/she is an Associate. After the first 12 months, the sale of an organization is permissible provided that a) LegalShield is notified of the sale and agrees in writing to the sale and to the effective date of the sale, b) LegalShield is provided a new tax identification number to which future income is reported, c) the appropriate fee is paid, and d) the selling and purchasing Associates comply with any other LegalShield policies relating to sales. Policies relating to sales are available from the Home Office of LegalShield.

12 An Associate Agreement with LegalShield may be terminated as follows: (a) At any time upon written notice by the Associate; (b) By LegalShield, in its sole discretion, with thirty (30) days written notice to the Associate if the level of persistency of the Associate's business remains below a level considered by LegalShield to be acceptable; (c) Immediately by LegalShield for actions or statements by an Associate which LegalShield, in its sole discretion, determines to be contrary to the Company's best interests, including without limitation, if an Associate (i) violates the terms of the Associate Agreement or these Policies and Procedures as in effect from time to time; (ii) misrepresents the Company's name or any products or services; (iii) violates any other LegalShield policy; (iv) solicits memberships by using the name of the Provider Attorney firm; makes product or service claims or earnings claims contrary to any Company material; (v) reveals any LegalShield trade secrets or confidential and proprietary information, including without limitation names of Associates, members or corporate accounts or business plans or strategies; (vi) calls on an existing group account assigned to another Associate, interferes with an existing group account's servicing schedule, or takes any action contrary to the interests of the group account. (d) By LegalShield when an Associate fails to meet the continuing qualification requirements outlined in # 15 below.

An Associate who terminates his/her Associate Agreement or who is terminated by LegalShield will, effective on the date of termination, no longer be entitled to any bonuses or commissions, including renewals, advanced or earned, personal or downline. Associate fees will not be refunded unless the Associate Agreement is terminated by the Associate within the first 30 days after the effective date. Associate returns any unused marketing materials, and the Associate has not sold any memberships or recruited any other Associates.

13 Advance commissions for sales produced by the Associate or in the Associate's downline shall be paid only when sales of LegalShield products/services have occurred, and shall be earned only as fees on LegalShield products/services are received by LegalShield. LegalShield reserves the right, in its sole discretion, to change commission advance rates, pay commissions on an as-earned basis or to place commissions on hold on an individual or overall basis. Any sums advanced to the Associate shall create a debit balance which will be a loan to the Associate from LegalShield. This balance will normally be repaid by withholding earned commissions, including renewals, but the Associate is liable for repayment upon demand by LegalShield. An Associate may request commissions be paid on less than a 100% advance basis. Advance commissions are made in connection with the business of selling LegalShield products or services and the Associate agrees that they are not for the Associate's personal, family or household purposes.

14 Any and all Associate accounts, including joint accounts and accounts of a related business entity of the Associate, shall be considered as one account for debit balances.

15 So long as the Associate Agreement is in effect, an Associate will continue to receive commissions on a product/service line only so long as he/she produces at least three personal sales in the product/service line each quarter of the calendar year or maintains a personal membership. After qualifying for forty (40) quarters through the personal sales criteria, the Associate will be qualified in that product/service until the Associate Agreement is terminated. An Associate is not required to maintain a personal membership but may do so if desired for purposes of this section.

16 Group accounts are the property of LegalShield and may be assigned to another Associate. Best efforts will be made to honor and preserve group accounts secured by an Associate. The Company reserves the right and authority, in its sole discretion, to reassign or reaffirm any Associate on a group account,

Policies and Procedures (Cont.)

for reasons, including but not limited to the following: (a) when servicing is one year or more delinquent; (b) when no new memberships are written in a given year except when 60% or more of the eligible employees are enrolled in a plan; (c) when disputes arise between one or more Associates regarding a group account; or (d) when, LegalShield determines, in its sole discretion, that the servicing of the group is inadequate.

17 Advance and earned commission percentages on groups with more than 300 members will be determined on an individual basis by LegalShield.

18 LegalShield reserves the right, in its sole discretion, at any time to no longer accept new membership sales or Associate recruitments from any Associate, or credit you with any new organization activity, and to adjust or change any compensation plan and incentive program at any time without prior notice. LegalShield may, in its sole discretion, add, change or terminate any services offered by LegalShield to any or all Associates at any time, in whole or in part, including but not limited to supplies, communications, newsletters, LegalShield Advantages, voice response systems or website services.

19 No LegalShield products or services may be sold or offered in combination with any other product or service without prior written approval from an authorized officer of LegalShield. An Associate may not sell or offer to sell any legal service plan or product, or identity theft product other than LegalShield products or services without prior approval from an authorized officer at the Home Office. Insurance professionals offering products (e.g. auto/life/home insurance) which contain ancillary identity theft services are exempted from the "Identity Theft product" rule above, providing no "stand-alone" Identity Theft product is offered.

20 An Associate may not proselytize, recruit or solicit in any manner any LegalShield Associate, including without limitation his or her first line, into any other company or organization during the term of the Associate Agreement and for 2 years after the date of any termination hereof.

21 The failure of LegalShield to insist upon strict compliance with any of the Policies and Procedures herein shall not be deemed to be a continuous waiver in the event of any future breach or waiver of the Policies and Procedures. In the event of any conflict or inconsistency between these Policies and Procedures and any other marketing materials of LegalShield, including the Success Guide, these Policies and Procedures shall control.

22 In the event that a provision of the Associate Agreement or these Policies and Procedures is held to be invalid or unenforceable, such provision shall be reformed only to the extent necessary to make it enforceable, and the balance of the Agreement and Policies and Procedures will remain in full force and effect.

23 The Associate Agreement and Policies and Procedures will be governed by and construed in accordance with the laws of the State of Oklahoma. The Associate Agreement and Policies and Procedures constitute the entire agreement between the Associate and LegalShield and no amendment may be made, either written or oral, without the signature of an authorized LegalShield officer, provided that these Policies and Procedures may be amended from time to time by LegalShield by publication in a means reasonably available to Associates generally, including publication in periodic communications to Associates or on the LegalShield website. All disputes and claims related to LegalShield, the Associate Agreement, these Policies and Procedures and any other LegalShield policies, products and services, the rights and obligations of an Associate and LegalShield, or any other claims or causes of action between the Associate or LegalShield or any of its officers, directors, employees or affiliates, whether statutory in tort in contract or otherwise, shall be settled totally and finally by arbitration in Oklahoma City, Oklahoma, in accordance with the Commercial Arbitration Rules of the American Arbitration Association. However, Associate understands and expressly agrees that LegalShield may seek a temporary restraining order and/or preliminary injunction in state or federal court to maintain the status quo pending determination of the dispute. If any Associate files a claim or counterclaim against LegalShield or any of its officers, directors, employees or affiliates in any such arbitration, an Associate shall do so only on an individual basis and not with any other Associate or as part of a class action. Judgment on any award may be entered in the Pontotoc County District Court or in the United States District Court for the Eastern District of Oklahoma. The Associate consents to the jurisdiction and venue of such arbitration and such courts.

Associate Agreement



Associate Agreement Explanation (Canada)

Applicant's Personal Information

1. **Bar Code:** Used for the imaging process which speeds application processing.
2. **Today's Date**
3. **Applicant's Assigned Associate #:** The number assigned to the new Associate by LegalShield. 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. **Company Name:** Print the new Associate name here if operating under a company name.
- 4a. **Primary Contact for Company Named in No. 4**
5. **Applicant's 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 LegalShield Services, LegalShield, LegalShield, Legal Service, or any combination thereof.
6. **Co-Applicant's 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.
7. **Applicant's Social Insurance Number:** This number will be used to report earnings to Canada Customs and Revenue Agency.
- 7a. **New Associate Date of Birth**
8. **Any name the applicant may be know by other than the name listed above**
- 8a. **Recognition Name:** Name used when applicant is recognized in publications and at events.
9. **Mailing Address:** Associate's complete mailing address. Include apartment or suite numbers.
- 9a. **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, Province, and include the Postal Code.
10. **Home Phone Number:** Telephone numbers of the new Associate where the Associate can be reached during the day.
- 10a. **Cell Phone Number**
- 10b. **Business Phone Number:** Telephone numbers of the new Associate where the Associate can be reached during the day.
- 10c. **Fax Number:** The FAX # of the new Associate.
11. **Email Address:** Very important in order to receive valuable and timely Company updates via email blasts from the Home Office!
12. **Sponsoring Associate:** The number and signature of the sponsor under whom the new Associate is being placed.
13. **Placing Associate:** The Placing Associate who personally recruited the new Associate.

Payment Information

14. The Associate Agreement Fast Start Entry fee. Add applicable taxes and write the total. A Canadian tax schedule is available on Docs on Demand on our Website (#23305).
15. **LegalShield Advantage:** Automatic monthly enrollment unless you indicate to opt out. However, by opting out, you will not be eligible for recognition or other incentives.
16. **Paid by:** Choose the appropriate box for method of Associate fee payment. Note: When sending in multiple apps, be sure to send in separate cheque for each one.
- 16a. Amount to be charged to the credit card indicated
17. **Credit card info:** Clearly write in the credit card number. Also include the total amount to be charged and the expiration date and have the cardholder sign on the space provided.
18. **Signature of applicant**
19. **Procurement of Consumer and/or Investigative Consumer Report:** LegalShield will request a consumer and/or investigative consumer report on all Associate applicants. All Associate Agreements are placed on hold pending results of Consumer report.
20. **Direct Deposit:** Select and list the information if you want your commissions directly deposited into your bank account. Include a voided cheque from the account in which commissions are to be deposited unless you are paying your Associate Agreement Entry Fee by cheque from the same account into which you want your commissions directly deposited.
21. These questions must be answered! Include the applicant's LegalShield 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.
22. **Signature of applicant:** Signature of the new Associate.
23. **Applicant's LegalShield Membership Number**
24. **Applicant's SIN or Federal Tax ID Number**

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is used to expedite document processing. It is important that you print legibly with black or dark blue ink and that each letter or number is printed clearly. The most common cause for delays in processing Membership Application is either poor writing or fields that require information are left blank. **If you have any questions, please call Associate Services.**

Associate Agreement (Canada)



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: B98808928RT

1

AA.APPCAN 7_15 80102

Advancement Preference:
☐ Traditional ☐ Group Services

Today's Date **2** / **2** / **2020**
MM DD YYYY

Fill in either the Individual SIN OR the GST Registration No. for Corporations. • Income will be reported to the number you list below.
The SIN must match the name listed. **Please print in ALL CAPITAL letters. Use ONLY BLUE or BLACK INK. FAILURE TO PRINT LEGIBLY can cause DELAYS IN PROCESSING YOUR APPLICATION.**

CANADIAN ASSOCIATE APPLICATION

The information you provide on this application is personal and LegalShield takes care to protect personal information.

Personal Information

Applicant's Assigned Associate No. **3**

If applying under a company name, print here **4**

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr. Primary contact if company named above **4a**

Applicant's Name **5**
Last First MI

***Co-Applicant's Name** **6**
Last First MI

*If applicant is an individual, 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. LegalShield may request supporting documentation when necessary.

Applicant's Social Insurance No. **7** **DOB** **7a** / /
MM DD YYYY

If Applicant is known by another name other than the one listed above, Please PRINT HERE **8**

In addition to income reporting, the SIN is used to verify applicant's name in background check and to ensure applicant does not already hold an active Associate Agreement.

Recognition Name - name used when applicant is recognized in publications and at events. **8a**

Address **9** Apt. # / Ste #

City Province Postal Code

Shipping Address **9a** Apt. # / Ste #

(If different than mailing address) City Province Postal Code

Phone # () **10**

Home **10a**

Phone # () **10b**

Cell **10c**

Phone # () **10c** Ext.

Fax # () **10c**

Email **11**
(Your privacy is a priority with us! We will not sell your email address or personal information of any kind to third party vendors.)

12 ☐ **Sponsoring Associate** (Associate under whom the new Associate is being placed or is signing under)

I certify that I understand I am responsible for working with the new Associate listed on this Associate Agreement.

Sponsoring Associate No. **Associate Name**

Sponsoring Associate Phone No. **Sponsoring Associate Signature**

13 ☐ **Placing Associate**

I certify that I understand I personally recruited this new Associate and placed him or her in my organization under the Sponsor listed.

Placing Associate No. **Associate Name**

Placing Associate Phone No. **Placing Associate Signature**

Associate Agreement (Canada)

Payment Information

Your credit card charge or check is your receipt.

Fast Start Entry Fee (choose one)

(Note: \$249 includes twelve months of LegalShield Advantage.)

14 ☐ \$249.00
☐ \$99.00

LegalShield Advantage

15 (Note: This is a monthly fee. If paying with credit card, there will be an additional \$1 processing fee each month. If you choose to not utilize LegalShield Advantage click here ☐. By opting out, you understand you will not be eligible for recognition or other incentives.)

☒ \$19.95

Applicable GST/HST/PST

\$ _____

Total to LegalShield

\$ _____

16 Paid By: ☐ Money order ☐ Check ☐ Credit Card

Amount to be charged

\$ _____

Name on Card

Your Credit Card Number

Exp. Date

☒

18 Signature of Cardholder

PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

19 By submitting this application, you understand that LegalShield may procure a consumer report and/or investigative consumer report on you. You also understand that at LegalShield's discretion subsequent consumer and/or investigative consumer reports may be procured during the term of your contract with LegalShield. These above-mentioned reports may include a Social Insurance Number verification. You are entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which you are the subject upon your written request, if such is made within a reasonable time after the date hereof. You may receive a written summary of your rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code §1786. Your independent contractor position with LegalShield is contingent upon the successful completion of the above referenced investigative consumer report.

COMMUNICATION AND INFORMATION

eService: It's more than a website. After your Associate Agreement has been processed and accepted, you can create a login name and check out various services! A subscription to eService for a fee provides your own legalshield.com marketing websites, subscriptions to regular company associate magazines and more.

Go to www.legalshield.com to learn more.

I authorize LegalShield, to make direct payment by charge or draft of my chequing/savings account from the financial information listed below. This authority will remain in effect until I notify LegalShield in writing to terminate the authorization. When I provide a cheque as payment, I authorize LegalShield to convert the paper check to an electronic fund transfer from my account. Funds may be withdrawn from my account as soon as the same day payment is received. My account will be drafted for the same amount each month on or about the effective date of my membership. I waive my right to notification of continued payment. If the amount or date of your payment changes, LegalShield will notify me at least ten days before the payment date. For inquiries, please call 580-436-7424.

Receive Commissions by Direct Deposit!

CHOOSE ONE: ☐ Daily ☐ Weekly ☐ Monthly

20

(Subject to minimum accrual and other criteria established by the company)

We need your account information for direct deposit.

CHOOSE ONE: ☐ Chequing ☐ Savings OR

☐ Use the same account used for the Associate Agreement Entry Fee.

To be paid by direct deposit, you must include a voided cheque or deposit slip from the account into which the commissions are to be deposited unless you are paying your Associate Agreement Entry Fee by cheque from the same account into which you want your commissions directly deposited. If you do not provide information for direct deposit and cheque one of the options above, you will be paid commissions by cheque on a monthly basis subject to minimum accrual and other criteria established by the company. 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.

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

1. Have you pled to, or been convicted of, a felony? ☐ Yes ☐ No
2. Has anyone who might write business under this Associate Agreement pled to, or been convicted of, a felony? ☐ Yes ☐ No
3. Has any professional license (i.e. an insurance license) held by you in any state been suspended or revoked? ☐ Yes ☐ No
4. Has any professional license held by anyone who might write business under this Associate Agreement in any state been suspended or revoked? ☐ Yes ☐ No
5. Do you, or does anyone who might write business under this Associate Agreement, have any unresolved pending arrests and/or charges? ☐ Yes ☐ No

If you answered "Yes" on any of these questions, please send documents concerning the matter. Having a felony will not necessarily preclude your acceptance as an Associate. If any changes occur to the answers you've given above after your Associate Agreement is approved, you are required to notify LegalShield immediately.

- I have had explained to me the LegalShield membership and compensation plan and understand the benefits of both.
- I have read the Policies and Procedures on the reverse of this form and been given a copy and agree to them as in effect from time to time.
- If paying by cheque, I agree that LegalShield 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.
- 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 LegalShield.

Your Right to Privacy:

By signing this application, I confirm that I have read and understand the Privacy Policy and Procedures found on the reverse side of this application and understand that it applies to this application, and 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 Procedures.

Signature of Applicant

22

By Authorized Representative
If Business Entity

☒

23

Applicant's LegalShield Membership No.

24

Applicant's SIN No. OR GST/HST Registration No.

Membership Application



Membership Application Explanation (US)

- 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.

Please be aware that some states require a license before you can sell any legal plans. Refer to page 3 of this booklet or call the Licensing Department at 580-436-7424 option 4

1. **For Home Office processing use.**
2. **Check One:** Check the box of the appropriate LegalShield operating subsidiary in the state where the plan is being sold.
3. **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 member's employer requests a specific effective date or 2) if the membership application is not received within 10 days of the effective date on the application.
4. **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.
5. **Social Security Number:** This number must be printed legibly, for ID purposes only.
6. **Name of applicant:** List full 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.
7. **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.
8. **Co-Applciant:** List the full name of the new member
9. **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.
10. **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.
11. **Phone:** List the member's work phone number and home phone number.
12. **Please indicate, on a voluntary basis, if applicant is deaf or blind**
13. **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."
14. **Associate number:** The selling Associate's assigned Associate number. **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.**
17. **Associate Name:** The exact name the Associate wishes to use to receive commission checks.
18. **Associate Social Security # (if licensed):** The selling Associate's license # if it is different than his/her Associate #.
19. **Business Phone:** Be sure to include your business phone number should the Home Office need to reach you regarding processing of your business.
20. **Associate License Number (In Florida):** For Florida Associates Only Portal: Please fill in your license number here.
21. **Producer ID Name/Number**
22. **Payment Option One - Select the payment method you prefer:** The member must select ONE type of payment method from those listed.
23. **Bank name, Acct #, Institution Transit #:** The bank name, correct account number, and the institution transit numbers are a must.
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.
In the box directly under Payment Information above, enter 1) Enter the monthly or annual bank draft amount; 2) Enter the enrollment fee amount; 3) Enter the total enclosed by check or charged to credit card
24. **Payment Option Two - Credit Card:**
In the box directly under Payment Information above, enter 1) Enter the monthly or annual credit card draft amount; 2) Enter the enrollment fee amount; 3) Enter the total enclosed by check or charged to credit card
25. **Enter Name of Credit Card Holder, Credit Card Number, and Expiration Date**
26. **Payment Option Three - Annual Direct Bill or Semi-Annual Direct Bill:** Check here if Applicant wishes to pay by annual or semi-annual direct bill. A check should be enclosed for the correct amount.
27. **Account Holder Signature:** Be sure this signature matches the name on account/card.
28. **Signature of applicant:** Be sure this signature is exactly the way the name is listed in full on the application.

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is used to expedite document processing. It is important that you print legibly with black or dark blue ink and that each letter or number is printed clearly. The most common cause for delays in processing Membership Application is either poor writing or fields that require information are left blank. **If you have any questions, please call Associate Services.**

Membership Application (US)



One Pre-Paid Way • Ada, OK 74820 • www.LegalShield.com • 800-654-7757
LegalShield is the trade name of Pre-Paid Legal Services, Inc. and its subsidiaries.

Select Applicable Subsidiary:

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

1

OFFICE USE ONLY			
CWA		PLAN	
FOB		FRAN	
MODE		GR#	

UNIVERSAL MEMBER APPLICATION

3

Today's Date MM / DD / YYYY

A \$10 non-refundable enrollment fee is required for legal plans (CDLP is \$25).
Home Business Supplement members should attach a document and provide:
1) business name, 2) tax identification number, and
3) a general description of the business.

4

Please Choose plan:

- ☐ Legal Plan ☐ Individual ☐ Family
☐ IDShield ☐ Individual ☐ Family
☐ Trial Defense Supplement ☐ CDLP
☐ Home Business Supplement
☐ Other _____

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.
☐ Ms.

Applicant's SSN

5 For Internal Use Only DOB MM / DD / YYYY

6 Applicant's Name

Last First MI

7 **Email

8 * Co-Applicant's Name

Last First MI

DOB MM / DD / YYYY

9 **Email

10 Address

Apt.#/Ste.#

City State Zip + 4

11 Phone #

() () ()
Business Ext. Home Cell

(**Provide your email to receive member benefits. We do not sell your personal information to any third parties.)

12 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.

- ☐ 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

Associate #

Bus. Phone

15 Associate Name

Last First MI

Associate SSN

16 (If Licensed)

18 Associate Lic. # (In Florida)

Producer Identification if applicable

19

Membership Application (US)

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

Your credit card charge or check 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

Total enclosed by check,
money order, or charged
to credit card

(My first charge will
include a non-refundable
one time enrollment fee
when applicable.)

20

OPTION 1: ☐ Monthly Or ☐ Annual Bank Draft / ☐ Checking Account (Attach check from account to be drafted) Or ☐ Savings Account (Attach verification)

Account Holders Name _____ Financial Institution **21**

Address _____ City _____ State _____ ZIP + 4 _____

Account # _____ Routing # _____

When you provide a check as payment, you authorize LegalShield to convert the paper check 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, when applicable by law.

22

OPTION 2: ☐ Monthly Or ☐ Annual Payment by Credit Card I wish to pay by credit card until I revoke this authorization or cancel my membership. My account will be charged each month (or annually).

Cardholder's Name **23** Last _____ First _____ MI _____

Card # _____ Exp. Date _____ / _____ Billing Zip Code _____
MM YY ☐ MasterCard ☐ Discover
☐ Visa ☐ American Express

I authorize LegalShield to make direct payment by charge/draft of my check/savings/credit card account from the Financial Institution listed above. I agree and authorize the amount above be made automatically each month/year until I cancel my membership. I may call LegalShield at 1-800-654-7757 at any time to cancel my membership. Upon my cancellation, I am entitled to a refund on a pro rata basis of my monthly/annual fee, based on the date I cancel. I understand LegalShield will provide me reasonable notice if there is any change in the monthly payment amount.

24

OPTION 3: ☐ Annual Direct Bill Or ☐ Semi-Annual Direct Bill I wish to pay Annually/Semi-Annually by check. Checks should be made payable to LegalShield.

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

In AL, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. In FL, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third 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 OR, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. 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.

Applicant: I agree the contract sets forth the terms of my membership. Such terms include any exclusions and limitations. I agree to be bound by the contract, and its terms and conditions, which will be provided to me by LegalShield, unless I cancel the contract, which I may do at any time by calling 1-800-654-7757. LegalShield may send the contract to me at my email address unless I communicate in writing that I do not agree to delivery by electronic means. If I have not listed an email address, or if required by a particular state, the contract will be sent by mail. My membership cards will be sent by mail. I may request for a mailed copy of the contract at any time, or if I have not received my contract in 10 days from this application, I can request a copy by calling Member Services at 1-800-654-7757. The contract, with this application, is the entire agreement between LegalShield and me with respect to the membership and there are no agreements or representations other than as set forth herein and in the membership contract.

I acknowledge that I purchased this membership plan in the city of _____ in the state of _____.

By signing this application I confirm I am legally residing in the United States and agree to the above Authorization of Payment, the membership fees selected above, and the terms of the selected membership plan.

X **25**

Applicant's Signature

X **26**

Account Holder's Signature

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Membership Application



Membership Application Explanation (Canada)

- 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.

1. **Bar Code**
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 member's employer requests a specific effective date or 2) if the application is not received within 10 days of the effective date on the application.
4. **Choose the appropriate Legal plan**
5. **SIN (Social Insurance Number):** This number must be printed legibly. Your SIN # is for ID purposes only.
6. **Member's Date of Birth:** Write in the member's birthdate (Day/Month/Year).
7. **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.
8. **Co-Applicants Name** The full name of the Co- Applicant
9. **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.
10. **Phone:** The member's work and home number.
11. **Email:** List the member's email address. This is very important for receiving valuable information from the Home Office to encourage retention!
12. **Please indicate, on a voluntary basis, if you are either blind or deaf**
13. **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.
14. **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.
15. **Associate Name:** 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 cheque. 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.
16. **Associate SIN Number:** Social Insurance Number
17. **Associate Phone Number:** Preferred number
18. **Associate's Lic Number:** For associates who reside in Manitoba, license number
19. **Select the payment method you prefer:** Select either monthly/annual bank draft or monthly/annual payment by credit card. If 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 cheque not necessary for group accounts.)
20. **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 cheque.
21. **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) at legalshield.com in Docs on Demand. Add \$26 (\$24.95 group rate) for monthly draft or \$312 (\$299.40 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.**
22. **Credit Card Number and Type: MasterCard or VISA.** If member chooses this option, legibly fill in the member's credit card number and the month and year of the expiration date.
23. **Payment Option Three - Annual Direct Bill or Semi-Annual Direct Bill:** Choose here if Applicant wishes to pay by annual or semi-annual direct bill. A cheque should be enclosed for the correct amount.
24. **Cardholder Signature:** Member's signature as it appears on the card to be drafted.
25. **Signature of Account Holder:** Member's signature as it appears on cheques. The member must sign if paying by bank draft.
26. **Payroll deduction authorization:** For use by employee group accounts only.

State-Of-The-Art Scanning Equipment

is used to expedite document processing. It is important that you print legibly with black or dark blue ink and that each letter or number is printed clearly. The most common cause for delays in processing Membership Application is either poor writing or fields that require information are left blank. **If you have any questions, please call Associate Services.**

Membership Application (Canada)



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

1



OFFICE USE ONLY

CWA	2	PLAN	
FOB		FRAN	
MODE		GR#	

CANADIAN MEMBER APPLICATION

MAS

3 Today's Date / / Please Choose the appropriate plan: ☐ Family Plan ☐ ID Theft Plan ☐ Home Based Business Rider ☐ Other 4

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

Home Based Business Rider should attach a document and provide:

1) business name, 2) social identification number, and 3) a general description of the business.

Subject to: 1) The Buyers Right to Cancel (BRTC) or 2) applicable legislation.

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.

Applicant's SIN 5

For Internal Use Only

DOB / / 6
MM DD YYYY

7 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.)

8 *Co-Applicant's Name Last First MI

9 Address Apt.#/Ste#
10 City Province Postal Code

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

12 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

13 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

14 Assigned Associate Number Business phone () 17

15 Associate Name Last First MI

16 Associate SIN (If Licensed) Associate Lic. Number 18
(In Manitoba)

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Associate Signature X

Membership Application (Canada)

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
enrolment fee

Applicable GST/PST/HST
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.)

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.cdnpcay.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**

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.

See Option 4 below for Payroll Deduction Authorization

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

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Account holders Signature **X** **25** _____

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.

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Advertising Guidelines

Your success is our goal at the LegalShield Home Office, and if you choose to advertise LegalShield products, we want you to know the advertising guidelines that will both protect you legally and also help you expand your business. It's important that you completely review the advertising guidelines in your Success Guide, on DOC on Demand located under the Tools Tab in Associates Only Portal. Note: These guidelines are subject to change and should be reviewed each time you advertise.

Definition of Advertising

Any type of communication that mentions the LegalShield name, product, opportunity, or commissions. If the purpose of the ad is to promote your LegalShield business either through sales or recruiting, your ad must be approved.

• Protecting the LegalShield Name & Taglines

The LegalShield brand has a reputation for quality and integrity, which must be maintained. Consumers recognize a single source of LegalShield branded products and services. Accordingly, the LegalShield brand and trademark is a valuable asset of the Company, which should be protected through consistent and approved use.

Some important items to keep in mind are:

- You must be Director level or above to develop and submit an advertisement for review. Also, a written request must be submitted with an explanation of why the current items provided are not able to meet your need. Otherwise you MUST use the pre-approved advertisements now available to you. The ad generator system allows you to prepare postcards, flyers, advertisements and more from pre-approved templates. To access this system go to www.legalshieldsondemand.com and create an account. These documents are pre-approved and cannot be edited other than adding your personal information in the fields provided.
- LegalShield must review all advertisements. Ad approvals are valid for six(6) months only. Resubmit after that time or if you change the ad.
- Do not reproduce Company-issued material in any fashion. Associates may not duplicate or reproduce copyrighted LegalShield materials. Duplication, reproduction and/or distribution of such materials is grounds for termination of your Associate Agreement. Copyrighted materials include, but are not limited to: videos, audios, brochures, manuals and our Website. Certain items are available on Associates Only Portal for personalization and printing.
- Unsolicited faxing is prohibited. The Telephone Consumers Protection Act also prohibits the transmission of unsolicited advertisements to fax machines.
- Always include the words "LegalShield Independent Associate." Regardless of the type of advertising you choose, always use these words within the ad when referring to yourself.
- Distribution of materials in public places is restricted. Unsolicited distribution of advertising materials is not allowed in certain public areas. This includes distribution of materials on any property occupied by a court house, unlawful distribution in mailboxes without postage, or advertising in any form on public utility poles. Please check your local laws to make

sure you are in compliance. Your success is our goal at the LegalShield Home Office, and if you choose to advertise LegalShield products, we want you to know the advertising guidelines that will both protect you legally and also help you expand your business, it's important that you completely review the advertising guidelines in your Success Guide available on Documents on Demand.

- 'SPAM' email violates Company policy as well as many state and federal laws. Refer to your Success Guide for specific information about Internet advertising.
- Do not imply that you are a lawyer. You may be put in a position where others ask for advice on a legal matter. Explain that you are an Independent Associate selling LegalShield's products and services, not a lawyer, and that a membership provides access to a law firm for legal situations that arise – such as the one they brought up to you.

Please note that violation of Company advertising requirements may result in the termination of your Associate Agreement. We encourage you to contact Associate Services anytime you have a question regarding advertising or our advertising guidelines. We're here to help and are committed to your success!

To Submit Advertising Material for Review:

1. Complete an Ad Review Request Form, available through Docs on Demand (#23369) on the Associates Only Portal portion of our website (online.legalshield.com)
2. All Ads must be sent to LegalShield.
 - Fax ad copy with Ad Review Request Form to 580.421.6305
 - Email adapprovals@legalshield.com and attach or paste the request form and your advertisement.
 - Mail ad copy and request form to the Corporate Offices (attn: Marketing Communications).
3. Web ads may be sent to:
 - webapprovals@legalshield.com (include a URL/Website review form #23371)
4. Allow 72 hours for ad approvals. We review "regular" one or two page ads in this time frame; however, booklet-length, complicated advertising will take longer to review. Questions regarding ads, other than Internet, should be submitted to adapprovals@legalshield.com.
5. Ad approvals are valid for six (6) months only. Resubmit after that time or if you change the ad.

Q & A

Where do I find my Associate number and PIN?

You can obtain it by calling Associate Services.

How do I advance to the next level?

See “Advancing Through the Compensation Plan” in the Success Guide located in Associates Only Portal under the Resources Tab.

Login to Associates Only Portal and click on the View Profile link in the Business Card located on the top left of the Dashboard to get the contact information of your upline. You can also contact Associates Services at 580-436.7424.

Where can I find information about my organization, commissions, counters, Performance Club points, etc.?

Login to the Associates Only Portal to find commission information the Dashboard. Click on the Reports tab to access the available reports. Some reports are only available with LegalShield Advantage.

When will I be paid?

You may choose to be paid daily, weekly or monthly:

- Daily: direct deposit is available for any Associate who has written one piece of business during the calendar month. Your daily deposit minimum is \$20. A summary of commissions is made available every Friday after a daily deposit, under the Reports category of your website.
- Weekly: to get weekly deposits, you must have sold a membership within the calendar month. Weekly deposits begin after your personal sale for the month is processed, and commissions exceed \$20 for the week.
- Monthly: monthly deposits process at the end of the month if you have made one personal sale for the month and your commissions exceed \$50, or your commissions exceed \$150.

How can I set up direct deposit?

Login to Associates Only Portal and select the Docs on Demand link under the Tools Tab, choose form #22983 and fax or mail this request, along with a voided check or a letter verifying your account on bank letterhead to:

Fax: ATTN: Associate Services - 580.310.6916
Mail: Associate Services
LegalShield
One Pre-Paid Way, Ada, OK 74820

How can I contact the home office?

Mailing address and phone numbers:

LegalShield
One Pre-Paid Way, Ada, OK 74820
Phone: 580-436-1234 (switchboard)
Member Services - 1-800-654-7757

You can also contact us online! Login to Associates Only and click the “Contact Us” tab.

Have the memberships I sent in been processed?

Normal processing time of applications and agreements from the time they are received at the Home Office is 24 to 48 hours, if all information is present and the application or agreement is processible. If you have LegalShield Advantage, you will have access to your Personal Membership Production Report, updated daily. You may also contact Associate Services at (580) 436-7424 to check on the status of applications and agreements.

- To order online: Login into the Associates Only Portal and select Supply Store from the Tools tab. You may order your supplies through credit card payment only.
- To order by phone: Call Associate Services at 580.436.7424. All orders placed by telephone must be paid for by credit card.

How do I place my new recruits?

- On the Associate Agreement: Write your Associate number in the section labeled “Placing Associate.” Under the “Sponsor” section, write in the Associate number of the person you want to place your new recruit under.
- Online: Login to Associates Only Portal and select Reports, Personal, Placement Utility. Set your placement option to Manual before the new recruit begins his or her online application. After the new recruit signs up online, you have 48 hours to return to this section and place him or her wherever you wish within your organization. If you do not place your new Associates, they will automatically be placed in the first line of your organization.

How do I set up LegalShield Advantage?

Go to online.legalshield.com and login to Associates Only. Click on View Profile in the Business Card at the top left of the Dashboard. Then, click on My LegalShield Advantage for more information and to sign up.

How can I register for an event?

ogin to the Associates Only Portal and click on the Learning Management System under the Training tab for event information and registration. To register for the International Convention, you will need to click on the Convention link under the Events/Calls tab. You can also register for an event by contacting Associate Services at 580.436.7424.

Where can I find information on the latest promotions and contests?

You will receive email blasts to the email address LegalShield has on file for you. You can also login to Associates Only Portal and click on Incentives under the Recognition tab to view promotions and contests. Note, enrollment in LegalShield Advantage is required for qualification of incentives/recognition.

