

## Identity Theft Recovery Services Selection Form

No one can completely prevent identity theft – but with the right help, you can recover from it. Identity Theft Recovery Services are now part of the comprehensive benefits for our accountholders, with an associated fee of only \$2.00 per month! As an eligible accountholder, should you suspect identity theft or become a victim of this crime, you will receive professional identity theft recovery services, including:

- **Fully Managed Identity Theft Research, Remediation and Recovery** – If you suspect identity theft, or if your personal information becomes compromised, we will assign you to a professional, certified and licensed Recovery Advocate will complete the recovery work on your behalf, report progress along the way, and be there for you until your good name is restored – no matter how long it takes! This service extends to cover you and up to **three generations of family!** Visit our website for complete Terms and Conditions.
- **Lost Document Replacement** – this service provides personalized one-on-one assistance to replace identity credential documents that have been lost, stolen or destroyed in connection with your identity fraud event.

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- YES, I WANT THE IDENTITY THEFT RECOVERY SERVICES:** I understand a fee of \$2.00 will be assessed to my account each month. I also have the right to decline these services at any time through a written notification.
- NO, THANK YOU:** I want to decline the identity theft recovery services at this time. I understand that if I become a victim of identity theft I will NOT be eligible for these services.

*You may choose to elect coverage at any time - just notify any branch representative and sign below:*

- YES, PLEASE REACTIVATE MY IDENTITY THEFT BENEFITS:** I understand a fee of \$2.00 will be assessed to my account each month. I also have the right to decline these services at any time through a written notification.

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Member Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----Below For Internal Use Only-----

**FORWARD COMPLETED FORM TO OPERATIONS SUPPORT DEPARTMENT Revised 11/5/15 Accepted By:**  
\_\_\_\_\_ Processing Employee's Initials: \_\_\_\_\_ Processing Date: \_\_\_\_\_ Fees Rebated \$ \_\_\_\_\_