Date

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. John Doe

Board Chairperson

ABC Federal Credit Union

Address

City, State Zip

Dear Mr. Doe:

We received your request for a waiver of the five percent fixed asset limitation on [date]. We will respond to your request by [within 45 days of receipt].

If you have any questions, please contact examiner [examiner name] at [phone number].

Sincerely,

[Name]

Director of Supervision

[Office]/[WRITER’S INITIALS]

SSIC XXXX

Charter #

cc: SE

EX

SSA (when applicable)