

CINFED MEMBER REFERRAL FORM

HOW TO GET \$50 FOR REFERRING A FRIEND

In Just 3 Simple Steps!

1. Complete the form below and email it to myreferral@cinfed.com.
2. **Tell your friend:** share why you love Cinfed and tell them about our special offer at cinfed.com/myreferral.
3. When your friend qualifies, **we'll deposit \$50 into your account!**

YOUR INFO

*First Name _____
*Last Name _____
*Email _____
*Phone Number _____
*Last 4 Digits of Cinfed Account _____

PREFERRED BRANCH

Colerain Eastgate
 Florence Fort Wright
 Oakley Roselawn
 Western Hills

YOUR FRIEND

*First Name _____
*Last Name _____
*Email _____
Phone Number _____

* = Required

By submitting this form, I acknowledge that my name and status as a Cinfed Member may be shared with my referral. See Cinfed.com/myreferral for complete program details, disclosures and more. Individuals may be contacted for additional information. When your referral qualifies, we'll deposit \$50 into your account. You will be notified by email of the qualification in approximately 60 days. If member does not qualify within the 60 days, they must resubmit their referral.