

Law Offices of Douglas E. Koenig, PLLC
Annual Membership Plan - ENROLLMENT FORM

BENEFITS:

AMP Basic – Included with all Standard or Enhanced Estate plans, you are entitled to the following services:

- Annual health care document review. If additional changes are deemed necessary, an in-person meeting will be scheduled at our standard fee less applicable discounts.
- Quarterly electronic newsletter.
- First year Docubank Membership (a \$49 value).
- Automatic 5% discount on estate-related work.

AMP Power – For an annual membership fee of \$300, you are entitled to the following services:

- All the AMP Basic plan features.
- Receive periodic automatic updates regarding changes in laws and regulations. Updates available if needed at applicable discounts.
- Annual review of your current estate plans, trusts, and beneficiaries for other financial instruments. Includes a discussion of what you have changed in the last year and a review of your fiduciary nominations.
- Docubank membership with SAFE vault
- Built-in 10% discount on estate related work, including probate services.
- Access to Member-only workshop at reduced fee.

AMP Ultra – For an annual membership fee of \$750, you are entitled to the following services:

- All the AMP Basic and AMP Power plan features.
- Review of your Trust provisions and a review to verify accurate and appropriate funding of trust.
- Review of advanced planning documents (including corporate documents, partnership agreements, LLCs, Life Insurance Trusts, and CRTs).
- Minor amendments to your trust and other estate and health care documents for changes to trustees and beneficiary designations.
- Trust amendments at no cost to you if you are directly affected by changes in laws and regulations.
- Reasonable telephone calls and e-mails by you or your advisors regarding your trust and estate planning questions.
- Priority access to staff and attorneys.
- Built-in 15% discount on estate related work, and 20% for probate services.
- Free access to Member-only workshop.

AGREEMENT

The undersigned requests enrollment as a client in the following elected Annual Membership Plan with the Law Offices of Douglas E. Koenig, PLLC. The plan period is for one year following the execution of this Enrollment Form. The fee is deemed earned when paid.

The attorneys and staff are expressly authorized to communicate fully and freely with the following persons who may telephone or meet in person during the above-noted period regarding all aspects of the planning of each person enrolling if the person advises that an emergency situation exists and are authorized to rely on the representations of each person named below.

The undersigned will advise the Law Offices of Douglas E. Koenig, PLLC (the "Practice") immediately of any change in contact information and of any information that might affect the fair and impartial representation of the undersigned. When the enrollment and representation involves planning for spouses, any communication made by either spouse is subject to disclosure to both spouses. If only one spouse signs, the signing spouse states that the non-signing spouse agrees with the terms of the enrollment. The Practice does not represent anyone whose motives are unlawful or unethical, or when a conflict develops between clients. In these circumstances, the Practice or individual attorneys have the unconditional right and complete discretion to withdraw from this engagement.

Client Signature

Client Signature

Printed Name

Printed Name

Date

Date

COMMUNICATION METHODS

How would you prefer we communicate with you?

- Phone: _____
- E-mail: _____
- Mail: _____

PAYMENT METHOD:

- LEVEL:**
- AMP Basic** free
 - AMP Power** \$300
 - AMP Ultra** \$750

- Check. Please attach a check payable to The Law Offices of Douglas E. Koenig, PLLC.
- Credit Card:
 - Visa Mastercard

Card #: _____ Exp. Date: _____

Signature: _____ 3-Digit Security Code: _____

The annual enrollment will be automatically billed to the credit card on file on or about the annual enrollment date. A receipt will be sent to the address on file.

- I agree to allow annual billing.