



2800 Post Oak Blvd
Suite 4100
Houston, TX. 77056
Ph: (888) 341-8999
Fax: (888) 855-0666

PRE LEGAL FINANCIAL RESTRUCTURING PROGRAM

Enrollment Package

Enrollment Documentation

Prepared for:

JEANNETTE .R. VERNON

Arranged by:

Tim Gibbons
Senior Financial Specialist

CLIENT ID #: 10434

The United Employee Benefits Group

Dear JEANNETTE .R. VERNON,

Congratulations on taking control of your financial future! You have chosen to undertake a large task and like all great endeavors, knowing where to start is the first key to success. Financial freedom and independence begin with resolving outstanding debts. This can sometimes be an intimidating challenge. However, you have already taken the first, most important and most difficult step – asking for help. Asking for help is not easy and we at The United Employee Benefits Group understand that fact. We appreciate and highly value the trust you have placed in our company. We will be here to address any concerns or questions you may have at any time as we partner with you to achieve your financial goals.

United Employee Benefits Group **enrollment is easy!** You will need to be complete the following enrollment information in order for The United Employee Benefits Group to begin your settlement program. Below, you will find an enrollment checklist for your convenience. **Please follow the instructions on the checklist, and be as detailed as possible when filling out the enrollment package in order to ensure proper completion of your file.** The information you provide will be submitted to our Data Analysis department for final acceptance, and your preliminary file will be created. In order to expedite the process of your final account approval, and to ensure the program start date as outlined within the agreement, please complete the enrollment package and **FAX** the documents back to **(888) 855-0666**.

Thank you again for choosing The United Employee Benefits Group. We know this is not an easy time, but now you are on the right track with an experienced guide to help you every step of the way. **Now let's get moving!**

Client Enrollment Checklist

(Please initial each page)

Step 1: Enrollment Summary and Payment Information Sheet

- Payment Select: Option #1: Pay by Check - Must sign NSF Authorization if chosen
Option #2: Bill Pay through Personal Financial Institution – Page 3

Step 2: The United Employee Benefits Group **Service Agreements – **Please Read****

- Sign – UEBG Service Agreement - Page 4
 Sign – Client Approval / Client – Creditor Relationship - Page 5
 Sign – Payments / Refund Policy- Page 10
 Sign the “**Limited Power of Attorney**”(Notarized Copy will be requested on a later date)-Page 12
 Sign Service Agreement Enrollment Summary Page – Page 13

Step 3: Client and Creditor Enrollment Information Sheets

- Complete Client Enrollment Information Sheet
 Include State Driver's License number (ID Card), Date of Birth & Social Security number along with a **photocopy of your Driver's License**
 Complete Client Enrollment Information Sheet – PLEASE TYPE OR PRINT CLEARLY
 Complete Creditor Enrollment Sheet – PLEASE TYPE OR PRINT CLEARLY
 Include FULL complete copies of the **most recent account statements** for each creditor listed on the Creditor Enrollment Sheet

~A written **Hardship Letter** signed and dated regarding your personal situation will be requested on a later date but please feel free to include this letter within your Enrollment Package.

****NOTE:** Upon faxing your completed Client Enrollment Package, please mail all original copies of your most recent monthly statements for each enrolled credit account in order to complete the setup of your file.

PAYMENT METHODS

Please Select One Option and Circle Desired Date of Installment

Desired Date of Installment – 1st 15th 25th

OPTION #1: PAY BY MAILED CHECK - Personal checks, Cashier's checks, and Money orders.

If any Check should be returned by the financial institution as Non-Sufficient Funds (NSF), I, JEANNETTE .R. VERNON authorize The United Employee Benefits Group to collect a returned item fee of **\$30.00** per item paid by **Cashier's Check Only**.

I, JEANNETTE .R. VERNON understand and authorize all of the above as evidenced by my signature below.

JEANNETTE .R. VERNON _____ Date 10/17/2011

PLEASE SEND MONTHLY REMINDER EMAIL TO _____

OPTION #2: BILL PAY THROUGH PERSONAL FINANCIAL INSTITUTION- great way to stay on top of your Bills!
(Contact your Personal Bank for more information and availability)

USING BILL PAY ONLINE

BILL PAY ONLINE is quicker and easier than writing and mailing paper checks. Pay your bills in minutes!

BENEFITS OF USING:

- **Pay anyone, anytime**
 - Pay all your bills in one place using only one password.
 - Pay anyone you'd normally pay by check — any company or individual in the U.S.
 - Pay bills, view or cancel pending payments from your Mobile device!*
- **You're in control**
 - **Tell who, when, and how much.** Schedule one-time or recurring payments.
 - **Choose your account.** Make payments from your Personal checking account, credit card, Home Equity Line of Credit, or Personal Line of Credit.
 - **Avoid late fees and mail delays.** Payments will be sent as scheduled — on time, every time — provided you have sufficient funds available in your checking account.
 - **Get email reminders** when a payment is due or to confirm that we've sent it. There's no monthly service charge when you have an eligible checking account or keep a combined minimum balance of \$5,000 in qualifying accounts at all times.*
- **Receive and view your bills online***
 - You can choose to receive online versions of many of your bills

(*Varies with each institution, check for availability)

The United Employee Benefits Group

Service Agreement page 4

Important -- Please read before signing

This entire AGREEMENT is made this **Monday, October 17, 2011** between:

JEANNETTE .R. VERNON (hereinafter referred to as "CLIENT", even if more than one)

and

The United Employee Benefits Group,

- a financial services entity with a primary office location in Nevada:

Compliance/Payment Processing Center

Located at:

**8871 W. Flamingo Road, Suite 202,
Las Vegas, NV 89147**

CLIENT acknowledges that several associates of The United Employee Benefits Group personnel or other United Employee Benefits Group subsidiaries or partners may be involved in administration of this matter. This AGREEMENT will take effect as of the date stated above, but the effective date will be retroactive to the date The United Employee Benefits Group first provided services. This AGREEMENT will terminate when all of the CLIENT's enrolled accounts have been resolved or upon termination by either party as provided below.

JEANNETTE .R. VERNON _____ **Date 10/17/2011**

The United Employee Benefits Group

Service Agreement page 5

CLIENT APPROVAL

THIS WRITTEN AGREEMENT constitutes the full and complete agreement between JEANNETTE .R. VERNON and The United Employee Benefits Group. This written agreement supersedes any and all other agreements or understandings, whether written or oral, for the matter described in this agreement.

I, JEANNETTE .R. VERNON, VERIFY I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT AND THE ABOVE NOTICE. I ALSO VERIFY I HAVE BEEN PROVIDED WITH A COPY FOR MY PERSONAL RECORDS.

10/17/2011

PRINT CLIENT NAME

CLIENT SIGNATURE

DATE

CLIENT - CREDITOR RELATIONSHIP STATEMENT

IN ENTERING INTO THIS AGREEMENT, JEANNETTE .R. VERNON REPRESENTS THAT The United Employee Benefits Group HAS NOT, AND FURTHER UNDERSTANDS THAT The United Employee Benefits Group SHALL NOT, TAKE ANY ACTIONS TO DISRUPT THE RELATIONSHIP BETWEEN CLIENT AND ANY CREDITORS OR PERSONS WITH WHOM CLIENT HAS ANY CONTRACTUAL OR BUSINESS RELATIONSHIP.

CLIENT HAS ENGAGED The United Employee Benefits Group **FOR THE SOLE PURPOSE OF NEGOTIATING A RESOLUTION OF SAID CREDITORS WITHIN THE AGREEMENT.** CLIENT FURTHER INTENDS, BY THIS AGREEMENT, TO CREATE A CONFIDENTIAL RELATIONSHIP WITH The United Employee Benefits Group IN REGARD TO RESOLVING ANY OUTSTANDING CREDITOR CLAIMS, SUITS, OR JUDGMENTS.

I, JEANNETTE .R. VERNON, VERIFY I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE CLIENT/CREDITOR RELATIONSHIP STATEMENT AND I FURTHER AGREE AND UNDERSTAND THAT The United Employee Benefits Group **HAS NOT AND SHALL NOT TAKE ANY ACTIONS, VERBAL OR OTHERWISE, TO DISRUPT THE CLIENT/CREDITOR RELATIONSHIP. I HAVE ENGAGED** The United Employee Benefits Group **FOR THE SOLE PURPOSE OF NEGOTIATING A RESOLUTION OF SAID CREDITORS WITHIN THE AGREEMENT.**

10/17/2011

PRINT CLIENT NAME

CLIENT SIGNATURE

DATE

2800 Post Oak Blvd
 Suite 4100
 Houston, TX. 77056
 Ph: (888) 341-8999
 Fax: (888) 855-0666

The United Employee Benefits Group

CLIENT ENROLLMENT Information

Important - Please be as detailed as possible. The following page is required so we can effectively communicate with your creditors.

| | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHECK ONE <input type="checkbox"/> New Account <input type="checkbox"/> Update Account | TYPE OF ACCOUNT (CHECK ALL THAT APPLY) <input type="checkbox"/> Consumer <input type="checkbox"/> Business <input type="checkbox"/> Joint Account <input type="checkbox"/> Single Account <input type="checkbox"/> Other |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PRINT OR TYPE ONLY - CLIENT INFORMATION

| | | | | |
|------------|--------|-----------|-----------------|--------------------------------|
| FIRST NAME | MIDDLE | LAST NAME | SUFFIX (Sr, Jr) | MAIDEN NAME or OTHER NAME USED |
|------------|--------|-----------|-----------------|--------------------------------|

| | | | |
|-----------------|------|-------|----------|
| CURRENT ADDRESS | CITY | STATE | ZIP CODE |
|-----------------|------|-------|----------|

| | | | |
|------------|------------|-----|------------------|
| HOME PHONE | CELL PHONE | FAX | EMAIL (Required) |
|------------|------------|-----|------------------|

| | | | |
|--------------------------------------------|-------------|-----------------------------------|--------------------------|
| DRIVERS LICENSE/STATE ISSUED ID (Required) | DL/ID STATE | SOCIAL SECURITY NUMBER (Required) | DATE OF BIRTH (Required) |
| | | -- -- Mo. Day | Yr |

| | | | |
|------------------|------|-------|----------|
| PREVIOUS ADDRESS | CITY | STATE | ZIP CODE |
|------------------|------|-------|----------|

EMPLOYMENT INFORMATION

| | | |
|---------------|----------|-------|
| EMPLOYER NAME | POSITION | YEARS |
|---------------|----------|-------|

| | | | |
|------------|------|----------|---------------------------------|
| WORK PHONE | EXT. | WORK FAX | GROSS MONTHLY INCOME (Required) |
|------------|------|----------|---------------------------------|

| | | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------|
| ARE YOU CURRENTLY IN THE ARMED SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF RETIRED MILITARY, DO YOU RECEIVE A PENSION? <input type="checkbox"/> Yes <input type="checkbox"/> No | OFFICE CODE ONLY |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------|

SPOUSE - COSIGNER INFORMATION

| | | | | |
|------------|--------|-----------|-----------------|--------------------------------|
| FIRST NAME | MIDDLE | LAST NAME | SUFFIX (Sr, Jr) | MAIDEN NAME or OTHER NAME USED |
|------------|--------|-----------|-----------------|--------------------------------|

| | | | |
|-----------------|------|-------|----------|
| CURRENT ADDRESS | CITY | STATE | ZIP CODE |
|-----------------|------|-------|----------|

| | | | |
|------------|------------|-----|------------------|
| HOME PHONE | CELL PHONE | FAX | EMAIL (Required) |
|------------|------------|-----|------------------|

| | | | |
|--------------------------------------------|-------------|-----------------------------------|--------------------------|
| DRIVERS LICENSE/STATE ISSUED ID (Required) | DL/ID STATE | SOCIAL SECURITY NUMBER (Required) | DATE OF BIRTH (Required) |
| | | -- -- Mo. Day | Yr |

| | | | |
|------------------|------|-------|----------|
| PREVIOUS ADDRESS | CITY | STATE | ZIP CODE |
|------------------|------|-------|----------|

SPOUSE - COSIGNER EMPLOYMENT INFORMATION

| | | |
|---------------|----------|-------|
| EMPLOYER NAME | POSITION | YEARS |
|---------------|----------|-------|

| | | | |
|------------|------|----------|---------------------------------|
| WORK PHONE | EXT. | WORK FAX | GROSS MONTHLY INCOME (Required) |
|------------|------|----------|---------------------------------|

| | | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------|
| ARE YOU CURRENTLY IN THE ARMED SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF RETIRED MILITARY, DO YOU RECEIVE A PENSION? <input type="checkbox"/> Yes <input type="checkbox"/> No | OFFICE CODE ONLY |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------|

COMMERCIAL ACCOUNT INFORMATION

| | | |
|---------------------------------------|----------------|--------------|
| COMPLETE BUSINESS NAME/CORPORATE NAME | BUSINESS PHONE | BUSINESS FAX |
|---------------------------------------|----------------|--------------|

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| BUSINESS TYPE (CHECK ONLY ONE) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Sub Chapter "S" <input type="checkbox"/> Sub Chapter "C" | FEDERAL TAX ID NUMBER (Required): |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

| | | |
|-------------------------|------------------|---------------------|
| DBA NAME (IF DIFFERENT) | YEAR ESTABLISHED | NUMBER OF EMPLOYEES |
|-------------------------|------------------|---------------------|

| | | | |
|------------------|------|-------|----------|
| BUSINESS ADDRESS | CITY | STATE | ZIP CODE |
|------------------|------|-------|----------|

| | | | |
|-----------------|------|-------|----------|
| MAILING ADDRESS | CITY | STATE | ZIP CODE |
|-----------------|------|-------|----------|

| | | | |
|-------------------------|-------|------|------------------|
| NAME OF PRIMARY CONTACT | PHONE | EXT. | EMAIL (Required) |
|-------------------------|-------|------|------------------|

AUTHORIZED SIGNATURE

I, JEANNETTE .R. VERNON, understand that The United Employee Benefits Group shall not disclose to any third party, and shall retain in strictest confidence all information and data belonging to or relating to the above information, and will safeguard such information and data by using the same degree of care that I would use to protect confidential information. I authorize The United Employee Benefits Group to disclose its name, address and other basic demographic information to any third party who requests or otherwise has a reason to know such information.

X

| | |
|---------------------------------------|-------|
| <u>JEANNETTE .R. VERNON</u> Signature | Dated |
|---------------------------------------|-------|

JEANNETTE .R. VERNON _____ Client ID #:10434
 The United Employee Benefits Group All Rights Reserved.
 10/17/2011 PG 6 of 13

The United Employee Benefits Group

CREDITOR ENROLLMENT SHEET Information

Important - Please be as detailed as possible. The following page is required so we can effectively communicate with your creditors.

| CREDITOR 1 INFORMATION | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |
| CREDITOR 2 INFORMATION | | | |
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |
| CREDITOR 3 INFORMATION | | | |
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |
| CREDITOR 4 INFORMATION | | | |
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |
| CREDITOR 5 INFORMATION | | | |
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

**** NOTE: Please FAX to (888) 855-0666 or Scan to customercare@uebg.org the most recent statement, including transaction summary, for each account listed ****

The United Employee Benefits Group

CREDITOR ENROLLMENT SHEET Information

Important - Please be as detailed as possible. The following page is required so we can effectively communicate with your creditors.

CREDITOR 6 INFORMATION

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

CREDITOR 7 INFORMATION

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

CREDITOR 8 INFORMATION

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

CREDITOR 9 INFORMATION

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

CREDITOR 10 INFORMATION

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

**** NOTE: Please FAX to (888) 855-0666 or Scan to customercare@uebg.org the most recent statement, including transaction summary, for each account listed ****

The United Employee Benefits Group

CREDITOR ENROLLMENT SHEET Information

Important – Please be as detailed as possible. The following page is required so we can effectively communicate with your creditors.

CREDITOR 11 INFORMATION

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

CREDITOR 12 INFORMATION

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

CREDITOR 13 INFORMATION

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

CREDITOR 14 INFORMATION

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

CREDITOR 15 INFORMATION

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| CREDITOR NAME | ACCOUNT NUMBER (Required) | CURRENT BALANCE (Required) | |
| NAME ON ACCOUNT | NAME OF COSIGNER (If Any) | IS THIS ACCOUNT CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, HOW FAR DELINQUENT? Mos. Yrs. |
| HAS THIS ACCOUNT GONE TO COLLECTION? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, PLEASE GIVE NAME OF COLLECTION AGENCY | | PHONE NUMBER |
| TYPE OF ACCOUNT (Check all that apply) <input type="checkbox"/> Credit Card <input type="checkbox"/> Personal Loan <input type="checkbox"/> Business Loan <input type="checkbox"/> Medical <input type="checkbox"/> Student/Education Loan <input type="checkbox"/> Military Account <input type="checkbox"/> Secured Loan <input type="checkbox"/> Repo Balance <input type="checkbox"/> Other | | | |

**** NOTE: Please FAX to (888) 855-0666 or Scan to customercare@uebg.org the most recent statement, including transaction summary, for each account listed ****

The United Employee Benefits Group

Service Agreement page 10

Important -- Please read before signing

Client payments are the property of the client and are refundable except:

United Employee Benefits Group recognizes to help most clients in financial distress requires concessions from all sides involved and not just that of the creditors. Clients recognize many valuable compliance related services as well as many consulting hours are performed on behalf of the client in advance of fees being paid and that fees are set forth for recovery through the agreed signed service agreement dealing with clients overall debt management (these fees are generously spread out over 18 months and amount to about 5% annually for this professional management service, it is worth pointing out these programs are zero interest). It is thereby agreed and understood by the client that the portions of each payment as described in the signed service agreement as service fees to be paid to The United Employee Benefits Group are mutually agreed to be non refundable. However, the remaining balances up and above those fees remain the clients and can be withdrawn at any time.

Further, it is mutually agreed that should a client terminate, withdraw, file bankruptcy or cancel for any reason be it through client choice or otherwise that all United Employee Benefits Group fees as described in the signed service agreement shall be accelerated and become due immediately and any client credit balances held by United Employee Benefits Group can and will be used to satisfy such fees before funds are dispersed back to the client and/or creditor.

I, JEANNETTE .R. VERNON VERIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT AND THE ABOVE NOTICE. I ALSO VERIFY I HAVE BEEN PROVIDED WITH A COPY FOR MY PERSONAL RECORDS.

PRINT CLIENT NAME

CLIENT SIGNATURE

DATE

NOTICE OF CANCELLATION

You may cancel this agreement, without any penalty or obligation, within three (3) days after the Agreement signature date on page 4 of The United Employee Benefits Group Service Agreement. If you cancel, the seller will return any payment made by you under this contract within 30 days after the date of receipt of your cancellation notice. To cancel this contract FAX a copy of this notice to (888) 855-0666 then mail the original signed dated copy of this cancellation notice postmarked no later than midnight CST of the third day after your dated signature on page 4 of the agreement.

By signing below, you agree to cancel all services and representations of The United Employee Benefits Group.

Please detach and mail written notice to:

**United Employee Benefits Group
8871 W. Flamingo Road, Suite 202
Las Vegas, NV 89147**

Phone: (888) 970-7999

Fax: (888) 855-0666

Email: customercare@uebg.org

| | | |
|-------------------|------------------|------|
| X | | |
| PRINT CLIENT NAME | CLIENT SIGNATURE | DATE |

**** Sign ONLY if you decide to cancel within three (3) business days ****

DO NOT INCLUDE IN ENROLLMENT PACKAGE

UNLESS YOU WISH TO CANCEL

MAKE A COPY OF THIS CANCELLATION NOTICE AND RETAIN FOR YOUR PERSONAL RECORDS

The United Employee Benefits Group

LIMITED POWER OF ATTORNEY

I, **JEANNETTE .R. VERNON** as the Principle(s) have the right and as such appoint The United Employee Benefits Group, specifically Tim Gibbons, Christine Pickering, Lini Smith, Greg Taylor, Tim Jones, Rick Stone, Lucia Heller, Angela Kidd, Victoria Cohen, Renee Evans and/or Jennifer Yoffe (hereinafter know as **ATTORNEY IN FACT**) with full power and authority to perform each and every act which may be necessary or convenient to connect with the following tasks, as fully, and for all intents and purposes as I might or could do if personally present, hereby ratifying and confirming all that my said ATTORNEY IN FACT shall lawfully do or cause to be done in my name or behalf; to wit:

TO PROACTIVELY INTERCEDE AND/OR INTERVENE AND/OR NEGOTIATE, MEDIATE, OR ARBITRATE THE RESOLUTIONS TO ANY AND ALL OF MY CREDITOR CLAIMS, SUITS, LIENS, JUDGMENTS, AND/OR DISPUTES.

Be it further known and understood that I, JEANNETTE .R. VERNON consider the failure of any creditor, third party agent collection agent or member of the bar) to recognize this Power of Attorney to intentionally be acting to interfere with my prospective contractual advantage, which may be legally actionable in tort.

NOTICE

- A. In accordance with the section 805(B) of the Fair Debt Collection Act I hereby authorize all future communications from any all government agencies, creditors, collection agents, attorneys, credit bureaus, or any other third parties to be directed to the ATTORNEY IN FACT, stated above.
- B. In accordance with the 805(C) of The Fair Debt Collection Act the recipient of an original, photocopy or facsimile of this document is specifically instructed by me, in any manner whatsoever and to direct all future communications to the designated ATTORNEY IN FACT stated above.
- C. This limited power of attorney is effective upon signing of the principal(s) and specifically authorizes the recipients authorized agent upon receipt to disclose, talk about, communicate about, convey documents to and to otherwise provide the above stated ATTORNEY IN FACT, anything and any information that they would otherwise provide to and disclose as information concerning any payable, debt, account, lien, suit, or judgment for which I am allegedly responsible, disputed or otherwise.
- D. The recipient of this **LIMITED POWER OF ATTORNEY FORM**, whether by original, photocopy or facsimile, is specifically instructed by the undersigned PRINCIPAL(S) to contact the designated **ATTORNEY IN FACT** at the addresses set forth below; in addition, under the general laws under the Fair Debt Collections Practice Act, and the Fair Credit Reporting Act, as a creditor or third party agent of a creditor, you do not have the ability to refuse to work my designated ATTORNEY IN FACT, for such would constitute a refusal to work with me. If you so choose, you do so at your own risk.

ATTORNEY IN FACT:

**United Employee Benefits Group
8871 W. Flamingo Road, Suite 202
Las Vegas, NV 89147**

**Phone: (888) 970-7999
Fax: (888) 855-0666
Email: compliance@uebg.org**

This "**Limited Power of Attorney**" is executed this **Monday, October 17, 2011**

Signature of JEANNETTE .R. VERNON



Service Agreement

Enrollment Summary Page

JEANNETTE .R. VERNON

**** Please Note:** This page must be returned with your Enrollment Package in order for the set up of your file to be completed. Once enrolled accounts have been audited, an updated service agreement will be sent with your new total enrolled debt and new

| ESTIMATED RESOLUTION PLAN COST | | ESTIMATED PERSONAL SAVINGS PLAN | |
|---------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------|---------------------|
| Total Enrolled Debt | \$ 16,000.00 | Est. Settlement Amount (Approx. 40%) | \$ 6,400.00 |
| Estimated Settlement Amount (Approx. 40% of Total Debt) | \$ 6,400.00 | Savings Budget During Initial Plan Payments | * Optional * |
| United Employee Benefits Service Fee | \$ 2,416.34 | Minimum Savings Budget During 12 Remaining Service Fee Payments | \$ 246.53 |
| Total Settlement Plan Cost | \$ 8,816.34 | Minimum Personal Savings Budget After United Employee Benefits Group Service Fee is | \$ 367.35 |
| Total Program Savings | \$ 7,183.66 | Estimated Settlement Plan Time Frame | 24 |
| Estimated Monthly Budget | \$ 367.35 | | Months |

**** NOTE:** Your estimated saving plan is the minimum suggested payments for settlements of your enrolled accounts. United Employee Benefits Group highly recommends any additional funds which may become available, be allocated towards your personal savings plan. You are encouraged to add additional funds towards your savings plan, as it is to your advantage to do so. The sooner you save money, the sooner United Employee Benefits Group can achieve your desired resolution of all enrolled accounts to be settled.

| UEBG SERVICE FEE SCHEDULE | | INSTALLMENT DAY | |
|------------------------------------|-------------|-------------------------------------------------------------|------------------|
| Total Service Fee | \$ 2,416.34 | <u>PLEASE CIRCLE YOUR REQUESTED PAYMENT DUE DATE</u> | |
| 4 Initial Payments | | 1st | 15th |
| **These payments are included | | 25th | |
| In your total service fee above | \$ 241.63 | OF EACH MONTH | |
| Remaining Service Fee Balance | | 12 Monthly Remaining Service Fee Payments | \$ 120.82 |
| After your 4 Initial Payments | \$ 1,449.81 | Personal Savings Budget During 12 | \$ 246.53 |
| 12 Monthly Remaining Service Fee | \$ 120.82 | Remaining Service Fee Payments | |
| Total Months to Payoff Service Fee | 16 | Total Monthly Budget for Your Settlement Plan | \$ 367.35 |

**** Important:** The above installment schedule is the United Employee Benefits Groups recommended payment and personal **Any changes require advance notice to the United Employee Benefits Group.**
All payments are due within 5 days of Payment Due Date.

JEANNETTE .R. VERNON _____ Date **10/17/2011**

YOUR PERSONAL PRE LEGAL FINANCIAL RESTUCTURING TEAM:

Financial Representatives:
TIM GIBBONS - (888) 674- 8999
tg@uebg.org
RICK STONE - (888) 671-7778
rstone@uebg.org
TIM JONES - (888) 671-7778
tjones@uebg.org

Financial Specialists:
FINANCIAL SPECIALIST - (888) 560- 1118
prelegal@uebg.org