



Hawaiian Financial Federal Credit Union

(808) 832-8700 or Toll Free (800) 272-5255

7/12/2023



000234

HAWAIIAN FINANCIAL FCU
MEMBER SERVICES
1138 N KING STREET
HONOLULU, HI 96817-3345

Dear Member:

A review of our records shows that your account number **XXXXXX** has not had a transaction for more than five (5) years and is presumed abandoned. Hawaiian Financial Federal Credit Union is required to remit funds in abandoned accounts to the State of Hawaii in accordance with the Uniform Unclaimed Property Act, Chapter 523A of the Hawaii Revised Statutes.

A member transaction or signed acknowledgement is required to reactivate your account. You may visit any of our branches or complete and sign the bottom portion of this letter. Return it to the Credit Union in the envelope provided or you may scan and email it to us by **September 1, 2023**.

If we do not receive a response from you by this date, a Special Handling of Abandoned Account Fee of \$30.00 will be assessed and any remaining funds in the above referenced account will be remitted to the State. Once remitted, you can refer to the State of Hawaii Unclaimed Property Program.

It's important to make at least one transaction on your account each year to maintain an active status. Should you have any questions, please call our Member Services Department at (808) 832-8700 or toll free at 1-800-272-5255.

Sincerely,
Member Services Department

-----✂----- Cut here and return to the Credit Union by **SEPTEMBER 1, 2023** -----✂-----

Re: Account # XXXXXX

Date: _____

By signing below I am requesting to have my account (select one): **Reactivated / Closed**

Signature: _____

Print Name: _____

Please complete this section:

Physical Address: _____

Mailing Address (If different from above) _____

Home #: _____ Work #: _____ Other #: _____

Mail form to:

**Hawaiian Financial Federal Credit Union
Attn: Member Services Dept.
1138 N King Street
Honolulu HI 96817**

FOR CREDIT UNION USE ONLY	
Date Received: _____	Sig Verified By: _____
Reactivated By: _____	Date: _____
Address/Phone Update:	
Data Entry: _____	Date: _____
Final Review: _____	Date: _____