NEW BROKER BENEFITS AGREEMENT

NUMBER OF ENROLLING BROKER

APPLICANT

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**

E-Mail Address*

LIST OF HOUSEHOLD MEMBERS

If needed, please attach separate sheet for additional household members

HOUSEHOLD

First Name	MI	Last Name	Date of Birth
			__ – __ – __
			__ – __ – __
			__ – __ – __

PAYMENT

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

❑ BANK DRAFT:

By attaching my enclosed voided check and/or my signature below, I authorize a recurring draft of my checking account or charge to my credit card account until I notify AmeriPlan® in writing of cancellation.

❑ CREDIT CARD: ❑ Visa ❑ MasterCard ❑ Discover ❑ American Express

Credit Card Number | Expiration Date MO. YR.

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.

AMERIPLAN USA CORPORATION®

For Office Use Only

AGREEMENT

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 all 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

WAYS TO GET STARTED

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

$695 VALUE FOR $295

OPTIONAL $295 – BASIC BROKER INCLUDING APP PAK

- Broker Kit
- One-Time Registration Fee
- Initial Payment of Recurring Broker Benefits Fee
- AmeriPlan Power Partners "APP PAK" (Special Value Sales Aids Package — $600 Value for $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

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!**