

**FOR ASSOCIATE INFORMATION ONLY.
DO NOT RETURN THIS PAGE WITH THE COMPLETED FORM.**

INSTRUCTIONS FOR USING THIS FORM



To assist you in using this form, we've established a few guidelines to follow. Please read them carefully.

- 1** This form is optional for **NEW** members. It is solely at the new member's discretion if they want to request this consultation.

- 2** Independent Associates **SHOULD NOT** present this form as a "required" application document.

- 3** This form **MUST** contain the authentic signature of the member.

- 4** This form should accompany a new membership application. Do not send forms for existing members or in separate shipments. *If you have an existing member wishing to complete a Living Will, ask them to contact their provider law firm at the number listed on their membership card.*

- 5** This form **MUST NOT** contain the signature of the Independent Associate.

- 6** **DO NOT** use this form in the state of Iowa.

Proper use of this form is very important. Incorrect usage, including fraudulent signatures, could result in termination of your associate agreement and legal action being taken against anyone participating in such activities. It is important you understand the correct usage of this tool for your new member.

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PRE-PAID LEGAL

SERVICES®, INC.
AND SUBSIDIARIES

One Pre-Paid Way • Ada, OK 74820

In the event of an accident or illness, will your health care wishes be carried out?

If you're reading this, chances are you've already decided to face legal life events head on with your Pre-Paid Legal membership. Our plan is called a "Life Events Legal Plan" because life events happen every day, and we've designed your membership to help.

The possibility that we'll be seriously injured or fall victim to illness that lands us in a hospital room on life support machines is something most of us conveniently push to the back of our minds - or out of our minds all together. **However desperately we believe it can't happen to us, the truth is, it can happen to anyone, regardless of age.**

Does your family know your wishes should the unthinkable happen to you or would you be leaving them guessing - hoping they make the right decision on your behalf? It's so easy to remove the burden of decision from those you love. **Why not take care of them NOW?**

Do you have an Advance Health Care Directive (or "Living Will")? If you do, are you sure it follows the legal requirements necessary in the state or province where you live?

Yes, please contact my Provider Law Firm on my behalf in order to have them call me about this.

Please allow time for the processing of your application.

Your provider law firm will be in touch with you soon.

Member Signature

Date

Please Print Name

City

State

Zip

Daytime Phone Number

PLEASE SEND COMPLETED FORM WITH YOUR MEMBERSHIP APPLICATION

(OR)

MAIL TO: Pre-Paid Legal Services®, Inc.
ATTN: Customer Care
One Pre-Paid Way
Ada, Oklahoma 74820