WORLDWIDE TRAVEL PROTECTION PLAN MEMBERSHIP APPLICATION

	Applicant Name			_ Date of Birth	Sex		
	*Current Residence Address	SS					
	City	State	Zip	Phone			
	Email Address						
	Emergency Contact Name			Relationship			
	City	State	Zip	Phone			
	MEMBERSHIP BENEFITS						
	 Membership card to carry with Service by IEA's network of quantransport providers Assistance in obtaining discour family members 	nalified service and	to • Girning an • Be	ccess to IEA's 24-hour pll free at (877.288.8114 uaranteed payment (up to transport providers enefits are transferable to tates or Canada) o \$5,000) to qualific	ed service	
appropria receiving and transp personal i all transp first, addi war, terro *Residen Verificati deemed the subsequei Canada o	ent of member's demise while traveling more te means, facilitate all necessary document service provider and the member's family port provider(s) for all of the above describerepresentative as a transport and return facilitional costs will be incurred and no claims orism, or occurrence of death outside the Ucce is defined as the place of residence(s) on of residence(s) will be required at the her residence if the stay has exceeded 90 dant travel upon the member's return to the nly, unless individual state law precludes stored ORS692.040 (3) (4). IEA is not provident.	ation as required and ma If necessary, IEA will f red arrangements (up to a litator. In order to receivated by IEA through IE, for reimbursement will be mited States or Canada who for 90 days or more in time transport arrangements. If enrollment in IEA dir residence(s). DISCL uch. IEA acts on behalf	aintain appropriate of acilitate the procure maximum of five two transport benefits A's selected qualifies accepted by IEA. The traveling for the most the twelve monthers are facilitated by occurs while travel of its member as a	communications between the sement of consular services. IE housand dollars) at no additions described herein, IEA (or IE, ed service provider network. Benefits hereunder will not a especific purpose of receiving ans preceding the date of deat by IEA. A nursing home, fossing away from the residence(sets under this membership are professional transport facilitations.	ending service provider, A will wire required pay nal cost to member. IEA A seller representative) r ff IEA (or its seller reprepply in the event of deat medical care outside the h. A member may have ter home or medical instead of the available to legal citizator and assures compliant	transport carrier, your ment to the qualified service will act as the member's nust be contacted first and sentative) is not notified h caused by suicide, acts of a United States or Canada. The more than one residence, itution (or like kind) will be benefits become effective for the soft the United States and ce with OAR 830-030-0060-	
	or related merchandise of any kind as defin						
	time Membership	\$39	99 Includes	benefits mentioned above, me	mbership identification of	eard, database entry,	
Selec		ised	transport return cre	ration, access to IEA's 24 hour arrangements through IEA's remated or mortal remains in a funeral facility near the members.	network of qualified tran minimum appropriate tra	sport providers to nsport container to a location	
transport providing is not contrefunded	rent of my demise while traveling more tand return arrangements in accordancy funeral or cremation services or relamprised of or represented as insuranced after 30 days from the date herein. I EA of such change of residence in order	ce with this membersh ted merchandise now e or pre-paid funeral or also understand that m	my *residences(s) ip agreement. I u or into the future r cemetery arrang y IEA Membersh	, I authorize IEA or its age inderstand that IEA is simp under this membership agr ements of any kind. Amou ip is transferable to a new	nt(s) to facilitate and poly a professional transferement. I also undersonts paid by the memb	pay for all necessary sport facilitator and is not stand that my membership for herein will not be	
Member	(Applicant) Signature				Date		
IEA Selle	IEA Seller Representative ("Seller") Name			Seller Firm Name			
Seller Fir	m Address			City	State	Zip	
Seller Sig	gnature		1	Date	Phone		
PAYM	ENT —Paid in Full Billing	g ACH	Make c	heck or money order payal	ole to Essential Planni	ng Group.	
Check #	Check Amount	Account N	Jame				

representative is authorized to make verbal agreements other than those contained herein. Membership is not insurance or a prepaid funeral plan.

Buyer may cancel this transaction with full refund at any time up to midnight of the 30th day after the date of this transaction. No Seller