

## LEGAL PLAN ENROLLMENT FORM

**APPLICANT INFORMATION**

Last Name	First	MI	
Name of Spouse			
Business Name ( Business Protector plan only)			
Mailing Address			
City	State	Zip	DOB
Telephone	Fax	Email	

**SELECT YOUR COVERAGE PERIOD**

**Annual**  
 Personal Legal Defender®       \$168/year  
 Business Protector®             \$550/year  
 One-time Enrollment Fee        + \$10.00 (waived)

Total =

**Quarterly**  
 Personal Legal Defender®       \$42/quarter  
 Business Protector®             \$140/quarter  
 One-time Enrollment Fee        + \$10.00

Total =

**Monthly (Credit card & Automatic Bank Draft only)**  
 Personal Legal Defender®       \$14/month  
 Business Protector®             \$49/month  
 One-time Enrollment Fee        + \$10.00

Total =

**SELECT YOUR PAYMENT METHOD**

Check or Money Order **(Annual or Quarterly Only)**  
 Checks are payable to Caldwell Legal, U.S.A.

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Credit card **(Annual, Quarterly or Monthly)**  
 Visa     MasterCard     Discover

Card # \_\_\_\_\_

Exp Date \_\_\_\_\_ Signature \_\_\_\_\_

*Authorizes automatic coverage renewal until written cancellation request by member is received.*

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Automatic Bank Draft **(Monthly ONLY)**  
*For this option, enclose a check for your first month's payment and one-time enrollment fee. **No money orders.***

**Automatic Bank Draft Authorization**  
 I hereby authorize Caldwell Legal, U.S.A. to charge my checking account each month in the amount indicated on this enrollment form. This authority is to remain in full force and effect until I notify Caldwell Legal, U.S.A. in writing, 30 days prior to my terminating this authorization. My bank is authorized to make corrections should any be necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint account holder signature \_\_\_\_\_

Bank \_\_\_\_\_

Account # \_\_\_\_\_

I certify that all information I have given is correct. My signature hereon signifies enrollment in the Caldwell Legal service plan. I understand that there is a 30-day money-back guarantee of membership fees (enrollment fee is nonrefundable) and that services will not commence until this application is accepted by Caldwell Legal, U.S.A. I understand that coverage renews automatically until canceled with Credit Card and Automatic Bank Draft options.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

IN-8500

Internet Enrollment