

Date \_\_\_\_\_

Representative (teller #) \_\_\_\_\_

Referred by \_\_\_\_\_

2034 - online - \_\_\_\_\_  
Financial Institution#      Branch#      Account#

### Account Type

Joint       New       Individual

**Please fill out the following information for our records:**  
*(Please print legibly or use your computer to enter the information)*

\_\_\_\_\_  
(Primary) Last      First      Middle Initial

\_\_\_\_\_  
(Joint) Last      First      Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
Phone (Home)

\_\_\_\_\_  
Phone (Office)

\_\_\_\_\_  
E-mail Address (optional-you will receive notices from Benefits Plus®)

I(We) hereby accept Cedar Point FCU's offer to participate in the benefits program offered by Benefits Plus® Inc., and to receive specified discounts on various services. I(We) agree to pay the monthly fees in accordance with the Schedule of Fees brochure and benefits package I (We) have received. I(We) understand that Cedar Point FCU makes no representation, expressed or implied, regarding the quality of service and products provided by the participants and shall have no liability in connection therewith. All liabilities, claims, damages and demands are the sole and direct responsibility of Benefits Plus® and its independent benefits providers. I(We) hereby authorize Cedar Point FCU to release any information deemed necessary for participation in the Benefits Plus® program. I(We) understand that the benefits and services are provided by Generations Gold® a fully independent benefits provider. Either party will have the right to cancel this program at any time upon written notice, for any reason including non-payment of service fees.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Cedar Point Federal Credit Union  
22745 Maple Road  
Lexington Park, MD 20653

White Copy  
Benefits Plus Coordinator

Yellow Copy  
Member