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Benefits Plus Enrollment Form

Member Account Number _____ Deduct Monthly Fee from:
Savings Checking

Last Name (Primary) First Name Middle Initial

Last Name (Joint) First Name Middle Initial

Address

City State Zipcode

Phone Email

I (We) hereby accept Penn State Federal Credit Union's offer to participate in the Benefits Plus® featuring Ultimate ID® Plus program offered by Generations Gold Inc., and to receive specified discounts on various services. I (We) understand that the benefits and services are provided by Generations Gold Inc. a fully independent benefits provider and I (We) are responsible for reviewing the complete terms and conditions for the Program benefits and understand I can visit the Ultimate ID® Plus and/or Benefits-Plus. org websites for complete details. I (We) agree to pay the monthly fee of \$7.00 automatically deducted from my savings or checking account. I (We) understand that this financial institution 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 Generations Gold, Inc. and its independent benefits providers. I (We) hereby authorize this financial institution to release my above information for participation in the program. I (We) understand that if I close my account listed above or cancel my membership that the Identity Theft coverage will cease, along with all other benefits I may have accessed through these programs. No one can prevent all identity theft.

I (We) understand the Membership Fee applies whether or not I (We) activate Ultimate ID® Plus and whether or not I (We) qualify for all of its services. ULTIMATE ID® Plus services begin and can be utilized once I (We) successfully validate our identity and complete the activation process. The primary owner and one joint owner of the account are required to each have their own email address for activation. I (We) understand we will receive an email containing your personal activation code which is required to complete the authentication and enrollment process. If I (We) do not complete the activation process, We will still be covered by Fully Managed Identity Fraud Research, Remediation and Recovery Services, and have access to the other Benefits Plus® benefits and services included in our membership.

Ultimate ID® Plus is powered by IdentityForce® and TransUnion® brand. Other restrictions and limitations apply and are subject to change by Generations Gold, Inc., or any other related provider. Please see the Ultimate ID® Plus Terms and Conditions at www.ultimateidplus.identityforce.com for complete details. To report an identity theft incident or for assistance obtaining your activation link, please call 1.844-548-0261 and speak with a dedicated Ultimate ID® Plus recovery advocate.

Member Opt Out

Member Signature Date

CU Employee Initials _____