



**ARBITRATION OPT-OUT**

I elect to opt-out of the Binding Arbitration Consent and Agreement in the Account Agreement and Truth-in-Savings Disclosure by signing this form and returning it to any LA Financial/HCCU branch office or mailing it to:

**LA Financial Federal Credit Union  
PO Box 6015  
Pasadena, CA 91102**

within 30 days after I receive and/or execute this Account Agreement and Truth-in-Savings Disclosure. Opting out of this arbitration provision shall not terminate the Account Agreement and Truth-in-Savings Disclosure or otherwise affect in any way any of the other rights and obligations of the parties hereto under the terms of the Account Agreement and Truth-in-Savings Disclosure.

---

**Signature (Primary Member)**

---

**Date**

FOR CREDIT UNION USE ONLY:

LAFFCU Officer \_\_\_\_\_ Date \_\_\_\_\_