

**WESTERN NEW YORK FEDERAL CREDIT UNION**

**STATEMENT REQUIRED BY  
DEPARTMENT OF LABOR  
REGULATION SECTION 2520.104-23**

1. Name and address of Employer and Plan Administrator:

Western New York Federal Credit Union  
7 Willowdale Drive  
West Seneca, NY 14224

**2520043381747**

2. Employer Identification Number: 16-0982318
3. The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. Number of such plans: 1
5. Number of employees covered under the plans: 1
6. The Employer will provide documents to the Secretary upon request as required by Section 104(a)(1) of ERISA.



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2600 One Commerce Square  
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James F. Podheiser  
(215) 564-8111  
jpodheiser@stradley.com

September 10, 2004

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
**7000 0600 0024 1697 9713**

Top-Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5638  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

**RE: Western New York Federal Credit Union**

Dear Sir/Madam:

On behalf of the above-referenced employer and plan administrator, I enclose a "top-hat notice" under 29 CFR Section 2520.104-23.

Please contact the undersigned if you have any questions with respect to this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James F. Podheiser". The signature is fluid and cursive, with a large loop at the end.

James F. Podheiser

Enclosure

cc: Marie T. Betti, CEO (with enclosure)

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**CERTIFIED MAIL**



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