

**ISPFCU MEMBERSHIP ENROLLMENT/AGREEMENT**

**Member Name (print):** \_\_\_\_\_

**Checking Account Number:** \_\_\_\_\_

Member acknowledges receipt of the program membership materials and agrees to the terms of the insurance coverage, other services, any applicable monthly membership dues, and any announced changes in services or fees. The program selected includes insurance as described in the insurance certificate. Refer to insurance certificate for coverage details and all terms of the coverage.

**I have read and acknowledge receipt of the disclosures and Membership Agreement below.**

**Member Signature:** \_\_\_\_\_

*Required*

**Date** \_\_\_\_\_

**Membership Agreement** *(Please read carefully before signing)*

Upon signing this Membership Enrollment, you and any joint holders of your account, and family members if applicable, are enrolled as members of Econ-O-Check Association (EA) (Member). As soon as your signed enrollment is received by your Financial Institution (FI), your club checking account will go into effect, as well as your membership with EA. The benefits of the program, including your insurance coverage, will also take effect as of this date. Some of the benefits provided with your club checking account and EA membership may require registration and activation. These additional benefits are available to Member at no additional cost and must be requested by Member – instructions are provided in the membership kit. Benefits and/or insurance coverage will end the earliest of: (1) the first of the month after the month in which dues were last paid, (2) termination of your membership, or (3) termination of the policy. A detailed insurance certificate can be found in your membership kit. Checking account fee (if applicable) will be deducted from your checking account by your FI and will be used to cover the cost of membership dues for EA and any insurance premium. Upon completion of this enrollment form, this sponsorship results in an EA membership provided to the Member, of which your financial institution is a sponsor.

**This insurance product is not a deposit; not NCUA insured; not insured by any federal government agency; and is not guaranteed by the financial institution/affiliate.**

**For Accidental Death Coverage:**

**Account holder #1: I wish to name as my beneficiary:**

- 1. \_\_\_\_\_ Percentage: \_\_\_\_\_
- 2. \_\_\_\_\_ Percentage: \_\_\_\_\_
- 3. \_\_\_\_\_ Percentage: \_\_\_\_\_

**Account holder #2: I wish to name as my beneficiary:**

- 1. \_\_\_\_\_ Percentage: \_\_\_\_\_
- 2. \_\_\_\_\_ Percentage: \_\_\_\_\_
- 3. \_\_\_\_\_ Percentage: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Note: If there is no designated beneficiary or no designated beneficiary is living at the time of death, the benefits will be paid in accordance with the master policy on file.*

**FOR FINANCIAL INSTITUTION USE ONLY:**

Financial Services Representative: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_  Individual Account  Joint Account  
*(Date Received by FI)*

- New Membership Agreement
- Beneficiary Change