



Application Details

Date \_\_\_\_\_ Account # \_\_\_\_\_

Branch \_\_\_\_\_ CU Employee Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

Member Information

Last name (primary) First Name Middle initial

Last name (joint) First Name Middle initial

Last name (joint) First Name Middle initial

Address City State Zip

Phone Email

I (We) hereby accept this financial institutions offer to participate in the Benefits Plus® benefits program offered by Generations Gold 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 have received. 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 and its independent benefits providers. I (We) hereby authorize this financial institution 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 Inc. a fully independent benefits provider.

MEMBER OPT OUT

SIGNATURE \_\_\_\_\_

Office Use Only  
Back Office Employee Initials \_\_\_\_\_