

# UNIVERSAL MEMBERSHIP APPLICATION FORM GUIDE



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 Burswood, Western Australia 6100  
 Phone: +61 8 9355 5822 Fax: +61 8 9355 5833  
 Email: enquiries@prepaidlegal.com.au  
 Web: www.prepaidlegal.com.au  
 ACN 074 040 574 ABN 78 074 040 574

**1** Pre-Paid Legal Services Pty Ltd reserves the right to reject any application at its absolute discretion. When choosing bank options, your account will be debited on or about this date each month.  
 Please Note: The contract term is for 24 months and will renew automatically for a further contract term unless advised in writing prior to the renewal date.

<b>TODAY'S DATE</b>
/ /

**2** Please tick the legal plan you are applying for:  Legal Access  Value  Employee/Contractor  Singles  Family  
 Business Basics  Home-Based Business  Small Business  Extended Business  Rural Producer

**3 Member Information (Legal Access, Value, Employee/Contractor, Singles, Family, Rural Producer Plans)**

<b>a</b>	Surname	First Name	Middle Initial(s)	Date of Birth	Drivers Licence Number	
				/ /		
<b>b</b>	Surname	First Name	Middle Initial(s)	Date of Birth	Drivers Licence Number	
				/ /		
<b>c</b>	Address				State	Post Code
<b>d</b>	Work Phone	Home Phone	Facsimile	Email Address		

**4 Please list Dependents (Family Plan Only – 16 years of age and over)**

Surname	First Name	Middle Initial(s)	Date of Birth	Drivers Licence Number
			/ /	
			/ /	
			/ /	

**5 Business Information (Business Basics, Home-Based, Small and Extended Business, Rural Producer Plans)**

Company Name / Business Name		Office Phone	Office Facsimile
Email Address	ACN Number	ABN Number	
Address	Town / City	State	Post Code

**6 Owner(s) / Director(s)**

Name	Date of Birth	Name	Date of Birth
	/ /		/ /

**7 Signature(s) Required** Please Note: The contract term is for twenty four months and will renew automatically unless advised in writing prior to renewal date.

Signature of Member / Business Authority	Signature of Member / Business Authority	Signature of Associate

Where did you hear about Pre-Paid Legal Services? \_\_\_\_\_

<b>OFFICE USE ONLY</b>	PPL MEMB. No.:	PPL ASSOC. No.:	AFFIL/AGENT No.:
LEGAL PLAN REFERENCE: <input type="checkbox"/> LEGAL ACCESS <input type="checkbox"/> VALUE	1. INITIAL PLAN COST <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL \$		
<input type="checkbox"/> EMP/C <input type="checkbox"/> SINGLE <input type="checkbox"/> FAMILY <input type="checkbox"/> BUSINESS BASICS	2. ENROLMENT/POSTAGE/HANDLING FEE \$		
<input type="checkbox"/> HOME BASED <input type="checkbox"/> SMALL BUS <input type="checkbox"/> EXTENDED BUS <input type="checkbox"/> RURAL	3. GST ON (1 + 2) = \$ TOTAL (1 + 2 + 3) = \$		
1. ONGOING PLAN COST <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL \$	2. + GST \$	ONGOING TOTAL (1 + 2) = \$	

## 8 Payment Information (MUST BE COMPLETED IN FULL)

The member completing this payment information hereby agrees that their initial payment contract period is for a twenty four month period payable monthly or annually during this period and is renewable thereafter on an annual basis in line with the scheduled membership plan payment listed below. Where a property settlement is pre-existing or is entered into within 3 months of joining a waiting period applies. This waiting period will only be waived when the member completes an irrevocable payment authority for Pre-Paid Legal to be paid at settlement the balance of any membership fees outstanding during the initial contract period. This waiting period does not apply where payment is made for the full contract term. If cancellation in writing is not received prior to renewal date, all contracts will automatically rollover and continue annually for another contract term in line with the elected payment option in the schedule below.

A once off \$18.50 (GST exclusive) fee is required for each individual enrolment for the establishment, postage and handling charges and will be debited to your account. When choosing bank options, your account will be debited on or about this date each month. Please nominate primary/secondary accounts. State the payment method you prefer below.

### Legal Plan Membership Payment Schedule

<input type="checkbox"/> Legal Access	<input type="checkbox"/> Monthly Debit.....\$16.00	<input type="checkbox"/> Annual Debit .....\$192.00
<input type="checkbox"/> Value <input type="checkbox"/> Employee/Contractor	<input type="checkbox"/> Monthly Debit.....\$26.00	<input type="checkbox"/> Annual Debit .....\$312.00
<input type="checkbox"/> Singles <input type="checkbox"/> Business Basics	<input type="checkbox"/> Monthly Debit.....\$36.00	<input type="checkbox"/> Annual Debit .....\$432.00
<input type="checkbox"/> Family	<input type="checkbox"/> Monthly Debit.....\$49.00	<input type="checkbox"/> Annual Debit .....\$588.00
<input type="checkbox"/> Home-Based Business	<input type="checkbox"/> Monthly Debit.....\$85.00	<input type="checkbox"/> Annual Debit .....\$1020.00
<input type="checkbox"/> Small Business	<input type="checkbox"/> Monthly Debit.....\$165.00	<input type="checkbox"/> Annual Debit .....\$1980.00
<input type="checkbox"/> Extended Business	<input type="checkbox"/> Monthly Debit.....\$285.00	<input type="checkbox"/> Annual Debit .....\$3420.00
<input type="checkbox"/> Rural Producer	<input type="checkbox"/> Monthly Debit.....\$130.00	<input type="checkbox"/> Annual Debit .....\$1560.00

All prices are plus GST  M  A Amount \$ + \$18.50 (Enrolment/Postage/Handling Fee) + GST = \$

### Direct Debit Request - Service Agreement

- Pre-Paid Legal Services Pty Ltd (ACN 074 040 574) ("Debit User" PPL) will initiate direct debit payments in the manner referred to in the request of the member, as well as any increase in membership fees as may be required from time to time along with any fees for any other PPL related services provided to the member as part of membership where required, that have not already been paid to PPL or its Service Providers for services rendered under the membership.
- Debit payments will be made when due. The Debit User will not issue individual confirmation of payments made.
- The Debit User will give the member at least 14 days' written notice if the Debit User proposes to vary or cancel details of this arrangement.
- If the member wishes to defer any payment or alter any of the details referred to in the agreement, the customer must write to the Debit User at Suite 1/160 Burswood Road, Burswood, Western Australia 6100.
- Any queries concerning disputed debit payments must be directed to the Debit user in the first instance. Members may obtain details of the claims process by contacting the Debit User on (08) 9355 5822.
- Direct Debiting is not available on the full range of accounts at all financial institutions. If in doubt, the member should check with their financial institution before completing this Direct Debit Request.
- The member should ensure that the account details given in the Schedule are correct by checking them against a recent statement from the financial institution at which the account is held.
- If a debit payment is returned unpaid, the member will be charged a fee for each unpaid item of \$5.00 per item.

- By signing this Direct Debit Request contained in the Agreement, the member warrants and represents that he/she/they is/are duly authorised to request the debiting of payments from the account described in the Agreement.
- It is the member's responsibility to have sufficient cleared funds available in the account to be debited to enable debit payments to be made in accordance with this Direct Debit Request.
- If a payment falls due on any day which is not a business day, the payment will be made on the next business day.
- Members wishing to cancel the Direct Debit Request or to stop individual debit payments must give at least 7 days written notice to the Debit User at the address referred to above prior to the end of the contract term.
- Where a member cancels membership during the contract term, the member's account will be debited for the remainder of all outstanding membership fees, plus a cancellation fee equal to half of the remaining unexpired term of the contract. If the member places a stop on payments during the contract term, the member will be invoiced for the remainder of all outstanding fees plus the cancellation fee (as above), and all other costs associated with any recovery process.
- Except to the extent that disclosure is necessary in order to process debit payments, investigate and resolve disputed transactions or is otherwise required by law, the Debit User will keep details of the member's account and debit payments confidential.
- Where a member is making payment by credit card, application cannot be processed without full direct debit account information.
- The company reserves the right at all times to be able to make any changes to its plans or contracts and/or its pricing structure as may be necessary.

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### PAYMENT BY DIRECT DEBIT

NOTE: This is a twenty four month contract, payable either monthly or annually in advance. This contract is renewed automatically at the end of each contract term on an annual basis unless Pre-Paid Legal Services Pty Ltd is otherwise advised in writing no later than 7 days prior to the date for renewal.

I/We acknowledge and accept the terms of this Direct Debit Request Service Agreement and authorise and request Pre-Paid Legal Services Pty Ltd (User ID no. 174603) (Debit User), to arrange for my/our account (as described in the schedule above or other account as advised from time to time) to be debited as specified below, along with any other amounts as may be required under my membership, or provided that if no amount is specified, the account may be debited with any amounts which the Debit User may properly debit or charge me/us through the Direct Debit System.

Account in the name of		BSB Number		Account Number	
Name of Bank/Building Society or Credit Union		Bank/Building Society or Credit Union Address			
Account Holder's Signature	Date	Joint Account Holders Signature (if req'd)		Date	
	/ /			/ /	

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### PAYMENT BY CREDIT CARD (if paying by credit card, direct debit details are also required)

<input type="checkbox"/> Initial payment only	<input type="checkbox"/> Visa	Card Holder's Name		Card Number	
<input type="checkbox"/> Ongoing payment	<input type="checkbox"/> Mastercard				
<input type="checkbox"/> Please debit as my primary / secondary account	<input type="checkbox"/> Bankcard	Expiry Date		Account Holder's Signature	
(Credit card payments will incur an additional fee of 5% to cover merchant service fees)		/			

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## PERSONAL MEMBERSHIP PLANS

New Applicants requiring one of the following plans;

**Legal Access, Value, Employee/Contract, Singles, Family and Rural Producer** are required to complete the following personal member information sections:

- Section 1: Date of Application
- 2: Type of plan being taken out (if more than one plan being taken out please tick the appropriate boxes)
- 3: Member information - Please complete 3a, 3c & 3d in full. If you are nominating a partner or spouse as part of a Value, Family or Rural Producer Plan please ensure you also complete section 3b.
- 4: Only complete if nominating dependents under a Family Plan.
- 7: Please sign as the member, and complete the question below this section.

## Payment Information

- Section 8: Please tick the box to indicate the plan(s) you are taking out and your elected payment schedule. (Monthly or Annually)
- Section 9: If paying by direct debit please complete in full the PAYMENT BY DIRECT DEBIT section and sign and date as Account Holder. If more than one signatory required, please **complete both** signatory areas and date.
- Section 10: If paying by Credit Card please complete in full the required PAYMENT BY CREDIT CARD information and sign as Account Holder.

**Please note:** If paying by credit card, direct debit details are also required to be completed in full and signed and dated as the account holder.

## BUSINESS MEMBERSHIP PLANS

New Applications requiring one of the following plans;

**Business Basics, Home Based, Small Business, Extended Business and Rural Producer** are required to complete the following business member information sections:

- Section 1: Date of Application
- 2: Type of plan being taken out (If more than one plan being taken out please tick the appropriate boxes)
- 5: Business Information - Please complete all of section 5 in full. If you are taking out a rural producer plan you must also complete sections 3 & 4 where applicable. For those taking out business plans and also require personal plan coverage complete sections 3 & 4 of the personal member information sections where applicable.
- Section 6: Please print the owners or directors name and date of birth (if more than two owners or directors please advise in writing their details or complete an additional Application Form.
- Section 7: Please sign as Owner(s)/Director(s) and complete the question below this section.

## Payment Information

- Section 8: Please tick the box to indicate the plan(s) you are taking out and your elected payment schedule. (Monthly or Annually)
- Section 9: If paying by direct debit please complete in full the PAYMENT BY DIRECT DEBIT section and sign and date as Account Holder. If more than one signatory required, please **complete both** signatory areas and date.
- Section 10: If paying by Credit Card please complete in full the required PAYMENT BY CREDIT CARD information and sign as Account Holder.

**Please note:** If paying by credit card, direct debit details are also required to be completed in full and signed and dated as the account holder.