|  |  |
| --- | --- |
| **EARNINGS WAIVER AND TRANSFER FORM** | |
| **Charter Number** |  |
| **Credit Union Name** |  |
| **Supervisor Name** |  |
| **Examiner Name** |  |
| **CAMEL Rating / Effective Date** |  |
| **Financial Data Date** |  |
| **Total Assets** |  |
| **Total Net Worth** |  |
| **Net Worth Ratio** |  |
| **Net Worth Category** |  |

**Projected Net Income for the Quarter**

**PCA Required Income for the Quarter (.1%)**

**Is the waiver of the required earnings retention and/or earnings transfer necessary to avoid a significant redemption of shares?** (Reason for request)

Yes/No

**Would the waiver of the required earnings retention and/or earnings transfer further the purpose of PCA?** (Is action plan appropriate to increase net worth?)

Yes/No

Yes/No

**Are projected dividend rates reasonable?** (If not included with request, examiner needs to contact CU (or SSA if needed) for documentation)

**Comments and Other Pertinent Information:** (Optional)

**APPROVAL/DENIAL RECOMMENDATIONS**

*Examiner Recommendation:*

*Supervisor Concurrence:*

*Analyst Comments:*