

Re-Activation Notice

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Member Name	Acct Number	Daytime Phone	
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Address	City	State	Zip

SkyOne Federal Credit Union

By signing and returning this form, I am declaring my intention to maintain my account with SkyOne Federal Credit Union ("The Credit Union").

I understand if I do not sign this form and return it to the Credit Union, the funds in my account may be reported to the controller of my state. I also understand if I want to reclaim my account and the funds, I will be required to claim the funds directly with the state's office.

Signature

Date

MAIL TO: SkyOne Federal Credit Union
ATTN: Member Services Center
P.O. Box 5003
Hawthorne, CA 90250

FAX TO: SkyOne Federal Credit Union
ATTN: Operations Support
310.491.7410