

**REPORT OF OFFICIAL AND AGREEMENT TO SERVE  
TO: NATIONAL CREDIT UNION ADMINISTRATION**

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|--|----------------------|
| Proposed   | Federal Credit Union |
| Title of Prospective Position:                       |                      |
| Name: Mrs.   |                      |
| Maiden Name: (If Different From Above)               |                      |
| Address (Res.): Street:                              |                      |
| City:  |                      |
| State:   |                      |
| Zip Code:  |                      |
| Telephone Number:                                    |                      |
| Place of Birth:                                      |                      |
| Date of Birth:                                       |                      |
| Employer:  |                      |
| Social Security Number (Optional):                   |                      |
| Type of Business:                                    |                      |
| Number of years with present employer:               |                      |
| Your position title:                                 |                      |
| Education background (enter highest grade completed) |                      |
| High School:   |                      |
| College:   |                      |
| Major Field of Study:                                |                      |

|  |  |
|--|--|
| Other training or experience:  |  |
| Are you willing to accept the position of trust for which you have been selected and to remain in office until a qualified successor is found?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you been informed as to the general duties and responsibilities of an official of the proposed Federal Credit Union and are you willing to devote the time necessary to familiarize yourself with and to perform your duties? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Estimated number of hours per month you will be able to volunteer:   |  |
| IF THE ANSWER IS YES TO THE FOLLOWING QUESTION, PLEASE PROVIDE INFORMATION AS INSTRUCTED ON THE FOLLOWING PAGE:<br>Have you ever been convicted of any CRIMINAL OFFENSE involving dishonesty or a breach of trust?                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| To facilitate the process of obtaining a credit and background check, please provide the following:  |  |
| 1. Any other names which you have used:  |  |
| 2. Previous address (if your address changed over the past 2 years):   |  |
| 3. Name of Spouse:   |  |



## **PRIVACY ACT NOTICE**

The Privacy Act of 1974 (Public Law 93-579) requires that you be advised as to the legal authority, purpose and uses of the information solicited by this form. Pursuant to Sections 104 and 205(d) of the Federal Credit Union Act, the information in this form is requested for the purpose of completing the investigation required for a new Federal credit union. The information in this form will be primarily used in considering the soundness of the management for the proposed Federal credit union. However, this form may be disclosed to any of the following sources: a congressional office in response to your inquiry to that office; an appropriate Federal, state or local authority in the investigation or enforcement of a statute or regulation; or employees of a Federal agency for audit purposes. Failure to complete this form or omission of any item of information, except for disclosure of your social security number, may result in a delay in the process for chartering the proposed Federal credit union. In accordance with Section 792.68 of NCUA's regulations, you are not required to furnish your social security number on this form. Your social security number, if voluntarily provided, will be used to more easily verify the information required by this form. No penalty will result to you as a management official or to the chartering of the proposed Federal credit union if you do not provide your social security number.

Further information needed if answer to CRIMINAL OFFENSE question on the previous page was YES:

### **CRIMINAL OFFENSE:**

**Nature of offense:**

**Date of occurrence:**

**Date of conviction:**

**Sentence conferred:**

(Attach a separate sheet if space provided is not adequate)

## **CRIMINAL OFFENSE GUIDELINES**

**The Federal Credit Union Act, Subchapter II, Section 205(d), requires that, except with the written consent of the NCUA Board, no person shall serve as director, officer, committee member, or employee of an insured credit union who has been convicted or who is hereafter convicted, of any criminal offense involving dishonesty or breach of trust. To assist the NCUA Board in making a determination of the fitness of a person who is selected to serve and who the organizer believes is qualified to serve as an official, the specific information above will need to be furnished.**

**If the NCUA Board believes that, in view of the facts presented and the date of the offense, they can give their consent to the appointment they will so advise that person in writing. If on the other hand, the NCUA Board believes after careful consideration that they cannot in good conscience give their written consent to the appointment they will contact the organizer and ask that another person be selected for the position. The person selected will have to complete a Report of Official and Agreement to Serve.**

**An indication of whether the bonding company would agree to provide coverage should be included if the person is to serve as treasurer. Bonding company agrees to provide coverage: YES  NO**

**AUTHORIZATION TO OBTAIN A CREDIT REPORT**

The National Credit Union Administration (NCUA) may evaluate the competence, experience, character, and integrity of any individual who is to serve as an official, employee, or committee member of a federally insured credit union, in accordance with §1790a of the Federal Credit Union Act and Chapter 1, §V.B.4 of the NCUA Chartering and Field of Membership Manual.

NCUA may disapprove any individual whose employment it believes will not be in the best interest of the credit union or of the public. To assist in the evaluation process, NCUA may obtain and review an individual's credit report.

Your signature on this document authorizes NCUA to obtain a copy of your credit report.

Last  
First  
Middle

Social Security Number:

Date of Birth:

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Signature

Date