



Dear Member,

Thank you so much for your support of Final Exit Network and its mission. As a FEN member, you have an opportunity to register with the U.S. Advance Care Plan Registry. The Registry is a secure, on-line database where you can store your advance directive and/or organ donor information. Documents can be easily accessed by you, or any health care provider. It is completely confidential, just like a medical record. Once registered, you will receive labels to affix to your insurance card and driver's license stating your advance directive is registered. Take advantage of this great program!

To participate in the Registry, complete the enclosed application form and return it **BY MAIL** to:
U.S. Advance Care Plan Registry
PO Box 2789
Westfield, NJ 07091-2789

The application form must be returned to the Registry by mail (not email) along with fully executed copies of your health care documents. **Do not send original documents. Do not include your last will and testament. The Registry accepts health care documents only.** Once you are registered and your documents provided, the Registry will provide you with a way to review and update your documents online.

FEN's role in this process is to provide the free member benefit and application form. We do not assist with completion of your documents. Questions should be directed to the Registry at 800-548-9455 or admin@uslivingwillregistry.com.

Final Exit Network offers Exit Guide services at no cost to all competent adults who apply and are approved. Further details are provided on our web site at www.finalexitnetwork.org. If you belong to an organization that would welcome a Final Exit Network speaker, please contact us through our website or phone 866-654-9156.

Membership dues and donations are Final Exit Network's primary source of funds. They fund our Exit Guide Program, our Magazine, our Speakers Bureau, and all the activities that are essential to our continued existence. We need more members, so please help us expand our membership by telling others about us!

We are pleased to have you as a member. Thank you for your support.

Brian Ruder

President

U.S. Living Will Registry® Registration Agreement

Registrant's Identifying Information (Please print clearly)

SOURCE CODE: 13115502

Name: First _____ Middle _____ Last _____ Suffix _____

Social Security # _____ - _____ - _____ Date of Birth Month ____ Day ____ Year _____ (4 digits)

Street Address _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

EMAIL address for Registrant or Emergency Contact: _____

* Annual update reminders will be sent via email (email addresses will not be shared or sold)

Emergency Contact Name: _____ Relationship: _____

Address: _____

Primary Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

I, _____ ("Registrant" or "I"), authorize U.S. Living Will Registry®, with offices at 808 South Ave. West, P.O. Box 2789 Westfield, NJ 07091-2789 ("Registry"), to electronically store a copy of my advance directive(s) provided to Registry with this registration form or subsequently, including but not limited to a living will, health care proxy, durable power of attorney for health care and/or financial matters, Medical or Physician Orders for Life-Sustaining Treatment (MOLST or POLST) organ donation wishes and emergency contact information ("Advance Directives"). I further authorize the Registry to make available a copy of the stored Advance Directive(s) to any health care provider or other person believed charged with giving effect to my Advance Directive(s) or assisting in same, who requests it in conjunction with my care, provided such a request is consistent with the Registry's policies and procedures, or as deemed advisable by the Registry in an emergency situation, or as required by law. The Advance Directive(s) that I am providing is my current, effective Advance Directive(s), and was signed and witnessed in accordance with the law of the state of my residence.

I hereby authorize Registry to make available a copy of my Advance Directive(s) to hospitals, physicians, or other health care providers involved with my care, or anyone who has access to the wallet identification ("ID") card provided to me by Registry. I understand this authorization is voluntary. I agree to notify Registry immediately if I decide to revoke or change my Advance Directive(s) stored with Registry and to provide Registry with a copy of any additional Advance Directive(s) that I sign. I understand that unless I terminate this authorization or inform Registry of revocation or changes to my Advance Directive(s), the Advance Directive(s) stored with Registry will be provided to health care providers in accord with Registry policies and practices.

I understand that Registry makes no representations about the validity of my Advance Directive(s) under federal or state law and that Registry bears no responsibility for the actions taken by health care providers in relation to my Advance Directive(s). I hereby waive any and all legal claims against Registry for the actions and omissions by any health care providers who receive a copy of my Advance Directive(s) from Registry and for any damages arising from the transmission or disclosure of the Advance Directive(s) I provide to Registry. Registry shall not be liable for the loss, destruction or unavailability of all or part of my Advance Directive(s).

I understand that I may revoke this authorization at any time by giving written notice of my revocation to Registry. This Agreement will remain in force until revoked by me or until terminated in accordance with the agreement between me and Registry or until registration is cancelled pursuant to the Registry's policies and procedures. When the Agreement is terminated, I understand that Registry will remove my Advance Directive(s) from its files.

I understand that anyone who gains access to my wallet ID card provided by Registry can use it to gain access to my Advance Directive(s) and personal information stored with Registry, and I will not hold the Registry liable for such authorized or unauthorized access.

I hereby agree to the terms set forth herein.

X _____ DATED: ____/____/____
Signature of Registrant