BENEFICIARY DESIGNATION

I (print name)_____ hereby designate the following persons and/or entities
as primary and secondary beneficiaries of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield") Associate
Agreement number _____ benefits payable by LegalShield following my death:

Primary Beneficiary

_____
First Name   Last Name   SSN

_____
Address   Relationship

Contingent Beneficiary

_____
First Name   Last Name   SSN

_____
Address   Relationship

LegalShield shall pay any sums payable following my death under LegalShield's Associate Agreement number
_____ subject to company vesting policies, to the named Primary Beneficiary, if he or she
survives me, and if no Primary Beneficiary shall survive me, then to the named Contingent Beneficiary, and if no
named beneficiary survives me, then LegalShield shall pay all such amounts to the personal representative(s) of
my estate. In the event that a named beneficiary survives me and dies prior to receiving the entire benefit payable,
then and in that event, the remaining unpaid benefit, payable according to the terms of LegalShield's Associate
Agreement and vesting polices, shall be payable to the personal representative(s) of the estate of said deceased
beneficiary, who survived me, but died prior to receiving the total benefit. Any sums payable will not be divided
between or among multiple Primary Beneficiaries.

I may revoke or change any beneficiary designation by submission of a new Beneficiary Designation Form to
LegalShield. All prior designations (if any) of Primary and Contingent Beneficiaries are hereby revoked.

The beneficiary designated may only be changed by submission to LegalShield of a subsequent Beneficiary
Designation Form as issued and accepted by LegalShield and may not be revoked or changed by Will, codicil,
trust document or other testamentary document. LegalShield may rely on the latest Beneficiary Designation Form
in LegalShield's possession, and no change in beneficiary(ies) shall be effective until actually received and accept-
ed by LegalShield. In the event I do not designate a beneficiary, LegalShield will be entitled to make any sums
payable only upon court order, trust document, or other testamentary document.

**THE UNDERSIGNED, FOR AND ON BEHALF OF THE UNDERSIGNED AND ANY PARTY WHO MIGHT MAKE A CLAIM
UNDER OR ON BEHALF OF THE UNDERSIGNED, INCLUDING BUT NOT LIMITED TO ANY HEIRS, BENEFICIARIES,
REPRESENTATIVES, AGENTS, COUNSEL, OR SUCCESSORS OR ASSIGNS OF THE UNDERSIGNED ("AFFILIATES"),
DOES HEREBY RELEASE AND DISCHARGE LEGALSHIELD AND ITS AFFILIATES OF AND FROM ANY AND ALL
CLAIMS, DEMANDS, SUITS, ACTIONS AND LIABILITIES OR RESPONSIBILITIES OF WHATSOEVER KIND OR NATURE
ARISING OUT OF OR IN CONNECTION WITH LEGALSHIELD MAKING PAYMENT PURSUANT TO THIS BENEFICIARY
DESIGNATION FORM.**

Seal:

_____
Associate Signature

_____
Associate Number

_____
Date of Beneficiary Designation

SWORN TO and subscribed before me

this _____ day of _____, 20_____.

_____
Notary Public/Commissioner's Signature

_____
Commission Expires