



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

LegalShield is the trade name of PPL Legal Care of Canada Corporation
Company GST Registration Number: 898808928RT



OFFICE USE ONLY			
CWA		PLAN	
FOB		FRAN	
MODE		GR#	

CANADIAN MEMBER APPLICATION

Today's Date / /
MM / DD / YYYY

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. **Employee ID** _____ **DOB** / /
MM / DD / YYYY
For Internal Use Only

(*Co-Applicant refers to Spouse or Domestic Partners, Civil Union Partners, Same-Sex Partners, or other term specifically defined by any local, state or federal statute. Not applicable to Individual plans.)

Applicant's Name
Last _____ First _____ MI _____

****Email** _____

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

DOB / /
MM / DD / YYYY

****Email** _____

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

Address _____ **Apt./Ste.#** _____

City _____ **Province** _____ **Postal Code** _____

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

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

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.

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 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 1-800-440-8857. 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. I may ask 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 1-800-440-8857. 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.

Province Tax Table

AB, BC, MB, NT, NU, QC, SK, YT	+5%
NB, NL, NS, PE	+15%
ON	+13%

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.

Signature of Applicant **X**
(By signing this application I also certify I am legally residing in Canada.)