



**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 : \_\_\_\_\_

**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. Provide the Research Statistics Supervision and Discount (RSSD) ID number issued by the Board of Governors of the Federal Reserve System.

\_\_\_\_\_

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

- a. Yes                               b. No

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

- a. Yes                               b. No

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

- a. Yes                               b. No

**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  c. 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 :  1. Informational  2. Interactive  3. 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 Svs  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

u. Other (Please Specify) \_\_\_\_\_

10. Systems used to process electronic payments (check all that apply)

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

e. CHIPS  f. FedWire  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 does the credit union wire funds (check all that apply):

a. Domestically  b. Internationally

14. Which processes can a member use to initiate electronic payments (e.g. wire transfer, ACH, etc.) from the credit union (check all that apply):

a. Email  c. Internet Banking  e. In Person

b. Fax  d. Telephone

f. Other (Please Specify) \_\_\_\_\_

**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 : \_\_\_\_\_

**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. 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 Audit Firm or Auditor (see instructions) \_\_\_\_\_

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 your Supervisory Committee contact information for public/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 Section 701.4 certification date (Federal Credit Unions Only):  
\_\_\_\_\_ Certification Date

12. Please provide Section 701.4 certifier's name (Federal Credit Unions Only):  
\_\_\_\_\_ Certified By

13. Please provide Section 701.4 certifier's job title (Federal Credit Unions Only):  
\_\_\_\_\_ Job Title

14. Does your credit union meet any of the following criteria? (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.

14a. If yes, what is the last date you filed an EEO-1 Survey Report with the U.S. Equal Employment Opportunity Commission (MM/DD/YYYY)? \_\_\_\_\_

14b. If yes, do you have a diversity policy and/or program in your credit union? (Yes/No) \_\_\_\_\_

15. List any trade names the credit union uses for signage or advertising.



**DISASTER RECOVERY INFORMATION**

Credit Union Name : \_\_\_\_\_ Charter Number : \_\_\_\_\_

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

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

**3. Please provide the date of the last disaster recovery test completed by the credit union :** \_\_\_\_\_

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

1. Orientation/Walk Through     3. Functional Testing  
 2. Tabletop/Mini-Drill     4. 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 for 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 (FCU Only)                             |   |

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

- |  |   |
|--|---|
| <p><b>Transactional</b></p> <p><input type="checkbox"/> a. ATM/Debit Card Program</p> <p><input type="checkbox"/> b. Check Cashing</p> <p><input type="checkbox"/> c. Money orders</p> <p><input type="checkbox"/> d. No surcharge ATMs</p> <p><input type="checkbox"/> e. Prepaid Debit Cards</p> <p><b>Depository</b></p> <p><input type="checkbox"/> a. Business Share Accounts</p> <p><input type="checkbox"/> b. Health Savings Accounts</p> <p><input type="checkbox"/> c. Individual Development Accounts</p> <p><input type="checkbox"/> d. No Cost Share Drafts</p> <p><input type="checkbox"/> e. Share Certificates with low minimum balance requirement</p> <p><b>Other Member Services</b></p> <p><input type="checkbox"/> a. Bilingual Services</p> <p><input type="checkbox"/> b. Insurance/Investment Sales</p> <p><input type="checkbox"/> c. No Cost Bill Payer</p> <p><input type="checkbox"/> d. No Cost Tax Preparation Services</p> <p><input type="checkbox"/> e. Student Scholarship</p> <p><b>Consumer Initiated Remittance Transfers</b></p> <p><input type="checkbox"/> a. International Remittances</p> <p><input type="checkbox"/> b. Low-cost Wire Transfers</p> <p><input type="checkbox"/> c. Proprietary remittance transfer services operated by the CU</p> <p><input type="checkbox"/> d. Proprietary remittance transfer services operated by another person</p> | <p><b>Financial Education</b></p> <p><input type="checkbox"/> a. Financial Counseling</p> <p><input type="checkbox"/> b. Financial Education</p> <p><input type="checkbox"/> c. Financial Literacy Workshops</p> <p><input type="checkbox"/> d. First Time Homebuyer Program</p> <p><input type="checkbox"/> e. In-School Branches</p> <p><b>Credit</b></p> <p><input type="checkbox"/> a. Business Loans</p> <p><input type="checkbox"/> b. Credit Builder</p> <p><input type="checkbox"/> c. Debt Cancellation/Suspension</p> <p><input type="checkbox"/> d. Direct Financing Leases</p> <p><input type="checkbox"/> e. Indirect Business Loans</p> <p><input type="checkbox"/> f. Indirect Consumer Loans</p> <p><input type="checkbox"/> g. Indirect Mortgage Loans</p> <p><input type="checkbox"/> h. Interest Only or Pymt Option 1st Mortgage Loans</p> <p><input type="checkbox"/> i. Micro Business Loans</p> <p><input type="checkbox"/> j. Micro Consumer Loans</p> <p><input type="checkbox"/> k. Overdraft Lines of Credit</p> <p><input type="checkbox"/> l. Overdraft Protection/ Courtesy Pay</p> <p><input type="checkbox"/> m. Participation Loans</p> <p><input type="checkbox"/> n. Pay Day Loans</p> <p><input type="checkbox"/> o. Real Estate Loans</p> <p><input type="checkbox"/> p. Refund Anticipation Loans</p> <p><input type="checkbox"/> q. Risk Based Loans</p> <p><input type="checkbox"/> r. Share Secured Credit Cards</p> |
|--|---|

**Short Term, Small Amount Loan Program (FCUs Only) - Place a "✓" in the associated box for 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 American, Native American, Hispanic American, or Asian American? (Yes/No) \_\_\_\_\_

If Yes, 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 current management officials who are Black American, Native American, Hispanic American, or Asian American? (Yes/No) \_\_\_\_\_

If Yes, 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    |





**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

**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.

	<u>Home Address</u>	<u>Work Address</u>
<b>A. *Job Title : Manager or CEO</b>	*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 type="text"/>	*Phone : _____	Phone : _____ Ext. : _____
_____	Fax : _____ Cell : _____	Fax : _____ Cell : _____
_____	Email : _____	Email : _____
_____	_____	_____
<b>B. *Job Title : Chairperson</b>	*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 type="text"/>	*Phone : _____	Phone : _____ Ext. : _____
_____	Fax : _____ Cell : _____	Fax : _____ Cell : _____
_____	Email : _____	Email : _____
_____	_____	_____
<b>C. *Job Title : Vice Chairperson</b>	*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 type="text"/>	*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>
<b>D.</b>	<b>*Job Title : Board Secretary</b>	
	*Line 1 : _____	Line 1 : _____
	_____	_____
	*Salutation : _____	Line 2 : _____
	_____	_____
	*First Name : _____	City : _____
	_____	_____
	Middle Name : _____	County : _____
	_____	_____
	*Last Name : _____	*State : _____ *Zip : _____
	_____	State : _____ Zip : _____
	*Employment Type : _____	Country : _____
	_____	_____
	*Role(s) : <input type="text"/>	*Country : _____
	_____	Country : _____
	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____
	_____	_____
<b>E.</b>	<b>*Job Title : Board Treasurer</b>	
	*Line 1 : _____	Line 1 : _____
	_____	_____
	*Salutation : _____	Line 2 : _____
	_____	_____
	*First Name : _____	City : _____
	_____	_____
	Middle Name : _____	County : _____
	_____	_____
	*Last Name : _____	*State : _____ *Zip : _____
	_____	State : _____ Zip : _____
	*Employment Type : _____	Country : _____
	_____	_____
	*Role(s) : <input type="text"/>	*Country : _____
	_____	Country : _____
	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____
	_____	_____
<b>F.</b>	<b>*Job Title : Board Member</b>	
	*Line 1 : _____	Line 1 : _____
	_____	_____
	*Salutation : _____	Line 2 : _____
	_____	_____
	*First Name : _____	City : _____
	_____	_____
	Middle Name : _____	County : _____
	_____	_____
	*Last Name : _____	*State : _____ *Zip : _____
	_____	State : _____ Zip : _____
	*Employment Type : _____	Country : _____
	_____	_____
	*Role(s) : <input type="text"/>	*Country : _____
	_____	Country : _____
	*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.

	<u>Home Address</u>	<u>Work Address</u>
<b>G. *Job Title : Board Member</b>	<b>*Line 1 :</b> _____	<b>Line 1 :</b> _____
_____	_____	_____
<b>*Salutation :</b> _____	<b>Line 2 :</b> _____	<b>Line 2 :</b> _____
_____	_____	_____
<b>*First Name :</b> _____	<b>*City :</b> _____	<b>City :</b> _____
_____	_____	_____
<b>Middle Name :</b> _____	<b>County :</b> _____	<b>County :</b> _____
_____	_____	_____
<b>*Last Name :</b> _____	<b>*State :</b> _____ <b>*Zip :</b> _____	<b>State :</b> _____ <b>Zip :</b> _____
_____	_____	_____
<b>*Employment Type :</b> _____	<b>*Country :</b> _____	<b>Country :</b> _____
_____	_____	_____
<b>*Role(s) :</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>*Phone :</b> _____ <b>Ext. :</b> _____	<b>Phone :</b> _____ <b>Ext. :</b> _____
	<b>Fax :</b> _____ <b>Cell :</b> _____	<b>Fax :</b> _____ <b>Cell :</b> _____
	<b>Email :</b> _____	<b>Email :</b> _____
<b>H. *Job Title : Board Member</b>	<b>*Line 1 :</b> _____	<b>Line 1 :</b> _____
_____	_____	_____
<b>*Salutation :</b> _____	<b>Line 2 :</b> _____	<b>Line 2 :</b> _____
_____	_____	_____
<b>*First Name :</b> _____	<b>*City :</b> _____	<b>City :</b> _____
_____	_____	_____
<b>Middle Name :</b> _____	<b>County :</b> _____	<b>County :</b> _____
_____	_____	_____
<b>*Last Name :</b> _____	<b>*State :</b> _____ <b>*Zip :</b> _____	<b>State :</b> _____ <b>Zip :</b> _____
_____	_____	_____
<b>*Employment Type :</b> _____	<b>*Country :</b> _____	<b>Country :</b> _____
_____	_____	_____
<b>*Role(s) :</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>*Phone :</b> _____ <b>Ext. :</b> _____	<b>Phone :</b> _____ <b>Ext. :</b> _____
	<b>Fax :</b> _____ <b>Cell :</b> _____	<b>Fax :</b> _____ <b>Cell :</b> _____
	<b>Email :</b> _____	<b>Email :</b> _____
<b>I. *Job Title : Board Member</b>	<b>*Line 1 :</b> _____	<b>Line 1 :</b> _____
_____	_____	_____
<b>*Salutation :</b> _____	<b>Line 2 :</b> _____	<b>Line 2 :</b> _____
_____	_____	_____
<b>*First Name :</b> _____	<b>*City :</b> _____	<b>City :</b> _____
_____	_____	_____
<b>Middle Name :</b> _____	<b>County :</b> _____	<b>County :</b> _____
_____	_____	_____
<b>*Last Name :</b> _____	<b>*State :</b> _____ <b>*Zip :</b> _____	<b>State :</b> _____ <b>Zip :</b> _____
_____	_____	_____
<b>*Employment Type :</b> _____	<b>*Country :</b> _____	<b>Country :</b> _____
_____	_____	_____
<b>*Role(s) :</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>*Phone :</b> _____ <b>Ext. :</b> _____	<b>Phone :</b> _____ <b>Ext. :</b> _____
	<b>Fax :</b> _____ <b>Cell :</b> _____	<b>Fax :</b> _____ <b>Cell :</b> _____
	<b>Email :</b> _____	<b>Email :</b> _____

**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.

	<u>Home Address</u>	<u>Work Address</u>
<b>J. *Job Title :</b> <u>Credit Committee Chairperson</u>	<b>*Line 1 :</b> _____	<b>Line 1 :</b> _____
_____	_____	_____
<b>*Salutation :</b> _____	<b>Line 2 :</b> _____	<b>Line 2 :</b> _____
_____	_____	_____
<b>*First Name :</b> _____	<b>*City :</b> _____	<b>City :</b> _____
_____	_____	_____
<b>Middle Name :</b> _____	<b>County :</b> _____	<b>County :</b> _____
_____	_____	_____
<b>*Last Name :</b> _____	<b>*State :</b> _____ <b>*Zip :</b> _____	<b>State :</b> _____ <b>Zip :</b> _____
_____	_____	_____
<b>*Employment Type :</b> _____	<b>*Country :</b> _____	<b>Country :</b> _____
_____	_____	_____
<b>*Role(s) :</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>*Phone :</b> _____ <b>Ext. :</b> _____	<b>Phone :</b> _____ <b>Ext. :</b> _____
	<b>Fax :</b> _____ <b>Cell :</b> _____	<b>Fax :</b> _____ <b>Cell :</b> _____
	<b>Email :</b> _____	<b>Email :</b> _____
<b>K. *Job Title :</b> <u>Credit Committee Member</u>	<b>*Line 1 :</b> _____	<b>Line 1 :</b> _____
_____	_____	_____
<b>*Salutation :</b> _____	<b>Line 2 :</b> _____	<b>Line 2 :</b> _____
_____	_____	_____
<b>*First Name :</b> _____	<b>*City :</b> _____	<b>City :</b> _____
_____	_____	_____
<b>Middle Name :</b> _____	<b>County :</b> _____	<b>County :</b> _____
_____	_____	_____
<b>*Last Name :</b> _____	<b>*State :</b> _____ <b>*Zip :</b> _____	<b>State :</b> _____ <b>Zip :</b> _____
_____	_____	_____
<b>*Employment Type :</b> _____	<b>*Country :</b> _____	<b>Country :</b> _____
_____	_____	_____
<b>*Role(s) :</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>*Phone :</b> _____ <b>Ext. :</b> _____	<b>Phone :</b> _____ <b>Ext. :</b> _____
	<b>Fax :</b> _____ <b>Cell :</b> _____	<b>Fax :</b> _____ <b>Cell :</b> _____
	<b>Email :</b> _____	<b>Email :</b> _____
<b>L. *Job Title :</b> <u>Credit Committee Member</u>	<b>*Line 1 :</b> _____	<b>Line 1 :</b> _____
_____	_____	_____
<b>*Salutation :</b> _____	<b>Line 2 :</b> _____	<b>Line 2 :</b> _____
_____	_____	_____
<b>*First Name :</b> _____	<b>*City :</b> _____	<b>City :</b> _____
_____	_____	_____
<b>Middle Name :</b> _____	<b>County :</b> _____	<b>County :</b> _____
_____	_____	_____
<b>*Last Name :</b> _____	<b>*State :</b> _____ <b>*Zip :</b> _____	<b>State :</b> _____ <b>Zip :</b> _____
_____	_____	_____
<b>*Employment Type :</b> _____	<b>*Country :</b> _____	<b>Country :</b> _____
_____	_____	_____
<b>*Role(s) :</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>*Phone :</b> _____ <b>Ext. :</b> _____	<b>Phone :</b> _____ <b>Ext. :</b> _____
	<b>Fax :</b> _____ <b>Cell :</b> _____	<b>Fax :</b> _____ <b>Cell :</b> _____
	<b>Email :</b> _____	<b>Email :</b> _____

**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.

	<u>Home Address</u>	<u>Work Address</u>
<b>M. *Job Title : Supervisory Committee Chairperson</b>	*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 type="text"/>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____
	_____	_____
<b>N. *Job Title : Supervisory Committee Member</b>	*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 type="text"/>	*Phone : _____	Phone : _____ Ext. : _____
	Fax : _____ Cell : _____	Fax : _____ Cell : _____
	Email : _____	Email : _____
	_____	_____
<b>O. *Job Title : Supervisory Committee Member</b>	*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 type="text"/>	*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 :	State :
		*Zip :	Zip :
	*Employment Type :	*Country :	Country :
	*Role(s) :	*Phone :	Phone :
		Fax :	Ext. :
	Cell :	Fax :	
	Email :	Cell :	
		Email :	
Q.	*Job Title :	*Line 1 :	Line 1 :
	*Salutation :	Line 2 :	Line 2 :
	*First Name :	*City :	City :
	Middle Name :	County :	County :
	*Last Name :	*State :	State :
		*Zip :	Zip :
	*Employment Type :	*Country :	Country :
	*Role(s) :	*Phone :	Phone :
		Fax :	Ext. :
	Cell :	Fax :	
	Email :	Cell :	
		Email :	
R.	*Job Title :	*Line 1 :	Line 1 :
	*Salutation :	Line 2 :	Line 2 :
	*First Name :	*City :	City :
	Middle Name :	County :	County :
	*Last Name :	*State :	State :
		*Zip :	Zip :
	*Employment Type :	*Country :	Country :
	*Role(s) :	*Phone :	Phone :
		Fax :	Ext. :
	Cell :	Fax :	
	Email :	Cell :	
		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 : <b>Call Report Contact</b>	*Salutation :	Work Email :
	*Job Title :	*First Name :	Home Email :
		Middle Name :	*Work Phone :
	*Employment Type :	*Last Name :	Extension :

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

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

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

E.	*Role : <b>Third Patriot Act Contact (Optional)</b>	*Salutation :	Work Email :
	*Job Title :	*First Name :	Home Email :
		Middle Name :	*Work Phone :
	*Employment Type :	*Last Name :	Extension :

F.	*Role : <b>Fourth Patriot Act Contact (Optional)</b>	*Salutation :	Work Email :
	*Job Title :	*First Name :	Home Email :
		Middle Name :	*Work Phone :
	*Employment Type :	*Last Name :	Extension :

G.	*Role : <b>Primary Emergency Contact</b>	*Salutation :	Work Email :
	*Job Title :	*First Name :	Home Email :
		Middle Name :	*Work Phone :
	*Employment Type :	*Last Name :	Extension :

F.	*Role : <b>Secondary Emergency Contact</b>	*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.**

**Physical Address**

**Mailing Address**

*Site Type : <b>Corporate Office</b>	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : <b>Yes</b> 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 : <b>No</b> 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 NCUA's Rules and Regulation Part 749)**

*Site Type : _____	*Line 1 : _____	*Line 1 : _____
*Site Name : _____	Line 2 : _____	Line 2 : _____
*Operational Status : _____	*City : _____	*City : _____
*Is Main Office : <b>No</b> 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"/>	