



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 The effective date of this form is March 31, 2020 and will remain in effect until superseded. Instructions and quarterly filing dates 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 Part 741, 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.

Paperwork Reduction Act Statement

The estimated average public reporting burden associated with this information collection is 2 hours per response. Comments concerning the accuracy of this burden estimate and on any other aspect of this information collection, including suggestions for reducing this burden to should be addressed to the:

National Credit Union Administration
Office of General Counsel
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 :

Full Name :

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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 :

Job Title :

Full Name :

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GENERAL INFORMATION

Credit Union Name :

Charter Number :

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

2 . Provide the credit union's primary Settlement Agent :

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

4 . Provide the Research Statistics Supervision and Discount (RSSD) 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? _____

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

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

8 . Does your credit union sponsor a qualified defined benefit plan? _____

9 . Does your credit union participate in a multiemployer defined benefit plan? _____

10 . Provide the Assets of the Credit Union :

11 . Provide the Number of Members of the Credit Union :

12 . Specify the Peer Group of the Credit Union :

13 . Provide the Credit Union Website Address :

14 . Provide the NCUA Examiner Contact Name :

15 . Provide the NCUA Examiner Contact Email Address :

16 . Provide the NCUA Supervisory Examiner Contact Name :

17 . Provide the NCUA Supervisory Examiner Email Address :

18 . Provide the Profile Certifier Name :

19 . Provide the Profile Certification Date :

INFORMATION SYSTEMS AND TECHNOLOGY (IS&T) - (1)

Credit Union Name :

Charter Number :

1. Does the credit union have a website? _____

- a. Website Address :
- b. Website hosted internally :
- c. Type of website :
- d. Transactional website Vendor :

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

- a. Type of website :
- b. Transactional website Vendor for Planned Website :
- c. Implementation Date :

3. Organizational email address :

4. Does the credit union have Internet access? _____

5. Does the credit union have an internal wireless network? _____

6. Data Processing System used to maintain CU records :

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

8. How members access/perform electronic financial services

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> a. Home Banking via Internet Website | <input type="checkbox"/> c. Automatic Teller Machine (ATM) | <input type="checkbox"/> e. Kiosk |
| <input type="checkbox"/> b. Audio Response/Phone Based | <input type="checkbox"/> d. Mobile Banking | <input type="checkbox"/> f. Other |

9. Services offered electronically

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> a. Account Aggregation | <input type="checkbox"/> f. Electronic Signature Auth./Cert. | <input type="checkbox"/> k. Member Application | <input type="checkbox"/> p. Remote Deposit Capture |
| <input type="checkbox"/> b. Account Balance Inquiry | <input type="checkbox"/> g. e-Statements | <input type="checkbox"/> l. Merchandise Purchase | <input type="checkbox"/> q. Share Account Transfers |
| <input type="checkbox"/> c. Bill Payment | <input type="checkbox"/> h. External Account Transfers | <input type="checkbox"/> m. Merchant Processing Svcs | <input type="checkbox"/> r. Share Draft Orders |
| <input type="checkbox"/> d. Download Account History | <input type="checkbox"/> i. Internet Access Services | <input type="checkbox"/> n. New Loan | <input type="checkbox"/> s. View Account History |
| <input type="checkbox"/> e. Electronic Cash | <input type="checkbox"/> j. Loan Payments | <input type="checkbox"/> o. New Share Account | <input type="checkbox"/> t. Mobile Payments |
| <input type="checkbox"/> u. Other (Please Specify) | | | |

10. Systems used to process electronic payments

- | | | | |
|--|--|--|----------------------------------|
| <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) | | | |

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, what types of ACH transactions are originated by the credit union (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> a. Consumer Transactions | <input type="checkbox"/> c. Payrolls | <input type="checkbox"/> e. TEL Based Transactions |
| <input type="checkbox"/> b. Business Transactions | <input type="checkbox"/> d. WEB Based Transactions | <input type="checkbox"/> f. International Transactions |
| <input type="checkbox"/> g. Other (Please Specify) | | |

13. If the credit union performs wire transfers, where does the 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):

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

INFORMATION SYSTEMS AND TECHNOLOGY (IS&T) - (2)

Credit Union Name :

Charter Number :

DATA PROCESSING CONVERSION

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

Date of Conversion	Data Processor Converting/Converted to

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PAYMENT SYSTEM SERVICE PROVIDER INFORMATION (1)

Credit Union Name :

Charter Number :

1. Does your credit union use a corporate credit union for payment system services? _____

- a. Name of Corporate CU :
- b. Payment Service(s) 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? _____

- a. Provider you plan to or have changed to :
- b. Payment Service(s) Affected :
- c. Percentage of Transition Complete :
- e. Payment Service(s) 100% Complete :
- d. Transition of any service 100% Complete? _____

1. Does your credit union use a corporate credit union for payment system services? _____

- 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? _____

- a. Provider you plan to or have changed to :
- b. Payment Service(s) Affected :
- c. Percentage of Transition Complete :
- e. Payment Service(s) 100% Complete :
- d. Transition of any service 100% Complete? _____

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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? _____

- a. Provider you plan to or have changed to :
- b. Payment Service(s) Affected :
- c. Percentage of Transition Complete :
- e. Payment Service(s) 100% Complete :
- d. Transition of any service 100% Complete? _____

PAYMENT SYSTEM SERVICE PROVIDER INFORMATION (2)

Credit Union Name :

Charter Number :

1. Does your credit union use a corporate credit union for payment system services? _____

- a. Name of Corporate CU :
- b. Payment Service(s) 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? _____

- a. Provider you plan to or have changed to :
- b. Payment Service(s) Affected :
- c. Percentage of Transition Complete :
- e. Payment Service(s) 100% Complete :
- d. Transition of any service 100% Complete? _____

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- 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? _____

- a. Provider you plan to or have changed to :
- b. Payment Service(s) Affected :
- c. Percentage of Transition Complete :
- e. Payment Service(s) 100% Complete :
- d. Transition of any service 100% Complete? _____

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- 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? _____

- a. Provider you plan to or have changed to :
- b. Payment Service(s) Affected :
- c. Percentage of Transition Complete :
- e. Payment Service(s) 100% Complete :
- d. Transition of any service 100% Complete? _____

PAYMENT SYSTEM SERVICE PROVIDER INFORMATION (3)

Credit Union Name :

Charter Number :

1. Does your credit union use a corporate credit union for payment system services? _____

- a. Name of Corporate CU :
- b. Payment Service(s) 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? _____

- a. Provider you plan to or have changed to :
- b. Payment Service(s) Affected :
- c. Percentage of Transition Complete :
- e. Payment Service(s) 100% Complete :
- d. Transition of any service 100% Complete? _____

1. Does your credit union use a corporate credit union for payment system services? _____

- 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? _____

- a. Provider you plan to or have changed to :
- b. Payment Service(s) Affected :
- c. Percentage of Transition Complete :
- e. Payment Service(s) 100% Complete :
- d. Transition of any service 100% Complete? _____

1. Does your credit union use a corporate credit union for payment system services? _____

- 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? _____

- a. Provider you plan to or have changed to :
- b. Payment Service(s) Affected :
- c. Percentage of Transition Complete :
- e. Payment Service(s) 100% Complete :
- d. Transition of any service 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 provide the last type of audit performed for the credit union's records :

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 provide who completed the verification of member's accounts :

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 Line 1 : _____

Mailing Address Line 2 : _____

Mailing City: _____ State : _____ Zip Code: _____

Email Address : _____

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 Section 701.4 Certification Date :

12. Please provide the Section 701.4 Certifier Name :

13. Please provide the Credit Union Certifier Title for the Section 701.4 Certification :

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)?

15. Do you have a diversity policy or program in your credit union?

16. 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.

1. In the event of a disaster, will the credit union communicate with members through a website ? _____

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)

- | | | |
|--|---|---|
| <input type="checkbox"/> a. Cash Non-Member Share Drafts | <input type="checkbox"/> c. IT Support | <input type="checkbox"/> e. Office Space |
| <input type="checkbox"/> b. Generator | <input type="checkbox"/> d. Mobile Branch | <input type="checkbox"/> 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.

- | | |
|--|--|
| <input type="checkbox"/> 1. Orientation/Walk Through | <input type="checkbox"/> 3. Functional Testing |
| <input type="checkbox"/> 2. Tabletop/Mini-Drill | <input type="checkbox"/> 4. Full-Scale Testing |

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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)

- a. Mortgage Processing
- b. Approved Mortgage Seller
- c. Borrowing Repurchase Agreements
- d. Brokered Deposits (all deposits acquired through a third party)
- e. Investment Pilot Program (FCU Only)
- f. Investments not authorized by the FCU Act (State CU Only)
- g. Deposits and Shares Meeting 703.10(a) (FCU Only)
- h. Brokered Certificates of Deposit
Payday Alternative Loans (PALs I & II - FCU Only)
- i. PALs I (FCU Only)
- j. PALs II (FCU Only)

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

- | | |
|---|--|
| <p>Transactional</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. ATM/Debit Card Program <input type="checkbox"/> b. Check Cashing <input type="checkbox"/> c. Money Orders <input type="checkbox"/> d. No Surcharge ATMs <input type="checkbox"/> e. Prepaid Debit Cards <p>Depository</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Business/Commercial Share Accounts <input type="checkbox"/> b. Health Savings Accounts <input type="checkbox"/> c. Individual Development Accounts <input type="checkbox"/> d. No Cost Share Drafts <input type="checkbox"/> e. Share Certificates with low minimum balance requirement <p>Other Member Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Bilingual Services <input type="checkbox"/> b. Insurance/Investment Sales <input type="checkbox"/> c. No Cost Bill Payer <input type="checkbox"/> d. No Cost Tax Preparation Services <input type="checkbox"/> e. Student Scholarship <p>Consumer Initiated Remittance Transfers</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. International Remittances <input type="checkbox"/> b. Low-cost Wire Transfers <input type="checkbox"/> c. Proprietary remittance transfer services operated by the CU <input type="checkbox"/> d. Proprietary remittance transfer services operated by another person | <p>Financial Education</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Financial Counseling <input type="checkbox"/> b. Financial Education <input type="checkbox"/> c. Financial Literacy Workshops <input type="checkbox"/> d. First Time Homebuyer Program <input type="checkbox"/> e. In-School Branches <p>Credit</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. Business/Commercial Loans <input type="checkbox"/> b. Credit Builder <input type="checkbox"/> c. Debt Cancellation/Suspension <input type="checkbox"/> d. Direct Financing Leases <input type="checkbox"/> e. Indirect Business/Commercial Loans <input type="checkbox"/> f. Indirect Consumer Loans <input type="checkbox"/> g. Indirect Mortgage Loans <input type="checkbox"/> h. Interest Only or Payment Option 1st Mortgage Loans <input type="checkbox"/> i. Micro Business Loans <input type="checkbox"/> j. Micro Consumer Loans <input type="checkbox"/> k. Overdraft Lines of Credit <input type="checkbox"/> l. Overdraft Protection/ Courtesy Pay <input type="checkbox"/> m. Participation Loans <input type="checkbox"/> n. Pay Day Loans <input type="checkbox"/> o. Real Estate Loans <input type="checkbox"/> p. Refund Anticipation Loans <input type="checkbox"/> q. Risk Based Loans <input type="checkbox"/> r. Share Secured Credit Cards |
|---|--|

Shared Service Centers/Networks

1. Does the credit union participate in Shared Service Centers/Networks? (Yes/No): _____

Payday Alternative Loans (PALs I and II) 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 Depository Institution Questions

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

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

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CREDIT UNION PARTNERSHIPS INFORMATION (1)

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.

Partnership Information - Please provide information on any partnerships you have with other credit unions.

Name of Credit Union Partner	Service Type	Relationship Type

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CREDIT UNION PARTNERSHIPS INFORMATION (2)

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.

Partnership Information - Please provide information on any partnerships you have with other credit unions.

Name of Credit Union Partner	Service Type	Relationship Type

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CREDIT UNION PARTNERSHIPS INFORMATION (3)

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.

Partnership Information - Please provide information on any partnerships you have with other credit unions.

Name of Credit Union Partner	Service Type	Relationship Type

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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? _____

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 :

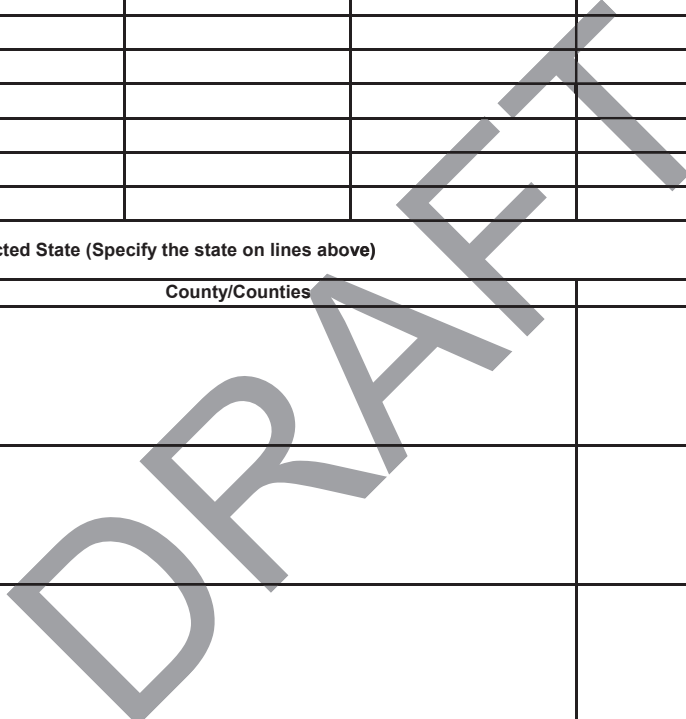
3. Please identify the geographic areas in which the credit union would be interested. (Select only ONE Box)

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



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CONTACTS

Credit Union Name :

Charter Number :

The Contacts section of the profile includes all of the Officials, Patriot Act Contacts, Emergency Contacts, Profile, and 5300 Call Report contacts. Please reference the directions for a list of all required contacts and roles the credit union must report.

Home Address

Work Address

Job Titles(s) :

Line 1 :

Line 1 :

Salutation :

Line 2 :

Line 2 :

First Name :

City :

City :

Middle Name :

County :

County :

Last Name :

State :

State :

Employment Type :

Country :

Country :

Role(s) :

Phone :

Phone :

Fax :

Fax :

Fax :

Email :

Email :

Email :

Job Titles(s) :

Line 1 :

Line 1 :

Salutation :

Line 2 :

Line 2 :

First Name :

City :

City :

Middle Name :

County :

County :

Last Name :

State :

State :

Employment Type :

Country :

Country :

Role(s) :

Phone :

Phone :

Fax :

Fax :

Fax :

Email :

Email :

Email :

Job Titles(s) :

Line 1 :

Line 1 :

Salutation :

Line 2 :

Line 2 :

First Name :

City :

City :

Middle Name :

County :

County :

Last Name :

State :

State :

Employment Type :

Country :

Country :

Role(s) :

Phone :

Phone :

Fax :

Fax :

Fax :

Email :

Email :

Email :

RETRD

SITES

Credit Union Name :

Charter Number :

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. Please reference the instructions for additional guidance.

Physical Address

Mailing Address

Site Type :

Line 1 :

Site Name :

Line 2 :

Operational Status :

Main Office :

City :

Phone Number :

County :

Hours of Operation :

State :

Fax :

Ext. :

Zip :

Zip :

Country :

Site Function(s) :

Site Type :

Line 1 :

Site Name :

Line 2 :

Operational Status :

Main Office :

City :

Phone Number :

County :

Hours of Operation :

State :

Fax :

Ext. :

Zip :

Zip :

Country :

Site Function(s) :

Site Type :

Line 1 :

Site Name :

Line 2 :

Operational Status :

Main Office :

City :

Phone Number :

County :

Hours of Operation :

State :

Fax :

Ext. :

Zip :

Zip :

Country :

Site Function(s) :