



Credit Union Profile Form and Instructions Fourth Quarter 2012

MUST BE RECEIVED BY: January 18, 2013

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION
ADDRESSED:

This booklet contains the fourth quarter 2012 Profile form and instructions. All credit unions that filed this completed form in a previous cycle and are filing manually must complete pages 1, 2, 16, 17, and 18 of this form, as applicable. Additionally, credit unions must report any changes to their sites, contacts, and IS&T information previously reported on pages 3 - 15.

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 notify your NCUA Regional Office or your state credit union supervisor, as appropriate. NCUA's Technical Customer Support Desk can assist you with obtaining a username and password to access Credit Union Online.

Please return this booklet as soon as possible, but no later than **January 18, 2013**. Please follow the instructions carefully.

If you have any non-technical questions, please contact your National Credit Union Administration Regional Office or your state credit union supervisor, as appropriate. Please call NCUA Customer Service at 1-800-827-3255 with any technical questions.

REPORTING INSTRUCTIONS

Credit unions that have submitted **this** completed form in a previous cycle are only required to complete the areas that have changed since the last time they filed. If you are unsure of the information in your online profile and do not have Internet access, you can request a copy of your profile from your NCUA Regional Office or state credit union supervisor, as appropriate. If there are no changes to a specific area, please check the box titled "No changes".

All credit unions filing this form manually must complete the following pages each call report cycle and return them to the contact identified on the enclosed instructional letter.

Page 1 - Certification Page - sign the certification page

Page 2 - Certify Compliance with NCUA Rules and Regulations Part 748

Page 16 - Regulatory Page - All sections

Page 17 - CUSO Page - All sections, as applicable

Page 18 - Program and Member Services - All sections, as applicable

Providing Updated Information: In accordance with NCUA Rules and Regulations Part 741, credit unions are required to update their profile information within 10 days of the election or appointment of senior management and volunteer officials, or within 30 days of any change. Online filing credit unions will make these changes in the online system. Manual filing credit unions will update their information on this paper form and send it to their regulator.

Records Retention: Credit unions should retain a copy of this completed form each cycle as a part of the permanent records of the credit union.

The instructions to prepare this form meet the requirement to provide guidance to small credit unions under Section 212 of the Small Business Regulatory Enforcement Fairness Act of 1996.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

Public reporting burden of this collection of information is estimated to average 6.6 hours per response, including the time for reviewing instructions, searching existing data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to:

National Credit Union Administration
Office of the Chief Information Officer
1775 Duke Street
Alexandria, VA 22314-3428

CERTIFICATION

Credit Union Name: _____ Charter Number: _____

I understand each operating insured credit union must update their credit union profile within 10 days after the election or appointment of senior management or volunteer officials, or within 30 days of any change of the information in the profile. I hereby certify to the best of my knowledge and belief the information provided is current and 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 ByFull Name: _____
Certified Correct By (Signature)

CERTIFY COMPLIANCE MINIMUM SECURITY DEVICES AND PROCEDURES
NCUA RULES AND REGULATIONS PART 748
FEDERALLY INSURED CREDIT UNIONS ONLY

Credit Union Name: _____ Charter Number: _____

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 Part 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 this credit union has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of its offices. Further, I certify that I am the president or managing official of the credit union or that the president or managing official has authorized me to make this submission on his/her behalf.

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

Title: _____
Please Print

Full Name: _____
 Certified By (Signature)

GENERAL INFORMATION

Credit Union Name: _____ Charter Number: _____

There have been no changes to this information since the last time I completed this form.

1. Indicate the type of credit committee the credit union has:
 1 = Elected 2 = Appointed 3 = No Committee

2. Select the box next to the credit union's Primary Settlement Agent (i.e., member share draft clearing, ACH transactions, etc.--See Instructions.)

<input type="checkbox"/>	Federal Reserve Bank	<input type="checkbox"/>	Other Credit Union
<input type="checkbox"/>	CUSO	<input type="checkbox"/>	Bank
<input type="checkbox"/>	Corporate Credit Union	<input type="checkbox"/>	Not Applicable
<input type="checkbox"/>	Federal Credit Union		

3. Provide the credit union's Employer Identification Number (EIN):

4. Is your credit union a member of the Federal Home Loan Bank? Yes No

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5. Has your credit union filed an application to borrow from the Federal Reserve Bank Discount Window?

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6. Has your credit union pre-pledged collateral with the Federal Reserve Bank Discount Window?

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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, Patriot Act 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 or 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: Board 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: Board 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.

If the credit union has additional Credit Committee Members, please continue on a copy of 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.

This page is required for Federal Credit Unions.

If the credit union has additional Supervisory Committee Members, please continue on a copy of 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: _____
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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: _____
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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: _____
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CONTACTS (7) MANDATORY ROLES

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 mandatory roles. 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: <u>Call Report Contact</u> *Job Title: _____ *CU Employment: _____ *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____ Work Email: _____ Home Email: _____ *Work Phone: _____ Extension: _____
--

B. *Role: <u>Profile Information Contact</u> *Job Title: _____ *CU Employment: _____ *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____ Work Email: _____ Home Email: _____ *Work Phone: _____ Extension: _____
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C. *Role: <u>Primary Patriot Act Contact</u> *Job Title: _____ *CU Employment: _____ *Salutation: _____ *First Name: _____ Middle Initial: _____ *Last Name: _____ *Work Email: _____ *Fax Number: _____ *Work Phone: _____ Extension: _____
--

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

E. *Role: <u>Primary Emergency Contact</u> *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: <u>Secondary Emergency Contact</u> *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.

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

 *Is Main Office: **Yes** *Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____ Is Foreign: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____
 *Mailing Address: _____ *Country: _____
 *Mailing 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: _____ Is Foreign: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____
 Mailing Address: _____ Country: _____
 Mailing 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: _____ Is Foreign: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____

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

*Site Type: _____ *Site Name: _____ *Site Function(s): **Location of Records**
 *Is Main Office: _____ Hours of Operation: _____ *Operational Status: _____
 *Phone: _____ Extension: _____ Fax: _____ Is Foreign: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____
 Mailing Address: _____ Country: _____
 Mailing 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, including Shared Branch/Networks, the credit union may have.

Mandatory fields are identified with an asterisk ().* Please reference the instructions for additional guidance.

Additional branch locations can be recorded on page 11 or on a copy of this form.

E. Identify Shared Service Center/Networks site for the credit union, if applicable.*Site Type: _____ *Site Name: _____ *Site Function: Shared Service Center/Network*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone: _____ Extension: _____ Fax: _____ Is Foreign: _____

*Physical Address: _____ *Country: _____

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

Mailing Address: _____ Country: _____

Mailing City: _____ State: _____ Zip Code: _____

F. Identify branch location information in this section.*Site Type: **Branch Office** *Site Name: _____ *Site Function(s): _____*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone: _____ Extension: _____ Fax: _____ Is Foreign: _____

*Physical Address: _____ *Country: _____

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

Mailing Address: _____ Country: _____

Mailing City: _____ State: _____ Zip Code: _____

G. Identify branch location information in this section.*Site Type: **Branch Office** *Site Name: _____ *Site Function(s): _____*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone: _____ Extension: _____ Fax: _____ Is Foreign: _____

*Physical Address: _____ *Country: _____

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

Mailing Address: _____ Country: _____

Mailing City: _____ State: _____ Zip Code: _____

H. Identify branch location information in this section.*Site Type: **Branch Office** *Site Name: _____ *Site Function(s): _____*Is Main Office: No *Hours of Operation: _____ *Operational Status: _____

*Phone: _____ Extension: _____ Fax: _____ Is Foreign: _____

*Physical Address: _____ *Country: _____

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

Mailing Address: _____ Country: _____

Mailing 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 the credit union's hot site, if applicable, all other locations where the credit union maintains its records, or any 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 hot site for the credit union, if applicable.

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

J. Credit unions may identify any additional sites they 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: _____ Is Foreign: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____

K. Credit unions may identify any additional sites they 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: _____ Is Foreign: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____
 Mailing Address: _____ Country: _____
 Mailing City: _____ State: _____ Zip Code: _____

L. Credit unions may identify any additional sites they 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: _____ Is Foreign: _____
 *Physical Address: _____ *Country: _____
 *Physical City: _____ *State: _____ *Zip Code: _____
 Mailing Address: _____ Country: _____
 Mailing 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			
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			
2. If the credit union does not have a website and plans to add one in the future,			
a. Please identify the type of website	<input type="checkbox"/>		
1 = Informational 2 = Interactive 3 = Transactional			
b. If the credit union plans to add a transactional website, please provide the name of the primary vendor to deliver such services			
c. Please provide an implementation date	<input type="checkbox"/>		
3. If the credit union has an organizational email address, please provide it.			
4. Does the credit union have Internet access?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
5. Does the credit union have an internal wireless network?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
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			
3 = Vendor On-Line Service Bureau 4 = CU Developed In-House System 5 = Other	<input type="checkbox"/>		
7. Indicate the name of the primary share/loan data 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. Account Aggregation	<input type="checkbox"/>	k. Member Application	<input type="checkbox"/>
b. Account Balance Inquiry	<input type="checkbox"/>	l. Merchandise Purchase	<input type="checkbox"/>
c. Bill Payment	<input type="checkbox"/>	m. Merchant Processing Services	<input type="checkbox"/>
d. Download Account History	<input type="checkbox"/>	n. New Loan	<input type="checkbox"/>
e. Electronic Cash	<input type="checkbox"/>	o. New Share Account	<input type="checkbox"/>
f. Electronic Signature Authentication/Certification	<input type="checkbox"/>	p. Remote Deposit Capture	<input type="checkbox"/>
g. e-Statements	<input type="checkbox"/>	q. Share Account Transfers	<input type="checkbox"/>
h. External Account Transfers	<input type="checkbox"/>	r. Share Draft Orders	<input type="checkbox"/>
i. Internet Access Services	<input type="checkbox"/>	s. View Account History	<input type="checkbox"/>
j. Loan Payments	<input type="checkbox"/>		
Other (please specify)			

IS&T (2), PAYMENT SYSTEM SERVICE PROVIDER, 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.

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

- a. FedLine Advantage
- b. Corporate Credit Union
- c. Correspondent Bank
- d. Other (please specify)

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
- b. Business Transactions
- c. Payrolls
- d. WEB Based Transactions
- e. TEL Based Transactions
- f. International Transactions
- g. Other (please specify)

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

- a. Domestically
- b. Internationally

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

- a. Email
- b. Fax
- c. Internet Banking
- d. Telephone
- e. In Person
- f. Other (please specify)

PAYMENT SYSTEM SERVICE PROVIDER INFORMATION

1. Does your credit union use a corporate credit union for payment system services? If no, stop here. If yes, please complete the following chart for all corporate credit union relationships. See instructions.

a. Name of Corporate CU	b. Payment Services Used (see instructions for list)

2. Are you planning to change this payment system provider relationship within the next 12 months and/or have you started to transition to a new provider? If no, stop here. If yes, please complete the following for all changes. If you need more space, continue on a copy of this form. See instructions.

a. Provider You Plan to or Have Changed to	b. Payment Service(s) Affected	c. Percentage of Transition Complete	d. Transition of any service 100% complete?	e. Payment Service(s) 100% Complete

DATA PROCESSING CONVERSION

If the credit union has undergone or plans to undergo a Data Processing Conversion, please provide the following:

- a. Date of Conversion
- b. Data Processor Converting/Converted to

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 members' accounts
5. Indicate in the box the number of the description below that best characterizes who completed the verification of members' accounts
 - 1 = Supervisory Committee 2= Third Party
6. Indicate the Fidelity Bond Provider
7. Indicate the amount of Fidelity Coverage for any Single Loss (RR 713.5)
8. If you have 100 or more employees or 50 or more employees with a Federal contract of at least \$50,000, what is the last date you filed an EEO-1 Survey Report with the Equal Employment Opportunity Commission? (MM/DD/YYYY)
9. Do you have a diversity policy or program in your credit union? (Yes/No)
10. I hereby certify to the best of my knowledge and belief that this credit union is in compliance with Section 701.4 of the NCUA Rules and Regulations, and the board has established policies to make available the appropriate training to enhance the financial knowledge of directors, commensurate with the size and complexity of the credit union.

Certifier First Name	<input style="width: 150px; height: 15px;" type="text"/>
Certifier Last Name	<input style="width: 150px; height: 15px;" type="text"/>
Certifier Title	<input style="width: 150px; height: 15px;" 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
<input style="width: 60px; height: 15px;" type="text"/>	<input style="width: 60px; height: 15px;" type="text"/>
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 style="width: 30px; height: 15px;" type="checkbox"/>	d. Mobile Branch	<input style="width: 30px; height: 15px;" type="checkbox"/>
b. Generator	<input style="width: 30px; height: 15px;" type="checkbox"/>	e. Office Space	<input style="width: 30px; height: 15px;" type="checkbox"/>
c. IT Support	<input style="width: 30px; height: 15px;" type="checkbox"/>	f. Staff/Management Services	<input style="width: 30px; height: 15px;" type="checkbox"/>
3. Please provide the date of the last disaster recovery test completed by the credit union.

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 owns 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 guidance. If the credit union needs additional space, please continue on a copy of this form.

CUSO EIN	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. Leasing	p. Trust and trust-related services
c. Business loan origination	j. Loan support services	q. Real estate brokerage services
d. Consumer mortgage origination	k. Record retention, security, and disaster recovery services	r. CUSO investments in non-CUSO service providers
e. Electronic transaction services	l. Securities brokerage services	s. Credit card loan origination
f. Financial counseling services	m. Shared credit union branch (service center) operations	t. Payroll processing services
g. Fixed asset services	n. Student loan origination	u. Other (please identify)

*** 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	
b. Approved Mortgage Seller	
c. Borrowing Repurchase Agreements	
d. Brokered Deposits (all deposits acquired through a third party)	
e. Investment Pilot Program	

f. Investments not authorized by the FCU Act (State Credit Union Only)	
g. Deposits and Shares Meeting 703.10(a)	
h. Brokered Certificates of Deposit	
i. Short-Term, Small Amount Loans (FCU Only)	

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	

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

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	

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 Payment 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. Payday Loans	
o. Real Estate Loans	
p. Refund Anticipation Loans	
q. Risk Based Loans	
r. Share Secured Credit Cards	

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

Short Term, Small Amount Loan Program (Federal Credit Unions Only):

If the credit union offers Short-Term, Small Amount Loans, does your program include any of the following: (check all that apply)

a. Credit Bureau Reporting	
b. Financial Education	
c. Forced Savings Component	
d. Payroll Deduction	

Minority Credit Union Questions:

1. Does your credit union have more than 50% of its current members **and** management officials who are Black American, Native American, Hispanic American, or Asian American? If yes, please identify the minority group(s) that apply:

<input type="checkbox"/>	Black American	<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	Native American	<input type="checkbox"/>	Asian American

2. Does your credit union have more than 50% of its eligible potential members **and** management officials who are Black American, Native American, Hispanic American, or Asian American? If yes, please identify the minority group(s) that apply:

<input type="checkbox"/>	Black American	<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	Native American	<input type="checkbox"/>	Asian American

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. Asset Liability Management | 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. Shared operating systems |
| e. Bank Secrecy Act 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 | _____ |

MERGER PARTNER REGISTRY

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.

	<small>Yes</small>	<small>No</small>	
1. Is your credit union interested in expanding its field of membership through a consolidation of another credit union? If yes, please proceed to the remaining questions.			

2. Please provide the name and phone number of the person at the credit union who can be contacted regarding any potential consolidations.

*Title _____ *First Name: _____ *Last Name: _____

*Phone: _____ *Extension: _____

3. Please identify the geographic areas in which the credit union would be interested. (Check only ONE Box)

Anywhere in the U.S.

Anywhere within the selected states (Please specify states)

Specific counties/cities within a selected state (Specify the state on lines above)
