LEGALVAULT®

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Renewal Form

Extend Your Protection!

To ensure continued access to critical documents and information, please take a few minutes to complete this form.

1. Review & Update Medical Information

Log in with your username and password at legalvault.com/renew to update your healthcare information. Once you are logged in, you can also extend your subscription online or return this form to us.

2. Update Address (Your LegalVault Card will be mailed to this address)

Mailing Address	City, State & Zip Code	
Date of Birth	**Home Telephone**	**Alternative Telephone**

3. Select Renewal Term

☐ 1 Year - $45.00 ☐ 3 Year - $95.00 ☐ 5 Year - $145.00 ☐ 7 Year (BEST VALUE) - $99.00

4. Submit Payment

☐ Pay by Check (Please enclose with form, make payable to Zola Media LLC)

☐ Pay by Credit Card (Please enter details below)

Name on Card	Credit Card Number	Exp. (MM/YY)
Billing Address		
Billing City	**Billing State**	**Billing Zip**

Client Certification: I request that Zola Media (LegalVault) electronically store my legal healthcare documents and other healthcare information and to make such information available to my healthcare providers. I am aware that my legal healthcare documents and healthcare information are going to be made available to anyone who has access to my security access code and I will not hold LegalVault or my sponsoring law firm responsible for any unauthorized access. I certify that the information supplied to LegalVault by me on this form is correct and that the stored documents are my current legal healthcare documents and information. I agree to immediately notify LegalVault in writing or by logging on to their secure website in the event I revoke or modify any of my legal healthcare documents or healthcare information or to convey my desire to terminate this service. I will indemnify and hold harmless LegalVault and my sponsoring law firm for any damages resulting from their reliance on these certifications or on any inaccurate information I supply or for any unauthorized use of this service. By providing a fax number for my physician, I am granting LegalVault and my sponsoring law firm permission to provide an enrollment notification fax to my physician. I understand that I am enrolling in this service for convenience of access and not relying on LegalVault or my sponsoring law firm for the exclusive storage of my documents and information.

Signature: ______________________________ Date: _________