



*INTRODUCING THE MOST COMPREHENSIVE IDENTITY THEFT PROTECTION IN
THE NATION*

If you answer **"YES"** to one or more of the following questions,
you will benefit by being a member of **LegalShieldsm**

Have you ever ...

- Had questions about family law, divorce, and child support or visitation rights?
- Thought about writing or updating your Will and other important estate documents?
- Wanted legal assistance dealing with civil litigation?
- Worried about identity theft in financial, DMV, SSN and medical coverage?
- Wanted legal advice on real estate related questions, refinance, loan modifications, avoiding foreclosure?
- Just wanted to know your legal rights and the best move in any given situation?
- Needed legal advice on consumer issues, repair overcharges or contract review?
- Wanted legal consultation on financial matters or taxes?
- Needed assistance on motor vehicle accidents that cause a fatality by you or your children or other driver issues?
- Wanted to stop collections harassment?
- Needed legal advice when leasing or buying a new or used vehicle?
- Needed help with a pending criminal complaint against you or one of your children?
- Wanted to understand bankruptcy laws, what to expect and how to proceed?

2.1 million times annually LegalShieldsm members are calling their provider law firms for assistance on these and other legal-related issues. Join the growing number of Americans who live worry-free, every day, every night, now and forever.

An Opportunity For You To Protect Yourself And Your Family.
Voluntary Benefits Available on Payroll Deduction

Contact: Beverly Sparks, Independent Associate
601-372-6653 or 601-594-1184

Identity Theft Shield & LegalShield Benefit Summary

COMMON TYPES OF IDENTITY THEFT



Credit

Drivers
License

Employment
SSN/IRS



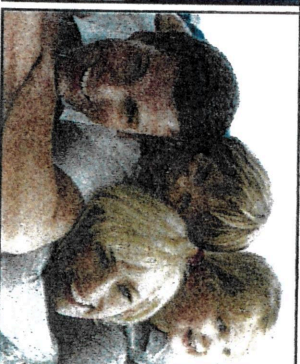
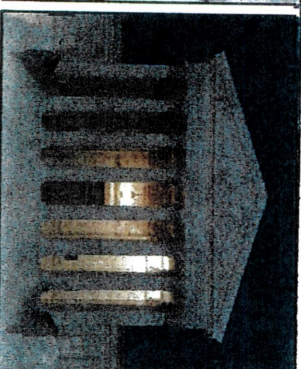
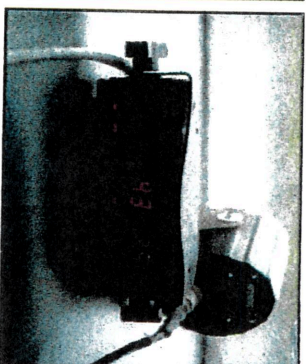
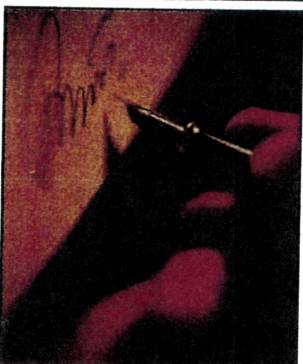
- Credit Analysis
- 24 Hour a Day Credit Monitoring
- Identity Restoration
- Coverage for Minors



Medical

Criminal
Character

Minor
Children



PREVENTIVE LAW

- Unlimited telephone consultation, personal or business, 24 hour emergency access
- Letters and telephone calls
- Legal document review
- Access to legal forms online
- Trivial to traumatic

ESTATE PLANNING

- Preparation of your last will and testament
- Annual updates included
- Preparation of a healthcare power of attorney
- Preparation of a living will

MOTOR VEHICLE

- Assistance with moving violations
- Driver's license services
- Defense of criminal charges
- Traffic accident representation

LAWSUIT & IRS

- Defense of civil actions
- Defense of job related criminal actions
- Coverage increases each year for the first five years
- IRS audit services

FAMILY COVERAGE

- Plan covers member, spouse or significant other, and qualified dependants
- 25% Discount on legal issues not otherwise covered under the plan

For Additional Information Please Contact :

P O Box 23456
Jackson, MS 39225-3456
d: 601-372-6553
c: 601-594-1184

Beverly Sparks
Independent Associate
Group Benefits Specialist
bsparks49@aol.com
www.legalshield.com/hub/stevesparks

2 Dependent Information

If you have more than five (5) 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
Name	Last	First	MI	DOB	MM	DD	YYYY
Name	Last	First	MI	DOB	MM	DD	YYYY

In AL, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. **In FL**, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **In NJ**, any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **In OR**, any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information concerning a material fact may be subject to criminal or civil penalties and/or cancellation of the contract. **In TN**, it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: I understand that the written contract sets forth the terms of my membership, including any exclusions or limitations, and agree to be bound by the same. I further understand that the company will mail the written contract to me at the address noted herein within the next fourteen days. If I have not received my contract within that time frame, I understand that it is my responsibility to call LegalShield to obtain a copy. The written contract, together with this application, constitutes the entire agreement between the company and the member with respect to the membership, and there are no agreements, understandings, or representations other than as set forth herein and in the membership contract.

I hereby acknowledge that on this date, I purchased this plan in the city of _____ in the state of _____. By signing this application I certify I am legally residing in the United States and agree to the above Authorization of Payment and membership fees selected above.

Employer _____ Occupation _____

Signature of Applicant **X** _____

3 Payroll Deduction Authorization

Today's Date MM / DD / YYYY

Applicant's SSN _____ For Internal Use Only

Applicant's Name Last First MI

I hereby authorize (Company Name) _____

City _____ State _____ to deduct \$          

per (Circle one: week / month / other _____) from my earnings for my LegalShield, and subsidiaries membership and to remit such amount directly to LegalShield. I agree that the company will not be responsible or liable for my decision to purchase the LegalShield membership or the services provided through my membership and that company's sole responsibility is to withhold and pay my membership fee to LegalShield.

Signature of Applicant **X** _____