

NEW BROKER BENEFITS AGREEMENT

NUMBER OF ENROLLING BROKER

4	0	0	8	5	1	8	8
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A P P L I C A N T

Applicant's Social Security No. - -

Home Telephone - -

Work Telephone - -

First Name MI Last Name Date of Birth - -

Spouse or Partner's First Name (Optional for Recognition) MI Last Name Date of Birth - -

Mailing/Shipping Address (NO P.O. BOXES PLEASE) Apt.# or Suite#

City State Zip Code

H O U S E H O L D

LIST OF HOUSEHOLD MEMBERS
If needed, please attach separate sheet for additional household members

E-Mail Address*

First Name MI Last Name Date of Birth - -

P A Y M E N T

I WANT TO PAY MY MONTHLY OR QUARTERLY FEE: 3rd of Month 18th of Month

BANK DRAFT:
By submitting your enclosed voided check, you are authorizing a draft of your checking account until AmeriPlan or your bank is notified in writing of cancellation.

CREDIT CARD: Visa MasterCard Discover American Express

Credit Card Number Expiration Date

X

SIGNATURE OF CREDIT CARD OR BANK ACCOUNT HOLDER _____

MONTHLY OR QUARTERLY PAYMENTS MUST BE MADE BY ELECTRONIC BANK DRAFT OR BY CREDIT CARD. INVOICING IS AVAILABLE FOR ANNUAL MEMBERSHIPS ONLY WITH FIRST YEAR PAID IN ADVANCE.

OPTIONAL - \$15 MONTHLY FEE ICP (INTERNET COMMERCE PACKAGE)

INCLUDES:

- * Two e-commerce enabled Web sites
- * One for enrolling members
- * One for enrolling Brokers
- * Media Streaming • Combined broker/member Web site

Check here if you wish to subscribe to the ICP. The amount for the ICP (\$15 per month, \$45 per quarter or \$180 annually) will be added to your recurring Broker Benefits Fee and will be collected in the same payment mode. Please include the appropriate ICP fee with your initial Broker Benefits Fees.

***E-MAIL ADDRESS REQUIRED!**

I agree to the terms and conditions set forth in this Agreement. Furthermore, this Agreement will automatically renew unless cancelled with a thirty-day written notice after the initial year. I understand that this Agreement is on an annual basis and **AmeriPlan University tuition and all Broker Benefits Fees are non-refundable.** Under penalties of perjury, I certify that: The number shown on this form is my correct social security number or taxpayer identification number.

X

SIGNATURE OF NEW BROKER (REQUIRED) _____ DATE _____

W A Y S T O G E T S T A R T E D

CHOOSE ONE

REQUIRED \$95 – BASIC BROKER

- Broker Kit
- One-Time Registration Fee
- Initial Payment of Recurring Broker Benefits Fee

Select the amount and payment mode

\$95 Initial Fee - Includes \$35 per month Broker Benefits Fee

\$165 Initial Fee - Includes \$105 per quarter Broker Benefits Fee

\$480 Initial Fee - Includes \$420 per year Broker Benefits Fee

OPTIONAL \$295 – BASIC BROKER INCLUDING AMERIPLAN UNIVERSITY

- Broker Kit
- One-Time Registration Fee
- Initial Payment of Recurring Broker Benefits Fee
- AmeriPlan University Tuition - \$200

Select the amount and payment mode

\$295 Initial Fee - Includes \$35 per month Broker Benefits Fee

\$365 Initial Fee - Includes \$105 per quarter Broker Benefits Fee

\$680 Initial Fee - Includes \$420 per year Broker Benefits Fee

\$895 VALUE FOR \$495

OPTIONAL - BASIC BROKER INCLUDING APP-PAK AND AMERIPLAN UNIVERSITY

- AmeriPlan Power Partners "APP PAK" **
*Special Value Sales Aid Package - \$600 Value for \$200
- Broker Kit
- One-Time Registration Fee
- Initial Payment of Recurring Broker Benefits Fee
- AmeriPlan University Tuition - \$200

Select the amount and payment mode

\$495 Initial Fee - Includes \$35 per month Broker Benefits Fee

\$565 Initial Fee - Includes \$105 per quarter Broker Benefits Fee

\$880 Initial Fee - Includes \$420 per year Broker Benefits Fee