

Dear Summit Member,

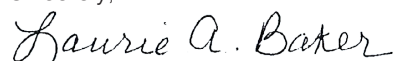
The Summit has a variety of unique programs that assist members in their daily financial lives. One way we help members each and every day is to provide affordable financial services including reduced fees, higher rates on savings and lower rates on loans.

We also provide other special programs for members of modest means. First, it's the right thing to do. We strongly believe in giving members the necessary tools and knowledge to start saving and building credit to begin on the road to a solid financial future. Second, we're a credit union and these unique programs are a big differentiator from our banking competition. Third, we believe that it is our mission to help members get on solid financial footing to help them in their daily lives.

One way that The Summit assists members is by waiving our monthly Account Maintenance Fee for qualified members. It's called the Income Exemption Program. In fact, you may be eligible right now and not even realize it. The program offers qualified members an exemption from monthly Account Maintenance Fees for a period of up to 3 years.

Please take a moment to review the eligibility requirements to the right. If you think you may be eligible for this special Summit benefit, please complete the attached application, or contact Member Services at (585) 453-7000 or (800) 836-7328. If you need more information on the Member Benefits Program or Direct Deposit, please visit [summitfcu.org](http://summitfcu.org) today.

Sincerely,



Laurie Baker

President & CEO

The Summit Federal Credit Union

## Eligibility Requirements

To qualify for this money-saving fee exemption, you must meet one of the following requirements:

### 1. INCOME REQUIREMENTS

Your adjusted gross annual income cannot exceed the following dollar amounts based on the number of persons who live in your household. A household is two or more individuals who live in the same home whose incomes are used for the financial support of each other and their dependents. A household can also consist of one person.

Number of Persons in the Household	Maximum Total Adjusted Gross Income
1	\$44,681
2	\$49,401
3	\$54,121
4	\$58,841
5 or more	\$63,561

### 2. RECEIPT OF PUBLIC ASSISTANCE

You may also qualify for the Account Maintenance Fee Exemption if you, or a member of your household, receives any form of public assistance including, but not limited to; Food Stamps, Medicaid or Supplemental Security Income (SSI).

### 3. FINANCIAL HARDSHIP

If you experience financial hardship, you may be eligible for the Account Maintenance Fee Exemption. Financial hardship might include loss of employment, serious illness of yourself or a family member, death of the primary or secondary wage earner, divorce or another type of serious financial catastrophe. In these cases, we will review your request and ask you for additional information. If you request the fee exemption due to financial hardship, your reduced gross annual income at the time that you request the exemption must be within the income guidelines as outlined in #1 above.

## Account Maintenance Fee Exemption Application

By completing this form, I am requesting an exemption to the Account Maintenance Fee for my household.

I understand that if approved, the program offers qualified members an exemption from monthly Account Maintenance Fees for a period of up to 3 years and it is my responsibility to reapply for another exemption.

If my household income changes and my household no longer qualifies for this exemption, it is my responsibility to notify The Summit.

I hereby authorize The Summit to obtain a credit report from third parties, including credit reporting agencies.

I acknowledge that The Summit may change the terms of, or revoke, the exemptions at any time without prior notice. The Summit Federal Credit Union may approve or deny this request for exemptions at its own discretion.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening Phone Number

\_\_\_\_\_  
Employer Name

(Application continues on reverse side)

## ACCOUNT MAINTENANCE FEE EXEMPTION APPLICATION



Part of The Summit's  
**Member Benefits Program**

### Documentation Requirements

When you visit a branch with your completed application, please bring one of the following proof of income:

- Your most recent signed federal or state income tax returns, or
- Recent proof of receipt of public assistance, such as a recent award letter, a statement of services, copies of checks from social security, SSI, etc., or
- Two most recent payroll earnings stubs from your employer or your most recent W-2 form from your employer, or
- A letter that explains your current financial hardship.

Note: If you file tax returns, but do not have a copy, you must request a copy from the Internal Revenue Service to meet this requirement.

Mail to:

The Summit Federal Credit Union  
Attention: Member Service Center Operations  
100 Marina Drive  
Rochester, New York 14626

**summitfcu.org**  
**585.453.7000 | 800.836.SFCU (7328)**

The Summit FCU is an Equal Housing Lender and is federally insured by the National Credit Union Administration. 03/22

My household qualifies for the Account Maintenance Fee Exemption because:

(Check one)

My household income is within the limits established by The Summit.  
(Please refer to guidelines on reverse side)

Annual Household Income \$ \_\_\_\_\_

# in Household \_\_\_\_\_

My family receives public assistance. I agree to provide The Summit proof of eligibility for the public assistance, hereby waiving any right to privacy or confidentiality in that information.

Financial Hardship (please explain):  
\_\_\_\_\_

Current Gross Monthly Income \$ \_\_\_\_\_

# in Household \_\_\_\_\_

*I hereby certify under the penalty of perjury that the statements in support of this exemption are true and correct.*

Member's Signature \_\_\_\_\_

Date \_\_\_\_\_

BRING THIS COMPLETED FORM AND APPROPRIATE DOCUMENTATION (SEE BACK PANEL) TO ANY BRANCH



#### FOR OFFICE USE ONLY

Type of Proof Received: \_\_\_\_\_

Approved: Yes  No  Verified by Teller #: \_\_\_\_\_

Flag File Maintenance Completed On: \_\_\_\_\_

Date Member Notified: \_\_\_\_\_

Misc. Info. Tracking completed on: \_\_\_\_\_

