

(For Internal Use only)  
 Application Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_

**APPENDIX C-3**  
**REQUEST FOR FUNDS**  
**NATIONAL CREDIT UNION CENTRAL LIQUIDITY FACILITY**

1) Name of Credit Union: \_\_\_\_\_

2) Identification Number: \_\_\_\_\_  
 (Enter Charter/ Insurance number)

3) Person Requesting Funds: \_\_\_\_\_  
 (Must be person authorized by the Board of Directors to transact business with the Facility.)

4) Provide a complete statement of the specific PURPOSE for the request and the nature of the conditions which support the purpose. Be specific and attach additional information or continue on another page:  
 \_\_\_\_\_  
 \_\_\_\_\_

5) Amount of Funds requested: \_\_\_\_\_

6) When do you expect to need the funds? (Provide a specific date or dates and amounts required on the stated dates if funds are to be advanced over a period of time rather than in one lump sum):  
 \_\_\_\_\_  
 \_\_\_\_\_

7) When do you expect to repay the funds requested? (Provide a specific maturity period & date of expected payment.)  
 Maturity period: \_\_\_\_\_ Date to be repaid: \_\_\_\_\_

8) How will the loan be repaid? Provide the specific source of repayment and repayment plan. Attach additional sheet if necessary.  
 \_\_\_\_\_  
 \_\_\_\_\_

9) Has the credit union agreed or committed to purchase any investments or loans?  Yes  No (Provide details of any such commitments including the date to be honored and amount.)  
 \_\_\_\_\_  
 \_\_\_\_\_

10) Categorize your borrowing from other sources on the following schedule. If your credit union issues promissory notes to individual, lump the total dollar amount outstanding by maturity category.

		Assets Pledged:		
		Description		Book Value
a.	Maturity 180 days or less	\$ _____	_____	\$ _____
b.	Maturity 181 days to 1 year	\$ _____	_____	\$ _____
c.	Maturity greater than 1 year	\$ _____	_____	\$ _____
<b>TOTALS</b>		\$ _____	_____	\$ _____

\*\*\*The CLF may not collect this information, and you are not required to complete this form unless it displays a currently valid control number. Estimated time to complete this form is 1 hour.

