



ENROLLMENT FORM

Plan Participant First Name _____ Initial ___ Last Name _____

Spouse First Name _____ Initial ___ Last Name _____

Street _____ City _____ State ___ Zip _____

Home Phone # _____ Work Phone # _____ Spouse Work Phone # _____

Cell Phone # _____ Email Address _____

Do you have minor children? Yes _____ How Many? _____ No _____

Plan Participant is entitled to the following benefits while the Plan is in force:

- Thirty minutes of phone consultation per month with Plan Attorney during normal business hours concerning any personal legal matter
- Review of one legal document up to ten pages in length per twelve month period from the date of enrollment or from the date of subsequent renewal
- Discount of no less than 25% of Plan Attorney's normal fees for the preparation of wills, trusts and other related estate documents
- One letter drafted or one phone call made by the Plan Attorney concerning one legal matter per twelve month period from the date of enrollment or from the date of subsequent renewal

The participation fee for the above services is \$6.50 per month, paid in advance. In addition, there is a one-time enrollment fee of \$15.00. A one-time combined annual fee of \$69.00 may be paid in lieu of the separate enrollment and participation fees. If a monthly participation fee is past due by more than ten days in any month, all benefits cease, and the Participant will be required to pay a new enrollment fee to resume benefits. If Plan Participant pays the participation fee on a monthly basis, the fee will be charged until Plan Participant terminates the plan in writing. If the one-time combined fee is paid, Plan Participant will be sent a renewal notice approximately 30 days prior to the renewal date. Unless instructed otherwise in writing, the renewal fee of \$69.00 will be charged.

Plan Participant includes the person identified as such above and, if married, the spouse who is named above. Any services provided by the Plan Attorney that are not included in the Plan are provided by separate agreement between the Attorney and the Participant and do not involve the Plan.

To request participation, sign and date below. New Participants will receive a Certificate of Benefits detailing the benefits of the Plan from the Plan Provider. Provided no benefits have been requested or utilized under the plan, Plan Participant may request a full refund of participation and enrollment fees within 30 days of enrollment.

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT OR DEBIT CARD NUMBER: _____ EXP. DATE: Mo. ___ Yr. ___ PURCHASE AMOUNT: \$ _____

CARD CODE _____ (the last 3 digits in the series of numbers on the back of VISA, MasterCard & Discover; the 4 digits above card # on the front of American Express)

Your Signature _____

Date _____

Representative _____