

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



Credit Union Profile Form and Instructions

Second Quarter 2013

MUST BE RECEIVED BY: July 19, 2013

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION
ADDRESSED:

This booklet contains the **second** quarter **2013** Profile form and instructions. Please **update your profile** as soon as possible, but no later than July **19, 2013**. Please follow the instructions carefully.

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

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).

Certified By

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

Full 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.

Certified By

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

Job 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 . Select the type of credit committee the credit union has :

a. Elected b. Appointed c. No Committee

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

a. Federal Reserve Bank b. CUSO c. Corporate Credit Union d. Federal Credit Union
 e. Other Credit Union f. Bank g. Not Applicable

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

4 . Is your credit union a member of the Federal Home Loan Bank?

a. Yes b. No

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

a. Yes b. No

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

a. Yes b. No

7 . Provide the Research Statistics Supervision and Discount (RSSD) Number issued by the Board of Governors of the Federal Reserve System :

7 . Assets of the Credit Union :

8 . Number of Members of the Credit Union :

9 . Peer Group of the Credit Union :

10 . Credit Union Website Address :

11 . NCUA Examiner Contact Name :

12 . NCUA Examiner Contact Email Address :

13 . NCUA Supervisory Examiner Contact Name :

14 . NCUA Supervisory Examiner Email Address :

15 . Provide the Profile Certifier Name :

16 . Provide the Profile Certification Date :

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.

Home Address

Work Address

A. *Job Title : Manager or CEO _____ ***Line 1 :** _____ **Line 1 :** _____

***Salutation :** _____ **Line 2 :** _____ **Line 2 :** _____
***First Name :** _____ ***City :** _____ **City :** _____
Middle Name : _____ **County :** _____ **County :** _____
***Last Name :** _____ ***State :** _____ ***Zip :** _____ **State :** _____ **Zip :** _____
***Employment Type :** _____ ***Country :** _____ **Country :** _____
***Role(s) :** **Phone :** _____ **Ext. :** _____
Cell : _____ **Fax :** _____ **Cell :** _____
Email : _____

Add Optional Roles:
Third Patriot Act Contact
Fourth Patriot Act Contact

B. *Job Title : Chairperson _____ ***Line 1 :** _____ **Line 1 :** _____

***Salutation :** _____ **Line 2 :** _____ **Line 2 :** _____
***First Name :** _____ ***City :** _____ **City :** _____
Middle Name : _____ **County :** _____ **County :** _____
***Last Name :** _____ ***State :** _____ ***Zip :** _____ **State :** _____ **Zip :** _____
***Employment Type :** _____ ***Country :** _____ **Country :** _____
***Role(s) :** ***Phone :** _____ **Phone :** _____ **Ext. :** _____
Fax : _____ **Cell :** _____ **Fax :** _____ **Cell :** _____
Email : _____ **Email :** _____

C. *Job Title : Vice Chairperson _____ ***Line 1 :** _____ **Line 1 :** _____

***Salutation :** _____ **Line 2 :** _____ **Line 2 :** _____
***First Name :** _____ ***City :** _____ **City :** _____
Middle Name : _____ **County :** _____ **County :** _____
***Last Name :** _____ ***State :** _____ ***Zip :** _____ **State :** _____ **Zip :** _____
***Employment Type :** _____ ***Country :** _____ **Country :** _____
***Role(s) :** ***Phone :** _____ **Phone :** _____ **Ext. :** _____
Fax : _____ **Cell :** _____ **Fax :** _____ **Cell :** _____
Email : _____ **Email :** _____

CONTACTS (2)

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.

	<u>Home Address</u>	<u>Work Address</u>
D. *Job Title : Board Secretary	*Line 1 : _____	Line 1 : _____
_____	_____	_____
_____	_____	_____
*Salutation : _____	Line 2 : _____	Line 2 : _____
_____	_____	_____
*First Name : _____	*City : _____	City : _____
_____	_____	_____
Middle Name : _____	County : _____	County : _____
_____	_____	_____
*Last Name : _____	*State : _____ *Zip : _____	State : _____ Zip : _____
_____	_____	_____
*Employment Type : _____	*Country : _____	Country : _____
_____	_____	_____
*Role(s) : <input style="width:100%; height:50px;" type="text"/>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____

E. *Job Title : Board Treasurer	*Line 1 : _____	Line 1 : _____
_____	_____	_____
_____	_____	_____
*Salutation : _____	Line 2 : _____	Line 2 : _____
_____	_____	_____
*First Name : _____	*City : _____	City : _____
_____	_____	_____
Middle Name : _____	County : _____	County : _____
_____	_____	_____
*Last Name : _____	*State : _____ *Zip : _____	State : _____ Zip : _____
_____	_____	_____
*Employment Type : _____	*Country : _____	Country : _____
_____	_____	_____
*Role(s) : <input style="width:100%; height:50px;" type="text"/>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____

F. *Job Title : Board Member	*Line 1 : _____	Line 1 : _____
_____	_____	_____
_____	_____	_____
*Salutation : _____	Line 2 : _____	Line 2 : _____
_____	_____	_____
*First Name : _____	*City : _____	City : _____
_____	_____	_____
Middle Name : _____	County : _____	County : _____
_____	_____	_____
*Last Name : _____	*State : _____ *Zip : _____	State : _____ Zip : _____
_____	_____	_____
*Employment Type : _____	*Country : _____	Country : _____
_____	_____	_____
*Role(s) : <input style="width:100%; height:50px;" type="text"/>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____

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.

Home Address

Work Address

G. *Job Title : Board Member	*Line 1 : _____	Line 1 : _____
_____	_____	_____
_____	_____	_____
*Salutation : _____	Line 2 : _____	Line 2 : _____
_____	_____	_____
*First Name : _____	*City : _____	City : _____
_____	_____	_____
Middle Name : _____	County : _____	County : _____
_____	_____	_____
*Last Name : _____	*State : _____ *Zip : _____	State : _____ Zip : _____
_____	_____	_____
*Employment Type : _____	*Country : _____	Country : _____
_____	_____	_____
*Role(s) : <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____

H. *Job Title : Board Member	*Line 1 : _____	Line 1 : _____
_____	_____	_____
_____	_____	_____
*Salutation : _____	Line 2 : _____	Line 2 : _____
_____	_____	_____
*First Name : _____	*City : _____	City : _____
_____	_____	_____
Middle Name : _____	County : _____	County : _____
_____	_____	_____
*Last Name : _____	*State : _____ *Zip : _____	State : _____ Zip : _____
_____	_____	_____
*Employment Type : _____	*Country : _____	Country : _____
_____	_____	_____
*Role(s) : <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____

I. *Job Title : Board Member	*Line 1 : _____	Line 1 : _____
_____	_____	_____
_____	_____	_____
*Salutation : _____	Line 2 : _____	Line 2 : _____
_____	_____	_____
*First Name : _____	*City : _____	City : _____
_____	_____	_____
Middle Name : _____	County : _____	County : _____
_____	_____	_____
*Last Name : _____	*State : _____ *Zip : _____	State : _____ Zip : _____
_____	_____	_____
*Employment Type : _____	*Country : _____	Country : _____
_____	_____	_____
*Role(s) : <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____

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.

Home Address

Work Address

J. *Job Title : Credit Committee Chairperson

*Line 1 : _____ Line 1 : _____

*Salutation : _____ Line 2 : _____ Line 2 : _____

*First Name : _____ *City : _____ City : _____

Middle Name : _____ County : _____ County : _____

*Last Name : _____ *State : _____ *Zip : _____ State : _____ Zip : _____

*Employment Type : _____ *Country : _____ Country : _____

*Role(s) :

*Phone : _____ Phone : _____ Ext. : _____

Fax : _____ Cell : _____ Fax : _____ Cell : _____

Email : _____ Email : _____

K. *Job Title : Credit Committee Member

*Line 1 : _____ Line 1 : _____

*Salutation : _____ Line 2 : _____ Line 2 : _____

*First Name : _____ *City : _____ City : _____

Middle Name : _____ County : _____ County : _____

*Last Name : _____ *State : _____ *Zip : _____ State : _____ Zip : _____

*Employment Type : _____ *Country : _____ Country : _____

*Role(s) :

*Phone : _____ Phone : _____ Ext. : _____

Fax : _____ Cell : _____ Fax : _____ Cell : _____

Email : _____ Email : _____

L. *Job Title : Credit Committee Member

*Line 1 : _____ Line 1 : _____

*Salutation : _____ Line 2 : _____ Line 2 : _____

*First Name : _____ *City : _____ City : _____

Middle Name : _____ County : _____ County : _____

*Last Name : _____ *State : _____ *Zip : _____ State : _____ Zip : _____

*Employment Type : _____ *Country : _____ Country : _____

*Role(s) :

*Phone : _____ Phone : _____ Ext. : _____

Fax : _____ Cell : _____ Fax : _____ Cell : _____

Email : _____ Email : _____

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.

Home Address

Work Address

M. *Job Title : Supervisory Committee Chairperson

***Line 1 :** _____

Line 1 : _____

***Salutation :** _____

Line 2 : _____

Line 2 : _____

***First Name :** _____

***City :** _____

City : _____

Middle Name : _____

County : _____

County : _____

***Last Name :** _____

***State :** _____ ***Zip :** _____

State : _____ **Zip :** _____

***Employment Type :** _____

***Country :** _____

Country : _____

***Role(s) :**

***Phone :** _____

Phone : _____ **Ext. :** _____

Fax : _____ **Cell :** _____

Fax : _____ **Cell :** _____

Email : _____

Email : _____

N. *Job Title : Supervisory Committee Member

***Line 1 :** _____

Line 1 : _____

***Salutation :** _____

Line 2 : _____

Line 2 : _____

***First Name :** _____

***City :** _____

City : _____

Middle Name : _____

County : _____

County : _____

***Last Name :** _____

***State :** _____ ***Zip :** _____

State : _____ **Zip :** _____

***Employment Type :** _____

***Country :** _____

Country : _____

***Role(s) :**

***Phone :** _____

Phone : _____ **Ext. :** _____

Fax : _____ **Cell :** _____

Fax : _____ **Cell :** _____

Email : _____

Email : _____

O. *Job Title : Supervisory Committee Member

***Line 1 :** _____

Line 1 : _____

***Salutation :** _____

Line 2 : _____

Line 2 : _____

***First Name :** _____

***City :** _____

City : _____

Middle Name : _____

County : _____

County : _____

***Last Name :** _____

***State :** _____ ***Zip :** _____

State : _____ **Zip :** _____

***Employment Type :** _____

***Country :** _____

Country : _____

***Role(s) :**

***Phone :** _____

Phone : _____ **Ext. :** _____

Fax : _____ **Cell :** _____

Fax : _____ **Cell :** _____

Email : _____

Email : _____

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.

	<u>Home Address</u>	<u>Work Address</u>
P. *Job Title : _____ _____	*Line 1 : _____ _____	Line 1 : _____ _____
*Salutation : _____	Line 2 : _____	Line 2 : _____
*First Name : _____	*City : _____	City : _____
Middle Name : _____	County : _____	County : _____
*Last Name : _____	*State : _____ *Zip : _____	State : _____ Zip : _____
*Employment Type : _____	*Country : _____	Country : _____
*Role(s) : <div style="border: 1px solid black; width: 200px; height: 60px; display: inline-block;"></div>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____

Q. *Job Title : _____ _____	*Line 1 : _____ _____	Line 1 : _____ _____
*Salutation : _____	Line 2 : _____	Line 2 : _____
*First Name : _____	*City : _____	City : _____
Middle Name : _____	County : _____	County : _____
*Last Name : _____	*State : _____ *Zip : _____	State : _____ Zip : _____
*Employment Type : _____	*Country : _____	Country : _____
*Role(s) : <div style="border: 1px solid black; width: 200px; height: 60px; display: inline-block;"></div>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____

R. *Job Title : _____ _____	*Line 1 : _____ _____	Line 1 : _____ _____
*Salutation : _____	Line 2 : _____	Line 2 : _____
*First Name : _____	*City : _____	City : _____
Middle Name : _____	County : _____	County : _____
*Last Name : _____	*State : _____ *Zip : _____	State : _____ Zip : _____
*Employment Type : _____	*Country : _____	Country : _____
*Role(s) : <div style="border: 1px solid black; width: 200px; height: 60px; display: inline-block;"></div>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____

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 : Call Report Contact _____ ***Salutation :** _____ **Work Email :** _____
***Job Title :** _____ ***First Name :** _____ **Home Email :** _____
_____ **Middle Name :** _____ ***Work Phone :** _____
***Employment Type :** _____ ***Last Name :** _____ **Extension :** _____

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

C. *Role : Primary Patriot Act Contact _____ ***Salutation :** _____ **Work Email :** _____
***Job Title :** _____ ***First Name :** _____ **Home Email :** _____
_____ **Middle Name :** _____ ***Work Phone :** _____
***Employment Type :** _____ ***Last Name :** _____ **Extension :** _____

D. *Role : Secondary Patriot Act Contact _____ ***Salutation :** _____ **Work Email :** _____
***Job Title :** _____ ***First Name :** _____ **Home Email :** _____
_____ **Middle Name :** _____ ***Work Phone :** _____
***Employment Type :** _____ ***Last Name :** _____ **Extension :** _____

E. *Role : Primary Emergency Contact _____ ***Salutation :** _____ **Work Email :** _____
***Job Title :** _____ ***First Name :** _____ **Home Email :** _____
_____ **Middle Name :** _____ ***Work Phone :** _____
***Employment Type :** _____ ***Last Name :** _____ **Extension :** _____

F. *Role : Secondary Emergency Contact _____ ***Salutation :** _____ **Work Email :** _____
***Job Title :** _____ ***First Name :** _____ **Home Email :** _____
_____ **Middle Name :** _____ ***Work Phone :** _____
***Employment Type :** _____ ***Last Name :** _____ **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.

	<u>Physical Address</u>	<u>Mailing Address</u>
*Site Type : Corporate Office	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : Yes Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input type="text"/>	

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

*Site Type : _____	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input type="text" value="Disaster Recovery Location"/>	

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

*Site Type : _____	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input type="text" value="Vital Records Center"/>	

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

*Site Type : _____	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : _____ Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input type="text" value="Location of Records"/>	

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 a copy of this form.

E. Identify Shared Service Center/Networks site for the credit union, if applicable.

	<u>Physical Address</u>	<u>Mailing Address</u>
*Site Type : _____	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input style="width:200px; height:30px;" type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input style="width:450px;" type="text" value="Shared Service Center/Network"/>	

F. Identify Branch location information in this section.

*Site Type : Branch Office	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input style="width:200px; height:30px;" type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input style="width:450px;" type="text"/>	

G. Identify Branch location information in this section.

*Site Type : Branch Office	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input style="width:200px; height:30px;" type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input style="width:450px;" type="text"/>	

H. Identify Branch location information in this section.

*Site Type : Branch Office	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input style="width:200px; height:30px;" type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input style="width:450px;" type="text"/>	

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

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

Physical Address

Mailing Address

*Site Type : _____	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No _____ Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input type="text" value="Hot Site"/>	

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

*Site Type : _____	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No _____ Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input type="text"/>	

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

*Site Type : _____	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No _____ Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input type="text"/>	

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

*Site Type : _____	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : No _____ Fax : _____	County : _____	County : _____
*Phone Number : _____ Ext. : _____	*State : _____ *Zip : _____	*State : _____ *Zip : _____
*Hours of Operation : <input type="text"/>	*Country : _____	*Country : _____
	*Site Function(s) : <input type="text"/>	

INFORMATION SYSTEMS AND TECHNOLOGY (IS&T)

Credit Union Name : _____ Charter Number : _____

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

1. Does the credit union have a website? a. Yes b. No

a. Website Address : _____

b. Is website hosted internally ? a. Yes b. No

c. Select only one type of website : a. Informational b. Interactive b. Transactional

d. Transactional website Vendor : _____

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

a. Select type of website : a. Informational b. Interactive b. Transactional

b. Transactional website Vendor for Planned Website : _____

c. Implementation Date : _____

3. Organizational email address : _____

4. Does the credit union have Internet access? a. Yes b. No

5. Does the credit union have an internal wireless network? a. Yes b. No

6. Data Processing System used to maintain CU records :

a. Manual System b. Vendor Supplied In-House System c. Vendor On-line Service Bureau

d. CU Developed In-house System e. Other

7. Name of the primary share/loan data processing vendor : _____

8. How members access/perform electronic financial services

a. Home Banking via Internet Website c. Automatic Teller Machine (ATM) e. Kiosk

b. Audio Response/Phone Based d. Mobile Banking f. Other

9. Services offered electronically

a. Account Aggregation f. Electronic Signature Auth./Cert. k. Member Application p. Remote Deposit Capture

b. Account Balance Inquiry g. e-Statements l. Merchandise Purchase q. Share Account Transfers

c. Bill Payment h. External Account Transfers m. Merchant Processing Svcs r. Share Draft Orders

d. Download Account History i. Internet Access Services n. New Loan s. View Account History

e. Electronic Cash j. Loan Payments o. New Share Account t. Mobile Payments

t. Other (Please Specify) _____

10. Systems used to process electronic payments

a. Fedline Advantage b. Corporate Credit Union c. Correspondent Bank d. CUSO

e. CHIPS f. FedGlobal ACH g. EPN

h. Other (Please Specify) _____

11. If the credit union performs ACH transfers, where does the credit union transfer funds (check all that apply):

a. Domestically b. Internationally

12. If the credit union is an Originating Depository Financial Institution, ACH transactions originated by the credit union

a. Consumer Transactions c. Payrolls e. TEL Based Transactions

b. Business Transactions d. WEB Based Transactions f. International Transactions

g. Other (Please Specify) _____

13. If the credit union performs wire transfers, where the credit union wire funds

a. Domestically b. Internationally

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

a. Email c. Internet Banking e. In Person

b. Fax d. Telephone

f. Other (Please Specify) _____

DATA PROCESSING CONVERSIONS

Date of Conversion : _____

Data Processor Converting/Converted To : _____

PAYMENT SYSTEM SERVICE PROVIDER INFORMATION (PSSP)

Credit Union Name : _____

Charter Number : _____

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

1. Does your credit union use a corporate credit union for payment system services? (Yes/No) _____

a. Name of Corporate CU : _____

b. Payment Services Used : _____

2. Are you planning to change this payment system relationship within the next 12 months and/or have you started to transition to a new provider? (Yes/No) _____

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 ? (Yes/No) _____

e. Payment Service(s) 100% Complete : _____

1. Does your credit union use a corporate credit union for payment system services? (Yes/No) _____

a. Name of Corporate CU : _____

b. Payment Services Used : _____

2. Are you planning to change this payment system relationship within the next 12 months and/or have you started to transition to a new provider? (Yes/No) _____

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 ? (Yes/No) _____

e. Payment Service(s) 100% Complete : _____

1. Does your credit union use a corporate credit union for payment system services? (Yes/No) _____

a. Name of Corporate CU : _____

b. Payment Services Used : _____

2. Are you planning to change this payment system relationship within the next 12 months and/or have you started to transition to a new provider? (Yes/No) _____

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 ? (Yes/No) _____

e. Payment Service(s) 100% Complete : _____

1. Does your credit union use a corporate credit union for payment system services? (Yes/No) _____

a. Name of Corporate CU : _____

b. Payment Services Used : _____

2. Are you planning to change this payment system relationship within the next 12 months and/or have you started to transition to a new provider? (Yes/No) _____

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 ? (Yes/No) _____

e. Payment Service(s) 100% Complete : _____

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. Please select the last type of audit performed for the credit union's records :

- a. Financial statement audit performed by state licensed persons
- b. Balance sheet audit performed by state licensed persons
- c. Examinations of internal controls over call reporting performed by state licensed persons
- d. Supervisory Committee audit performed by state licensed persons
- e. Supervisory Committee audit performed by other external auditors
- f. Supervisory Committee audit performed by the supervisory committee or designated staff

4. Provide the name of the Financial Statement Audit Firm or Auditor : _____

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

6. Please select who completed the verification of member's accounts :

- a. Supervisory Committee
- b. Third Party

7. Provide the date of the most recent Bank Secrecy Act Independent Test : _____

8. Provide you Supervisory Committee contact information for official correspondence :

Mailing Address : _____ Email: _____
 Mailing City _____ State : _____ Zip Code : _____

9. Indicate the Fidelity Bond Provider Name : _____

10. Indicate the amount of Fidelity Coverage for any Single Loss (RR 713.5) : _____

11. Please provide the Part 701.4 Certification Date : _____

12. Please provide the Part 701.4 Certifier Name : _____

Question 13 - Change in wording only

13. Does your credit union meet any of the following criteria? If yes, answer the following:

A. What is the last date you filed an EEO-1 Survery Report with the U.S. Equal Employment Opportunity Commission ? (MM/DD/YYYY)

B. Do you have a diversity policy and/or program in your credit union? Yes No

- Credit union with 100 or more employees; or
- Credit union with 50 or more employees and:
 1. Has a contract of at least \$50,000 with the Federal government; or
 2. Serves as a depository of U.S. government funds of any amount; or
 3. Serves as a paying agent for U.S. Savings Bonds.

14. Provide any trade names the credit union uses for signage or advertising.

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 ?

- a. Yes
- b. 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
- b. Generator
- c. IT Support
- d. Mobile Branch
- e. Office Space
- f. Staff/Management Services

2. Please provide the date of the last disaster recovery test completed by the credit union : _____

3. Indicate the method(s) used for the last disaster recovery test completed by the credit union.

- a. Orientation/Walk Through
- b. Tabletop/Mini-drill
- c. Functional Testing
- d. Full-Scale Testing

CREDIT UNION SERVICE ORGANIZATION (CUSO)

Credit Union Name : _____

Charter Number : _____

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 : _____ Wholly Owned : _____
Invest Accounted For : _____ Investment in CUSO : _____ Loan to CUSO : _____ Aggregate Cash Outlay : _____
Services : _____

CUSO EIN : _____ Full/Legal Name of CUSO : _____ City : _____ State : _____ Wholly Owned : _____
Invest Accounted For : _____ Investment in CUSO : _____ Loan to CUSO : _____ Aggregate Cash Outlay : _____
Services : _____

CUSO EIN : _____ Full/Legal Name of CUSO : _____ City : _____ State : _____ Wholly Owned : _____
Invest Accounted For : _____ Investment in CUSO : _____ Loan to CUSO : _____ Aggregate Cash Outlay : _____
Services : _____

CUSO EIN : _____ Full/Legal Name of CUSO : _____ City : _____ State : _____ Wholly Owned : _____
Invest Accounted For : _____ Investment in CUSO : _____ Loan to CUSO : _____ Aggregate Cash Outlay : _____
Services : _____

CUSO EIN : _____ Full/Legal Name of CUSO : _____ City : _____ State : _____ Wholly Owned : _____
Invest Accounted For : _____ Investment in CUSO : _____ Loan to CUSO : _____ Aggregate Cash Outlay : _____
Services : _____

CUSO EIN : _____ Full/Legal Name of CUSO : _____ City : _____ State : _____ Wholly Owned : _____
Invest Accounted For : _____ Investment in CUSO : _____ Loan to CUSO : _____ Aggregate Cash Outlay : _____
Services : _____

CUSO EIN : _____ Full/Legal Name of CUSO : _____ City : _____ State : _____ Wholly Owned : _____
Invest Accounted For : _____ Investment in CUSO : _____ Loan to CUSO : _____ Aggregate Cash Outlay : _____
Services : _____

CUSO EIN : _____ Full/Legal Name of CUSO : _____ City : _____ State : _____ Wholly Owned : _____
Invest Accounted For : _____ Investment in CUSO : _____ Loan to CUSO : _____ Aggregate Cash Outlay : _____
Services : _____

CUSO EIN : _____ Full/Legal Name of CUSO : _____ City : _____ State : _____ Wholly Owned : _____
Invest Accounted For : _____ Investment in CUSO : _____ Loan to CUSO : _____ Aggregate Cash Outlay : _____
Services : _____

CREDIT UNION PROGRAMS AND MEMBER SERVICES

Credit Union Name : _____

Charter Number : _____

Credit Union Programs - Place a "✓" in the associated box to all the credit union offers (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> a. Mortgage Processing | <input type="checkbox"/> f. Investments not authorized by the FCU Act (State CU Only) |
| <input type="checkbox"/> b. Approved Mortgage Seller | <input type="checkbox"/> g. Deposits and Shares Meeting 703.10(a) |
| <input type="checkbox"/> c. Borrowing Repurchase Agreements | <input type="checkbox"/> h. Brokered Certificates of Deposit |
| <input type="checkbox"/> d. Brokered Deposits (all deposits acquired through a third party) | <input type="checkbox"/> i. Short-Term, Small Amount Loans (FCU Only) |
| <input type="checkbox"/> e. Investment Pilot Program | |

Member Service and Product Offerings - Place a "✓" in the associated box to all the credit union offers (Check all that apply)

Transactional

- a. ATM/Debit Card Program
- b. Check Cashing
- c. Prepaid Debit Cards
- 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 requirement

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 Counseling
- b. Financial Education
- 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

Remittance Transfers

- a. International Remittances
- b. Low Cost Wire Transfers
- c. Proprietary remittance transfer services operated by the CU
- d. Proprietary remittance transfer services operated by another person

Short Term, Small Amount Loan Program (FCUs Only) - Place a "✓" in the associated box to all the credit union offers (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 **eligible potential or current members who are Black or African** American, Native American, Hispanic American, or Asian American? (Yes/No) _____

If Yes, identify the minority group(s) that apply :

- | | |
|--|--|
| <input type="checkbox"/> Black or African 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 **current management officials who are Black or African American** Native American, Hispanic American, or Asian American? (Yes/No) _____

If Yes, identify the minority group(s) that apply :

- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian American |

CREDIT UNION GRANTS INFORMATION

4/30/2013

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 (See Instructions)	Grant Type *	Date Awarded	Amount
Government (State, Local, Federal)			
Trade Associations			
Credit Unions and Banks			
Foundations (local and national)			

* Grant Types a. Capital - unrestricted donation of equity c. Program Grant
 b. Subsidy for Risk or ALLL d. Pass Through

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.

1. Is your credit union interested in expanding its Field Of Membership through a consolidation of another credit union?

a. Yes

b. No

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.

*Job Title : _____

*First Name : _____

*Last Name : _____

*Phone : _____

*Extension : _____

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

Anywhere in the United States

Anywhere within Selected States (Please specify states)

Specific Counties/Cities within a Selected State (Specify the state on lines above)

State	County/Counties	City/Cities