



Credit Union Profile Form and Instructions

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION ADDRESSED:

This booklet contains the Form 4501A Profile. The effective date of this form is March 31, XXXX and will remain in effect until superseded. Instructions and quarterly filing dates for are available on the NCUA's website at www.ncua.gov.

The Profile Reporting Instructions page contains the filing requirements. Please note, the Profile must be certified in conjunction with the filing of the Form 5300 Call Report.

The NCUA website provides the quarterly filing date. In addition, credit union contacts of record will continue to receive quarterly email notifications of the cycle highlights.

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 REQUIREMENTS

Provide Updated Information: In accordance with NCUA Rules and Regulations §741.6(a)(1), insured 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.

Records Retention: Credit unions should retain a copy of the information used to complete the profile 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 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 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

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

- a. Elected b. Appointed c. No Committee

2. Has your credit union filed a bond claim in the last 12 months? a. Yes b. No

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 (pre populated).

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

Contacts and Roles

The credit union must provide information for the Mandatory Job Titles and Mandatory Roles listed below. These individuals may be officials, volunteers, or employees of the credit union. *NCUA will not release information regarding mailing addresses, email addresses, phone numbers, and fax numbers to the public. Please reference the Profile Instructions for additional guidance.*

Provide information for the following:

Mandatory Job Titles		Mandatory Roles	
Manager or CEO	Supervisory Committee Chairperson	Call Report Contact	Primary Patriot Act Contact
Board Chairperson	Supervisory Committee Members	Profile Contact	Secondary Patriot Act Contact
Board Vice Chairperson	Credit Committee Chairperson	Primary Emergency Contact	Third Patriot Act Contact (if applicable)
Board Treasurer	Credit Committee Members	Secondary Emergency Contact	Fourth Patriot Act Contact (if applicable)
Board Members			

1. Salutation*

2. First Name* 3. Middle Initial 4. Last Name*

5. Job Titles - * Indicates the credit union is required to provide information for these *mandatory job titles*.

- | | |
|--|---|
| <input type="checkbox"/> a. Manager or CEO* | <input type="checkbox"/> b. Board Chairperson* |
| <input type="checkbox"/> c. Board Vice Chairperson* | <input type="checkbox"/> d. Board Secretary |
| <input type="checkbox"/> e. Board Treasurer* | <input type="checkbox"/> f. Board Members* |
| <input type="checkbox"/> g. Supervisory Committee Chairperson* | <input type="checkbox"/> h. Supervisory Committee Member* |
| <input type="checkbox"/> i. Credit Committee Chairperson, if applicable* | <input type="checkbox"/> j. Credit Committee Member, if applicable* |
| <input type="checkbox"/> k. Chief Financial Officer | <input type="checkbox"/> l. Chief Information Officer |
| <input type="checkbox"/> m. Internal Auditor | <input type="checkbox"/> n. Other |

6. Roles - * Indicates the credit union is required to provide information for these *mandatory roles*.

- | | |
|---|--|
| <input type="checkbox"/> a. Volunteer | <input type="checkbox"/> b. General Credit Union Contact |
| <input type="checkbox"/> c. Call Report Contact* | <input type="checkbox"/> d. Profile Information Contact* |
| <input type="checkbox"/> e. Primary Patriot Act Contact* | <input type="checkbox"/> f. Secondary Patriot Act Contact* |
| <input type="checkbox"/> g. Third Patriot Act Contact, if applicable* | <input type="checkbox"/> h. Fourth Patriot Act Contact, if applicable* |
| <input type="checkbox"/> i. Primary Emergency Contact* | <input type="checkbox"/> j. Secondary Emergency Contact* |
| <input type="checkbox"/> k. Credit Union Employee | <input type="checkbox"/> l. Information Security Contact |

7. Credit Union Employment Type* - The credit union is required to provide the employment type for all *Mandatory Job Titles and Roles*.

- a. Full-time b. Part-time c. Volunteer

8. Home Address Information* - The credit union is required to provide this information for all *Mandatory Job Titles*

Address Line 1:

Address Line 2:

City: State: Postal Code:

Home email:

Home phone: Home cell:

Home fax: Home county:

9. Work Address Information - The credit union is required to provide a work phone number for all *Mandatory Roles*

Work email:

Work phone*: Work cell:

SITES

The section of the profile is a **mandatory** section and must include the following site types and site functions:

Site Types
· Corporate Office · Branch Office(s)

Site Functions
· Vital Records Center · Location of Records · Disaster Recovery

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

1. *Site Name:

2. *Operational Status: a. Normal b. Planned c. Suspended - Emergency

3. *Site Type: a. Corporate Office b. Branch Office c. Other (Please Specify)

4. *Is Main Office: a. Yes b. No

5. *Hours of Operation:

6. *Physical Address:

Address Line 1:

Address Line 2:

City / State / Postal Code:

County Country

7. *Mailing Address:

Address Line 1:

Address Line 2:

City / State / Postal Code:

County Country

8. *Phone Numbers:

Phone Extension

Fax

9. *Site Function(s):

<u>Non-Public Site Functions</u>	<u>Public Site Functions (published in the online Credit Union Locator)</u>
<input type="checkbox"/> a. Disaster Recovery Location	<input type="checkbox"/> h. Shared Service Center/Network
<input type="checkbox"/> b. Location of Records	<input type="checkbox"/> i. ATM
<input type="checkbox"/> c. Vital Records Center	<input type="checkbox"/> j. Drive Thru
<input type="checkbox"/> d. Backup Generator	<input type="checkbox"/> k. Member Services
<input type="checkbox"/> e. Future Office	
<input type="checkbox"/> f. Hot Site	
<input type="checkbox"/> g. Planned Evacuation Site	

PAYMENT SYSTEM SERVICE PROVIDER INFORMATION (PSSP)

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

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> a. Federal Reserve Bank | <input type="checkbox"/> b. CUSO | <input type="checkbox"/> c. Corporate Credit Union |
| <input type="checkbox"/> d. Federal Credit Union | <input type="checkbox"/> e. Bank | <input type="checkbox"/> f. Other Credit Union |
| <input type="checkbox"/> g. Not Applicable | | |

2. Provide the name of the primary payment systems service provider.

a. If other was selected, please specify

3. Identify the payment service (s) used by the primary system service provider. (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> a. Share Draft Processing and Settlement | <input type="checkbox"/> b. Credit Card Processing and Settlement | <input type="checkbox"/> c. Wire Transfers |
| <input type="checkbox"/> d. ATM and Debit Processing and Settlement | <input type="checkbox"/> e. Electronic Funds Transfer and Direct Deposit | <input type="checkbox"/> f. Other |

4. Have you changed payment system providers or plan to within the next 12 months?

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No |
|---------------------------------|--------------------------------|

5. Provide the name of the new provider :

6. Identify payment service(s) affected by this change. (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> a. Share Draft Processing and Settlement | <input type="checkbox"/> b. Credit Card Processing and Settlement | <input type="checkbox"/> c. Wire Transfers |
| <input type="checkbox"/> d. ATM and Debit Processing and Settlement | <input type="checkbox"/> e. Electronic Funds Transfer and Direct Deposit | <input type="checkbox"/> f. Other |

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

- | | | | |
|--|--|--|----------------------------------|
| <input type="checkbox"/> a. Fedline Advantage | <input type="checkbox"/> b. Corporate Credit Union | <input type="checkbox"/> c. Correspondent Bank | <input type="checkbox"/> d. CUSO |
| <input type="checkbox"/> e. CHIPS | <input type="checkbox"/> f. FedWire | <input type="checkbox"/> g. EPN | |
| <input type="checkbox"/> h. Other (Please Specify) | <input type="text"/> | | |

8. If the credit union performs ACH transfers, are they domestic, international, or both? (check all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> a. Domestic | <input type="checkbox"/> b. International |
|--------------------------------------|---|

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

9. apply):

- | | |
|---|---|
| <input type="checkbox"/> a. PPD - Prearranged Payment and Deposit Entry | <input type="checkbox"/> b. WEB - Internet Initiated/Mobile Entry |
| <input type="checkbox"/> c. TEL - Telephone Initiated Entry | <input type="checkbox"/> d. IAT - International ACH Transactions |
| <input type="checkbox"/> e. Other Consumer Entry Codes | <input type="checkbox"/> f. Other Business Entry Codes |

10. If the credit union performs wire transfers, are they domestic, international, or both? (check all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> a. Domestic | <input type="checkbox"/> b. International |
|--------------------------------------|---|

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

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> a. Email | <input type="checkbox"/> b. Fax | <input type="checkbox"/> c. Online Banking |
| <input type="checkbox"/> d. Telephone | <input type="checkbox"/> e. In Person | <input type="checkbox"/> f. Other (Please Specify) |

Repeat Questions 1-3 for each Settlement Agent used.

INFORMATION TECHNOLOGY (IT)

1. Does the credit union have a website?

a. Yes

b. No

a. Website Address :

2. Where is the website hosted ?

a. Internal

b. External

3. Provide the name of the external website vendor :

4. Select the type(s) service offered :

a. Informational Website

b. Online Banking

c. Mobile Application

5. If a credit union has online or mobile banking, how many members use it?

6. Which wireless networks, if any, does the credit union operate:

a. Public or Guest Network

b. Private or Restricted Network

7. Data Processing System used to maintain credit union records :

a. Manual System

b. Vendor Supplied In-House System

c. Vendor Online Service Bureau

d. CU Developed In-house System

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

a. Date of Conversion:

b. Core Processor Converting/Converted to:

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

10. Select the service(s) the credit union offers electronically:

a. Account Aggregation

b. Bill Payment

c. Download Account History

d. Electronic Signature Auth./Cert.

e. E-Statements

f. External Account Transfers

g. Loan Payments

h. Member Application

i. Merchant Processing

j. New Loan

k. New Share Account

l. Remote Deposit Capture

m. Mobile Payments

n. Other (Please Specify)

REGULATORY INFORMATION

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 supervisory committee or financial statement audit:

3. Please select the last type of audit performed:

- 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 your Supervisory Committee contact information for official correspondence

Mailing Address: _____ Email: _____

Mailing City: _____ State: _____ Zip Code: _____

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

9. Indicate the Fidelity Bond Provider Name :

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

11. Does your credit union maintain share/deposit insurance coverage other than the NCUSIF? a. Yes b. No

(Do not include Life Savings and Borrowers' Protection insurance or Surety Bond coverage.)

a. If yes, please provide the name of the insurance company

b. If yes, please provide the dollar amount of shares and/or deposits insured by the company named above

12. Please provide Section 701.4 certification date (Federal Credit Unions Only):

Certification Date

13. Please provide Section 701.4 certifier's name (Federal Credit Unions Only):

Certified By

14. Please provide Section 701.4 certifier's job title (Federal Credit Unions Only):

Job Title

15. Does your credit union meet any of the following criteria? a. Yes b. 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.

a. If yes, what is the last date (MM/DD/YYYY) you filed an EEO-1 Report with the EEOC?

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

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

DISASTER RECOVERY INFORMATION

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. IT Support c. Office Space
 d. Generator e. 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 PROGRAMS AND MEMBER SERVICES

1. Credit Union Programs (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> a. Mortgage Processing | <input type="checkbox"/> b. Deposits and Shares Meeting 703.10(a) |
| <input type="checkbox"/> c. Approved Mortgage Seller | <input type="checkbox"/> d. Brokered Certificates of Deposit |
| <input type="checkbox"/> e. Brokered Deposits (all deposits acquired through a third party) | <input type="checkbox"/> f. Investment Pilot Program (FCU Only) |

2. Member Service and Product Offerings (Check all that apply)

Financial Literacy Education

- a. Financial Counseling
- b. Financial Education
- c. Financial Literacy Workshops
- d. First Time Homebuyer Program
- e. Credit Management and Repair
- f. Online Financial Literacy

Consumer Initiated 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

Other Member Services and Products

- a. No Cost Share Drafts
- b. No Cost Bill Payer
- c. No Cost Tax Preparation Services
- d. Share Certificates with low minimum balance requirement
- e. Student Scholarship
- f. Credit Builder
- g. Bilingual Services

In-School Branches (If checked, specify number of branches)

- a. Elementary School
- b. Middle School
- c. High School

Youth Savings Accounts/Programs

- a. Offer Custodial Accounts
- b. Offer Non-Custodial Accounts

3. Shared Service Centers/Networks a. Yes b. No

4. Payday Alternative Loans (PAL loans) 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

5. Minority Depository Institution Questions

Are more than 50% of your credit union's current and eligible potential members Black American, Native American, Hispanic American, or Asian American? If yes, please identify the minority group(s) that apply:

- | | |
|---|---|
| <input type="checkbox"/> a. Black American | <input type="checkbox"/> b. Hispanic American |
| <input type="checkbox"/> c. Native American | <input type="checkbox"/> d. Asian American |

Is more than 50% of your credit union's board of directors Black American, Native American, Hispanic American, or Asian American? If yes, please identify the minority group(s) that apply:

- | | |
|---|---|
| <input type="checkbox"/> a. Black American | <input type="checkbox"/> b. Hispanic American |
| <input type="checkbox"/> c. Native American | <input type="checkbox"/> d. Asian American |

CREDIT UNION GRANT INFORMATION

This page must be completed if the credit union received grant funds.

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

Grantor Type and Grantor	Date Awarded	Amount Awarded	Received YTD	Grant Type*
Government Agency or Affiliate				
Community Development Financial Institution				
Department of Education				
Department of Health and Human Services				
Federal Home Loan Bank				
Housing and Urban Development				
Internal Revenue Service				
NCUA Technical Assistance Program				
Small Business Administration				
US Department of Agriculture				
Other (Please Specify):				
Other (Please Specify):				
Trade Associations				
National Credit Union Foundation				
National Federation of Community Development Credit Unions				
State League Foundation				
Other (Please Specify):				
Credit Unions and Banks				
Specify Name:				
Specify Name:				
Foundations (local and national)				
Specify Name:				
Specify Name:				

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

