



estate preservation network®
Protecting *tomorrow's* legacy. **Today.**

SeniorShield®
The Protection Plan for Seniors

Questions? Call Toll Free (877) 249-6047

Email Application to: Info@TheEPN.com or Fax to: (512) 260-2114 or Mail to Address below

MEMBERSHIP APPLICATION

(PLEASE PRINT)

First Name: MI:

Last Name:

SSN#:

Spouse First Name:

Spouse Last Name:

Address 1:

Address 2:

City: State: **TEXAS**

Zip Code: County:

Email: Primary Phone:

INITIAL ENROLLMENT FEE
\$49.95

Plus MEMBERSHIP FEE
CHOOSE *ONE* ONLY:

MONTHLY FEE \$19.95

ANNUAL FEE \$215.00

I Authorize the *Initial Credit Card charge* of **\$69.90** and future charges of **\$19.95 each month** on the date below.

I Authorize my *Initial Annual Membership Credit Card Fee charge* of **\$264.95** now and the *future Annual Fee charge* of **\$215.00** each year on the date below.

TOTAL PAID: \$

Select Credit Card Payment: MasterCard VISA Discover American Express

Card Number: Expiration Date: ___/___

Security Code:

- I have, or have **NOT** already enrolled online through the EPN website. I enrolled online on: (Mo/Day/Yr) _____
- Draft my Monthly **\$19.95** Fee on the ___ day of each month. Draft my *initial* \$69.90 on: (Mo/Day/Yr) _____
- Draft my Annual **\$215.00** Fee payment *each* year on the **Anniversary Date** below for this Membership.

Signature of Authorized Credit Card Holder:

X _____
I agree to pay above total according to my card issuer Agreement.

As the new Named Member, I understand that my Initial Membership Fee of **\$ 49.95** and my (Check One):

Monthly Fee of **\$19.95** or Annual Fee of **\$215.00**, paid as designated above, entitles me to receive all of the benefits of the Estate Preservation Network **SeniorShield® Protection Plan for Seniors**. This Agreement shall remain in effect until Estate Preservation Network, LLC has received written notice of cancellation and has had reasonable opportunity to act on it. I will receive my **SeniorShield® Legal Services Contract** which will detail all benefits of the Plan. I understand that the Attorney-Client relationship is confidential and such relationship is with my assigned Provider Attorney and not with Estate Preservation Network, LLC. This Plan shall be effective from the first date that the Named Member made their initial payment and when such payment has been accepted and processed by the Company's Home Office.

I agree to abide and comply with all terms and conditions set forth by Estate Preservation Network, LLC.

Signature of Named Member: X _____ **Initial (& Anniversary) Date:** (Mo/Day/Yr) _____

Referral Code: _____ **EPN Representative Name** (PRINT) _____