

Silver STAR 55+ Plan Application

Name: _____

Address: _____

Telephone: _____

Birth Date: _____

New Account []

Existing Account [] Account # _____

SSN _____

I understand and agree to the terms of the Silver STAR 55+ Plan.

Signature

Date

For Office Use Only:

____ Date ____ User Code 55 ____ Member Warning Group3 Msg 2

____ Employee Initials ____ Card Mailed

STAR USA Federal Credit Union

The Silver STAR



55+ Plan

"Age is an issue of mind over matter. If you don't mind, it doesn't matter." ~Mark Twain

"One cannot control the length of his life, but he can have something to say about its width and depth" ~Anonymous

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