

Benefits Plus® Checking Enrollment Application

Member Information:

Member # _____

I currently have a Hiway Checking account: Yes No If no, please submit completed checking account application with this form.

_____	_____	_____	_____
Last (Primary)	First	Middle Initial	
_____	_____	_____	_____
Last (Joint)	First	Middle Initial	
_____	_____	_____	_____
Last (Joint)	First	Middle Initial	
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Phone	E-mail Address		

Please review and initial the following:

I accept the 90-Day Free Benefits Plus Trial Offer. I understand that I can activate my complimentary Identity Theft Protection and that I will have access to all of the membership benefits included with the Program. After the 90-Day Free Trial, I understand my account will be debited on the first business day of each month in the amount of \$4.95. I also understand that I can opt out of the Benefits Plus Program and membership fee at any time.

I (We) hereby accept Hiway Federal Credit Union's (Hiway) offer to participate in the Benefits Plus 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 Service Fee Schedule and benefits package I have received. I (We) understand that Hiway 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 Hiway 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. Not all services available in all areas. Benefits and services are subject to change. 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.

By signing below, you agree to the terms and the fee schedule concerning the account.

Signature: _____ **Date:** _____