

NATIONAL CREDIT UNION ADMINISTRATION
ALEXANDRIA, VIRGINIA 22314-3428
OFFICIAL BUSINESS



Credit Union Profile Form and Instructions Third Quarter 2009

MUST BE RECEIVED BY: October 20, 2009

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION
ADDRESSED:

This booklet contains the third quarter 2009 Profile form and instructions. All credit unions must complete all pages of this form if this is your **first time** filing this information with the National Credit Union Administration. For credit unions that have submitted this information previously, you are only required to complete the areas that have changed since the last time you filed.

This paper form is provided for your convenience; however, only credit unions with a manual filing status should complete this form and return it to the contact identified on the enclosed instructional letter. If you are currently identified as a manual filer and would like to submit your data electronically, please contact the NCUA Technical Help Support at 1-800-827-3255 to establish an online account.

Please return this booklet as soon as possible, but no later than **October 20, 2009**. Please follow the instructions on the enclosed letter carefully.

If you have any questions, please contact your National Credit Union Administration Regional Office or your state credit union supervisor, as appropriate.

CREDIT UNION PROFILE CHANGES EFFECTIVE SEPTEMBER 2009

INSTRUCTIONS FOR REPORTING REQUIREMENTS

This form has been divided into sections based on the categories in the online credit union profile. All credit unions must complete all sections if this is your **first time** filing this form with the National Credit Union Administration. **Therefore, all credit unions receiving this form for September 30, 2009 Call Report cycle, must complete the entire form, as applicable and return it to the contact identified on the enclosed instructional letter.**

For Call Report cycles after September 30, 2009: Credit unions that have submitted this information previously are only required to complete the areas that have changed since the last time they filed. If there are no changes to the area, please check the box titled "No changes"

All credit unions filing this form manually, must sign the certification page on page 1.

CERTIFICATION

Credit Union Name: _____ Charter Number: _____

I understand each operating insured credit union must update their credit union profile within 30 days of any changes and certify its accuracy every 180 days in accordance with NCUA Rules and Regulations. I hereby certify to the best of my knowledge and belief the information in the profile has been updated and is accurate. I make this certification pursuant to sections 106, 120, and 204 of the Federal Credit Union Act (12 U.S.C. 1756, 1766, and 1784).

Last Name: _____ First Name: _____ Date: _____
Please Print Certified Correct By

Full Name _____
Certified Correct By (Signature)

Last Name: _____ First Name: _____ Date: _____
Please Print Prepared By

Full Name _____
Prepared By (Signature)

CONTACTS (1)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form

The Contacts section of the profile includes all of the Officials, Disaster Recovery Contacts, Emergency Contacts, Profile and 5300 Call Report contacts. Mandatory fields are identified with an asterisk (*). Please reference the directions for a list of all required contacts and roles the credit union must report.

A. *Job Title: Manager/CEO *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

B. *Job Title: Chairperson *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

C. *Job Title: Vice Chairperson *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____
Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

CONTACTS (2)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form

D. *Job Title: Secretary *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

E. *Job Title: Treasurer *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

F. *Job Title: Board Member *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

CONTACTS (3)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form

If the credit union has additional Board Members, please continue on a copy of this form.

G. *Job Title: Board Member *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 Work Email: _____ Home Email: _____
 *Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____
 *Home City: _____ *State: _____ *Zip Code: _____
 *Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____
 Work City: _____ State: _____ Zip Code: _____
 Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

H. *Job Title: Board Member *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 Work Email: _____ Home Email: _____
 *Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____
 *Home City: _____ *State: _____ *Zip Code: _____
 *Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____
 Work City: _____ State: _____ Zip Code: _____
 Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

I. *Job Title: Board Member *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 Work Email: _____ Home Email: _____
 *Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____
 *Home City: _____ *State: _____ *Zip Code: _____
 *Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____	State: _____	Zip Code: _____	
Work Phone: _____	Extension: _____	Fax: _____	Cell Phone: _____

CONTACTS (4)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form

J. *Job Title: Credit Committee Chairperson *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

K. *Job Title: Credit Committee Member *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

L. *Job Title: Credit Committee Member *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

CONTACTS (5)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form

M. *Job Title: Supervisory Committee Chairperson *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

N. *Job Title: Supervisory Committee Member *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

O. *Job Title: Supervisory Committee Member *CU Employment: _____

*Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____

Work Email: _____ Home Email: _____

*Role(s) - See Instructions: _____

*Home Address: _____ *Country: _____

*Home City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____

Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

CONTACTS (6)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form

This page is reserved so the credit union can report the name of their Chief Information Officer, Internal Auditor, Chief Financial Officer, and/or any of their employees or volunteers not already reported in the Contacts section of this form. **This page is OPTIONAL.** If you need additional lines, please continue on a copy of this form.

P. *Job Title: _____ *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 Work Email: _____ Home Email: _____
 *Role(s) - See Instructions: _____

Home Address: _____ Country: _____
 Home City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____
 Work City: _____ State: _____ Zip Code: _____
 Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

Q. *Job Title: _____ *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 Work Email: _____ Home Email: _____
 *Role(s) - See Instructions: _____

Home Address: _____ Country: _____
 Home City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____
 Work City: _____ State: _____ Zip Code: _____
 Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

R. *Job Title: _____ *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 Work Email: _____ Home Email: _____
 *Role(s) - See Instructions: _____

Home Address: _____ Country: _____
 Home City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Fax: _____ Cell Phone: _____

Work Address: _____ Country: _____

Work City: _____ State: _____ Zip Code: _____
Work Phone: _____ Extension: _____ Fax: _____ Cell Phone: _____

CONTACTS (7)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my contacts since the last time I completed this form

The credit union must identify the following contacts. These individuals may be Officials, volunteers, or employees of the credit union. This information will not be released to the public. Mandatory fields are identified with an asterisk (*). Please refer to the instructions for additional guidance.

A. *Role: Call Report Contact *Job Title: _____ *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 Work Email: _____ Home Email: _____
 *Work Phone: _____ Extension: _____

B. *Role: Profile Information Contact *Job Title: _____ *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 Work Email: _____ Home Email: _____
 *Work Phone: _____ Extension: _____

C. *Role: Primary Patriot Act Contact *Job Title: _____ *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 *Work Email: _____ *Fax Number: _____
 *Work Phone: _____ Extension: _____

D. *Role: Secondary Patriot Act Contact *Job Title: _____ *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 *Work Email: _____ *Fax Number: _____
 *Work Phone: _____ Extension: _____

E. *Role: Primary Emergency Contact *Job Title: _____ *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 *Work or Home Email: _____ Cell Phone: _____
 *Work or Home Phone (please identify): _____ Extension: _____

F. *Role: Secondary Emergency Contact *Job Title: _____ *CU Employment: _____
 *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____
 *Work or Home Email: _____ Cell Phone: _____
 *Work or Home Phone (please identify): _____ Extension: _____

SITES (1)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my sites since the last time I completed this form

The Sites section of the profile includes all locations the credit union operates from, shared service centers, the Disaster Recovery location, Vital Records Center, Hot site, and location of records. Mandatory fields are identified with an asterisk (*). Please reference the instructions for additional guidance.

A. Identify the Main Office information in this section. Mandatory fields are identified with an asterisk.

*Site Type: **Corporate Office** *Site Name: _____ *Site Function(s): _____

*Is Main Office: Yes *Hours of Operation: _____ *Operational Status: _____

*Phone: _____ Extension: _____ Fax: _____

*Mailing Address: _____ *Country: _____

*Mailing City: _____ *State: _____ *Zip Code: _____

*Physical Address: _____ *Country: _____

*Physical City: _____ *State: _____ *Zip Code: _____

B. Identify the Disaster Recovery Location information in this section.

*Site Type: _____ *Site Name: _____ *Site Function(s): **Disaster Recovery Location**

*Is Main Office: No Hours of Operation: _____ *Operational Status: _____

*Phone: _____ Extension: _____ Fax: _____

Mailing Address: _____ Country: _____

Mailing City: _____ State: _____ Zip Code: _____

*Physical Address: _____ *Country: _____

*Physical City: _____ *State: _____ *Zip Code: _____

C. Identify the Vital Records Center information in this section. (Required by Rules and Regs Part 749)

*Site Type: _____ *Site Name: _____ *Site Function(s): **Vital Records Center**

*Is Main Office: No Hours of Operation: _____ *Operational Status: _____

*Phone: _____ Extension: _____ Fax: _____

Mailing Address: _____ Country: _____

Mailing City: _____ State: _____ Zip Code: _____

*Physical Address: _____ *Country: _____

*Physical City: _____ *State: _____ *Zip Code: _____

D. Identify the hot site for the credit union, if applicable.

*Site Type: _____ *Site Name: _____ *Site Function(s): **Hot Site**

*Is Main Office: No Hours of Operation: _____ *Operational Status: _____

*Phone: _____ Extension: _____ Fax: _____

Mailing Address: _____ Country: _____

Mailing City: _____ State: _____ Zip Code: _____

*Physical Address: _____	*Country: _____
*Physical City: _____	*State: _____ *Zip Code: _____

SITES (2)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my sites since the last time I completed this form

Record on this page all the branch locations the credit union may have. A Shared Service Center may be considered a branch location. Please identify Shared Service Centers under the "Site Function" field. Mandatory fields are identified with an asterisk (*). Please reference the instructions for additional guidance. If you have more than 4 branch locations, please continue on page 11 or a copy of this form.

E. Identify branch location information in this section. Mandatory fields are identified with an asterisk.

*Site Type: **Branch Office** *Site Name: _____ *Site Function(s): _____
 *Is Main Office: No *Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____

F. Identify branch location information in this section. Mandatory fields are identified with an asterisk.

*Site Type: **Branch Office** *Site Name: _____ *Site Function(s): _____
 *Is Main Office: No *Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____

G. Identify branch location information in this section. Mandatory fields are identified with an asterisk.

*Site Type: **Branch Office** *Site Name: _____ *Site Function(s): _____
 *Is Main Office: No *Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____

H. Identify branch location information in this section. Mandatory fields are identified with an asterisk.

*Site Type: **Branch Office** *Site Name: _____ *Site Function(s): _____
 *Is Main Office: No *Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____

*Physical Address: _____	*Country: _____
*Physical City: _____	*State: _____ *Zip Code: _____

SITES (3)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my sites since the last time I completed this form

Record on this page all locations where the credit union maintains its records. Sections K and L are provided for the credit union to report vacant land, future office locations, planned evacuation site, ATM or other locations.

Reporting of ATM locations is optional. Mandatory fields are identified with an asterisk (*). Please reference the instructions for additional guidance.

I. Identify the site where the credit union maintains its records.

*Site Type: _____ *Site Name: _____ *Site Function: **Location of Records**
 *Is Main Office: _____ *Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____

J. Identify an additional site where the credit union maintains its records.

*Site Type: _____ *Site Name: _____ *Site Function: **Location of Records**
 *Is Main Office: _____ *Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____

K. Credit unions may identify any additional sites they may have in this section. See instructions.

*Site Type: _____ *Site Name: _____ *Site Function(s): _____
 *Is Main Office: No *Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____

L. Credit unions may identify any additional sites they may have in this section. See instructions.

*Site Type: _____ *Site Name: _____ *Site Function(s): _____
 *Is Main Office: No *Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____
 *Physical Address: _____ *Country: _____

*Physical City: _____ *State: _____ *Zip Code: _____

INFORMATION SYSTEMS AND TECHNOLOGY (IS&T) (1)

Credit Union Name: _____ Charter Number: _____

There have been no changes to my IS&T information since the last time I completed this form

	Yes	No
1. Does the credit union have a website?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what is the website address	<input style="width: 100%;" type="text"/>	
b. If yes, is the website hosted internally?	<input type="checkbox"/>	
1 = yes 2 = no		
c. If yes, please indicate the type of website (select only one)?		
1 = Informational 2 = Interactive 3 = Transactional	<input type="checkbox"/>	
d. If the credit union has a transactional website, please provide the name of the primary vendor used to deliver such services	<input style="width: 100%;" type="text"/>	

2. If the credit union does not have a website and plans to add one in the future,

 a. Please provide a date

 b. Please identify the type of website

 1 = Informational 2 = Interactive 3 = Transactional

	Yes	No
3. Does the credit union have Internet access?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the credit union have an internal wireless network?	<input type="checkbox"/>	<input type="checkbox"/>
5. If the credit union has an organizational email address, please provide it.	<input style="width: 100%;" type="text"/>	
6. Indicate in the box at the right the number of the statement below which best describes the system the credit union uses to maintain its share and loan records.		
1 = Manual System 2 = Vendor Supplied In-House System	<input type="checkbox"/>	
3 = Vendor On-Line Service Bureau 4 = CU Developed In-House System 5 = Other		

7. Indicate the name of the primary share and loan information processing vendor

8. How do your members access/perform electronic financial services (select all that apply):

a. Home Banking via Internet Website	<input type="checkbox"/>
b. Audio Response/Phone Based	<input type="checkbox"/>
c. Automatic Teller Machine (ATM)	<input type="checkbox"/>
d. Mobile Banking	<input type="checkbox"/>
e. Kiosk	<input type="checkbox"/>
f. Other	<input type="checkbox"/>

9. What services do you offer electronically (select all that apply):

a. Member Application	<input type="checkbox"/>	j. Download Account History	<input type="checkbox"/>
b. New Loan	<input type="checkbox"/>	k. Electronic Cash	<input type="checkbox"/>
c. Account Balance Inquiry	<input type="checkbox"/>	l. Account Aggregation	<input type="checkbox"/>
d. Share Draft Orders	<input type="checkbox"/>	m. Internet Access Services	<input type="checkbox"/>
e. New Share Account	<input type="checkbox"/>	n. e-Statements	<input type="checkbox"/>
f. Loan Payments	<input type="checkbox"/>	o. External Account Transfers	<input type="checkbox"/>
g. View Account History	<input type="checkbox"/>	p. Electronic Signature Authentication/Certification	<input type="checkbox"/>
h. Internal Share Account Transfers	<input type="checkbox"/>	q. Other (please specify)	<input style="width: 100%;" type="text"/>
i. Bill Payment	<input type="checkbox"/>		

10. What systems does the credit union use to process electronic payments (select all that apply)?

a. Fedline Advantage	<input type="checkbox"/>
b. Corporate Credit Union	<input type="checkbox"/>
c. Correspondent Bank	<input type="checkbox"/>
d. Other (please specify)	<input style="width: 100%;" type="text"/>

IS&T (2) and DATA PROCESSING CONVERSION

Credit Union Name: _____ Charter Number: _____

There have been no changes to my IS&T information since the last time I completed this form

11. If the credit union is an Originating Depository Financial Institution, what type of ACH transactions are originated by the credit union (check all that apply):

- | | | | |
|---------------------------|--------------------------|-------------------------------|--------------------------|
| a. Consumer Transactions | <input type="checkbox"/> | e. TEL Based Transactions | <input type="checkbox"/> |
| b. Business Transactions | <input type="checkbox"/> | f. International Transactions | <input type="checkbox"/> |
| c. Payrolls | <input type="checkbox"/> | g. Other (please specify) | <input type="text"/> |
| d. WEB Based Transactions | <input type="checkbox"/> | | |

12. If the credit union performs wire transfers, where does the credit union wire funds (check all that apply):

- | | |
|--------------------|--------------------------|
| a. Domestically | <input type="checkbox"/> |
| b. Internationally | <input type="checkbox"/> |

13. Which processes can a member use to initiate a wire transfer from the credit union (check all that apply):

- | | | | |
|---------------------|--------------------------|---------------------------|--------------------------|
| a. Email | <input type="checkbox"/> | d. Telephone | <input type="checkbox"/> |
| b. Fax | <input type="checkbox"/> | e. In Person | <input type="checkbox"/> |
| c. Internet Banking | <input type="checkbox"/> | f. Other (please specify) | <input type="text"/> |

14. Statement of Compliance- Minimum Security Devices and Procedures

I hereby certify to the best of my knowledge and belief that this credit union has developed and administers a security program that equals or exceeds the standards prescribed by Section 748.0 of the NCUA Rules and Regulations; that such security program has been reduced to writing, approved by this credit union's Board of Directors, and have provided for the installation, maintenance, and operation of security devices, if appropriate, in each of the credit union's offices.

Name of Person Certifying Compliance: _____

15. If the credit union has undergone a Data Processing Conversion, please provide the following information:

- | | |
|--------------------------------|----------------------|
| a. Date of Conversion | <input type="text"/> |
| b. Data Processor Converted to | <input type="text"/> |

DISASTER RECOVERY INFORMATION

There have been no changes to my Disaster Recovery information since the last time I completed this form

1. In the event of a disaster, will the credit union communicate with members through a website? Yes No

2. Please check the resources or services you have available and would be willing to share with other credit unions during the time of an emergency if you did not need them. (Check all that apply)

- | | | | |
|---------------------------------|--------------------------|------------------------------|--------------------------|
| a. Cash Non-Member Share Drafts | <input type="checkbox"/> | d. Mobile Branch | <input type="checkbox"/> |
| b. Generator | <input type="checkbox"/> | e. Office Space | <input type="checkbox"/> |
| c. IT Support | <input type="checkbox"/> | f. Staff/Management Services | <input type="checkbox"/> |

3. If the credit union completed a disaster recovery test since the last time you reported, please provide the date:

REGULATORY INFORMATION

Credit Union Name: _____

Charter Number: _____

1. Please provide the date of the most recent annual meeting held by the credit union.

2. Please provide the date of the most recent financial statement audit.

3. Indicate in the box the number of the description below that best characterizes the last audit performed of the credit union's records.

- 1 = Financial statement audit performed by state licensed persons
- 2 = Balance sheet audit performed by state licensed persons
- 3 = Examinations of internal controls over call reporting performed by state licensed persons
- 4 = Supervisory Committee audit performed by state licensed persons
- 5 = Supervisory Committee audit performed by other external auditors
- 6 = Supervisory Committee audit performed by the supervisory committee or designated staff

4. Please provide the effective date of the most recent Supervisory Committee verification of member's accounts

5. Indicate in the box the number of the description below that best characterizes who completed the verification of member's accounts

- 1 = Supervisory Committee 2= Third Party

CREDIT UNION SERVICE ORGANIZATION (CUSO)

List all CUSOs the credit union uses (regardless of whether the credit union has a financial interest) and all the services provided by the CUSO. If the credit union has a loan, an investment, a "controlling financial interest", the "ability to exert significant influence, or own a smaller portion of the CUSO, please provide the value of the investment in the CUSO, amount loaned to the CUSO, and the Aggregate Cash Outlay in the CUSO, as applicable. See the instructions for additional instructions. If the credit union needs additional space, please continue on a copy of this form.

Tax ID	Full/Legal Name of CUSO	City	State	See Note Below		Investment in CUSO	Loan to CUSO	Aggregate Cash Outlay
				*	**			

* Is the CUSO wholly owned by the credit union? 1 = Yes, 2 = No

** Indicate in the box the letter(s) which describe the service(s) provided by the CUSO:

a. Checking and Currency Services	h. Insurance brokerage or agency	o. Travel agency services
b. Clerical, professional and management services	i. Fixed asset services	p. Trust and trust-related services
c. Shared credit union branch operations	j. Loan support services	q. Real estate brokerage services
d. Consumer mortgage origination	k. Leasing	r. CUSO investments in non-CUSO service providers
e. Electronic transaction services	l. Securities brokerage services	s. Other (please identify)
f. Financial counseling services	m. Business loan origination	
g. Record retention, security & disaster recovery	n. Student loan origination	

*** How is the investment in the CUSO accounted for on the credit union's financial statements?

1 = Consolidation 2 = equity method 3 = cost method

CREDIT UNION PROGRAMS AND MEMBER SERVICES

Credit Union Name: _____ Charter Number: _____

Credit Union Programs - Place an "x" in the box next to all the programs the credit union offers (Check all that apply)

a. Mortgage Processing		e. Investment Pilot Program	
b. Approved Mortgage Seller		f. Investments not authorized by the FCU Act (State Credit Union Only)	
c. Borrowing Repurchase Agreements		g. Deposits and Shares Meeting 703.10(a)	
d. Brokered Deposits (all deposits acquired through a third party)		h. Brokered Certificates of Deposit	

Member Service and Product Offerings - Place an "x" in the box next to all the products offered (Check all that apply)

Transactional	
a. ATM/Debit Card Program	
b. Check Cashing	
c. International Remittances	
d. Low-cost wire transfers	
e. Money orders	
f. No surcharge ATMs	

Depository	
a. Business Share Accounts	
b. Health Savings Accounts	
c. Individual Development Accounts	
d. No Cost Share Drafts	
e. Share Certificates with low minimum balance requirements	

Other Member Services	
a. Bilingual Services	
b. Insurance/Investment Sales	
c. No Cost Bill Payer	
d. No Cost Tax Preparation Services	
e. Student Scholarship	

Financial Education	
a. Financial Eductions	
b. Financial Counseling	
c. Financial Literacy Workshops	
d. First Time Homebuyer Program	
e. In School Branches	

Credit	
a. Business Loans	
b. Credit Builder	
c. Debt Cancellation/Suspension	
d. Direct Financing Leases	
e. Indirect Business Loans	
f. Indirect Consumer Loans	
g. Indirect Mortgage Loans	
h. Interest Only or Pymt Option 1st Mortgage Loans	
i. Micro Business Loans	
j. Micro Consumer Loans	
k. Overdraft Lines of Credit	
l. Overdraft Protection/ Courtesy Pay	
m. Participation Loans	
n. Pay Day Loans	
o. Real Estate Loans	
p. Refund Anticipation Loans	
q. Risk Based Loans	
r. Share Secured Credit Cards	

GRANTS AND PARTNERSHIPS

Credit Union Name: _____ Charter Number: _____

This page is optional for credit unions and not required to be completed. This information will not be released to the public.

Grant Information - Please provide information on any grants you have received since the last time you reported.

Grantor	Date Awarded	Amount
NCUA Technical Assistance Program		
Community Development Financial Institutions Fund		
Department of Health and Human Services		
National Credit Union Foundation		
New York State Credit Union Foundation		
Massachusetts Credit Union League		
CUNA		
Association of Credit Union Leagues		
US Department of Labor		
National Federation of Community Development Credit Unions		
US General Services Administration		
US Department of Agriculture		
Enterprise Grant Program		
Other (please specify):		
Other (please specify):		
Other (please specify):		

Partnership Information - Please provide information on any partnerships you have with other credit unions.

Name of Credit Union Partner	Service Type (**)	Relationship Type (***)

Service Types (**):

- | | | |
|---------------------------|---------------------------------|----------------------------|
| a. ALM | i. Development of New Services | q. Operational resources |
| b. Auditing | j. Disaster Recovery | r. Shared branching |
| c. Back Office Operations | k. Financial Education | s. Shared employees |
| d. Backup Operating Site | l. Grant writing | t. Share operating systems |
| e. BSA Training | m. Loan Collections | u. Website assistance |
| f. Compliance Review | n. Loan processing/underwriting | v. Other (please specify) |
| g. Computer Training | o. Marketing | |
| h. Data Processing | p. Mentoring | |

Relationship Types (***)

- | | |
|---|--|
| a. Catastrophic Act | f. Seller/Buyer of loan participations |
| b. Disaster Recovery | g. Low or no-cost non-member deposits provider |
| c. Formal Relationship (under contract) | h. Mentor/mentee |
| d. Informal Relationship | i. Other (please specify) |

e. Free Services