NATIONAL CREDIT UNION ADMINISTRATION
ALEXANDRIA, VIRGINIA 22314-3428
OFFICIAL BUSINESS

Credit Union Profile Form and Instructions
First Quarter 2014

DUE: APRIL 25, 2014

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION ADDRESSED:

This booklet contains the first quarter 2014 Profile form and instructions. Credit union filers need only complete the area(s) that changed since the last time you filed your Call Report. If there are no changes to a specific area, please check the box titled "No changes."

Please follow the instructions carefully and complete your profile no later than **April 25, 2014**.

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.

CHANGES TO THE NCUA FORM 4501A – CREDIT UNION PROFILE
EFFECTIVE MARCH 31, 2014

- There are no material changes to the Profile for March 2014.

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.

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 6.6 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 748.0 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)

- ☐ 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)
- ☐ h. Brokered Certificates of Deposit
- ☐ i. Short-Term, Small Amount Loans (FCU Only)

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

Transactional

- ☐ a. ATM/Debit Card Program
- ☐ b. Check Cashing
- ☐ c. Money orders
- ☐ d. No surcharge ATMs
- ☐ e. Prepaid Debit Cards

Depository

- ☐ a. Business Share Accounts
- ☐ b. Health Savings Accounts
- ☐ c. Individual Development Accounts
- ☐ d. No Cost Share Drafts
- ☐ e. Share Certificates with low minimum balance requirement

Other Member Services

- ☐ a. Bilingual Services
- ☐ b. Insurance/Investment Sales
- ☐ c. No Cost Bill Payer
- ☐ d. No Cost Tax Preparation Services
- ☐ e. Student Scholarship

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

Financial Education

- ☐ a. Financial Counseling
- ☐ b. Financial Education
- ☐ c. Financial Literacy Workshops
- ☐ d. First Time Homebuyer Program
- ☐ e. In-School Branches

Credit

- ☐ a. Business Loans
- ☐ b. Credit Builder
- ☐ c. Debt Cancellation/Suspension
- ☐ d. Direct Financing Leases
- ☐ e. Indirect Business Loans
- ☐ f. Indirect Consumer Loans
- ☐ g. Indirect Mortgage Loans
- ☐ h. Interest Only or Pymt Option 1st Mortgage Loans
- ☐ i. Micro Business Loans
- ☐ j. Micro Consumer Loans
- ☐ k. Overdraft Lines of Credit
- ☐ l. Overdraft Protection/ Courtesy Pay
- ☐ m. Participation Loans
- ☐ n. Pay Day Loans
- ☐ o. Real Estate Loans
- ☐ p. Refund Anticipation Loans
- ☐ q. Risk Based Loans
- ☐ r. Share Secured Credit Cards

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 :

- ☐ Black American
- ☐ Native American
- ☐ Hispanic American
- ☐ 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 :

- ☐ Black American
- ☐ Native American
- ☐ Hispanic American
- ☐ Asian American

CREDIT UNION GRANT INFORMATION

Credit Union Name : _____ Charter Number : _____

The Grant section of this page must be completed if the credit union receives grant funds.

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

Grantor Type and Grantor	Date Awarded	Amount Awarded	Grant Type*
Government (State, Local, Federal)			
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
b. Subsidy for Risk or ALLL
c. Program Grant
d. Pass Through

CREDIT UNION PARTNERSHIPS INFORMATION

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 (***)

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.

		Home Address	Work Address
A.	*Job Title : Manager or CEO	*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) :	*Phone :	Phone : Ext. :
		Fax : Cell :	Fax : Cell :
		Email :	Email :
B.	*Job Title : Chairperson	*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) :	*Phone :	Phone : Ext. :
		Fax : Cell :	Fax : Cell :
		Email :	Email :
C.	*Job Title : Vice Chairperson	*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) :	*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.

D.

*Job Title : Board Secretary

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address

*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address

Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

E.

*Job Title : Board Treasurer

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address

*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address

Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

F.

*Job Title : Board Member

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address

*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address

Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
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.

G.

*Job Title : Board Member

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address

*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address

Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

H.

*Job Title : Board Member

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address

*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address

Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

I.

*Job Title : Board Member

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address

*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address

Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

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.

J.

*Job Title : Credit Committee Chairperson

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address

*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address

Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

K.

*Job Title : Credit Committee Member

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address

*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address

Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

L.

*Job Title : Credit Committee Member

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address

*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address

Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

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.

M.

*Job Title : Supervisory Committee Chairperson

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address
*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address
Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

N.

*Job Title : Supervisory Committee Member

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address
*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address
Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
Email :

O.

*Job Title : Supervisory Committee Member

*Salutation :
*First Name :
Middle Name :
*Last Name :
*Employment Type :
*Role(s) :

Home Address
*Line 1 :
Line 2 :
*City :
County :
*State : *Zip :
*Country :
*Phone :
Fax : Cell :
Email :

Work Address
Line 1 :
Line 2 :
City :
County :
State : Zip :
Country :
Phone : Ext. :
Fax : Cell :
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.

P.

*Job Title : _____

*Salutation : _____
*First Name : _____
Middle Name : _____
*Last Name : _____
*Employment Type : _____
*Role(s) : _____

Home Address

*Line 1 : _____
Line 2 : _____
*City : _____
County : _____
*State : _____ *Zip : _____
*Country : _____
*Phone : _____
Fax : _____ Cell : _____
Email : _____

Work Address

Line 1 : _____
Line 2 : _____
City : _____
County : _____
State : _____ Zip : _____
Country : _____
Phone : _____ Ext. : _____
Fax : _____ Cell : _____
Email : _____

Q.

*Job Title : _____

*Salutation : _____
*First Name : _____
Middle Name : _____
*Last Name : _____
*Employment Type : _____
*Role(s) : _____

*Line 1 : _____
Line 2 : _____
*City : _____
County : _____
*State : _____ *Zip : _____
*Country : _____
*Phone : _____
Fax : _____ Cell : _____
Email : _____

Line 1 : _____
Line 2 : _____
City : _____
County : _____
State : _____ Zip : _____
Country : _____
Phone : _____ Ext. : _____
Fax : _____ Cell : _____
Email : _____

R.

*Job Title : _____

*Salutation : _____
*First Name : _____
Middle Name : _____
*Last Name : _____
*Employment Type : _____
*Role(s) : _____

*Line 1 : _____
Line 2 : _____
*City : _____
County : _____
*State : _____ *Zip : _____
*Country : _____
*Phone : _____
Fax : _____ Cell : _____
Email : _____

Line 1 : _____
Line 2 : _____
City : _____
County : _____
State : _____ Zip : _____
Country : _____
Phone : _____ Ext. : _____
Fax : _____ 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 : Call Report Contact
*Job Title :
*Employment Type :
*Salutation :
*First Name :
Middle Name :
*Last Name :
Work Email :
Home Email :
*Work Phone :
Extension :

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

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

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

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

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

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

F.
*Role : Secondary Emergency Contact
*Job Title :
*Employment Type :
*Salutation :
*First Name :
Middle Name :
*Last Name :
Work Email :
Home Email :
*Work Phone :
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 :	Corporate Office	*Line 1 :		*Line 1 :	
*Site Name :		Line 2 :		Line 2 :	
*Operational Status :		*City :		*City :	
*Is Main Office :	Yes	Fax :		County :	
*Phone Number :		Ext. :		*State :	*Zip :
*Hours of Operation :		*Country :		*Country :	
		*Site Function(s) :			

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 :	No	Fax :		County :	
*Phone Number :		Ext. :		*State :	*Zip :
*Hours of Operation :		*Country :		*Country :	
		*Site Function(s) :	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 :	No	Fax :		County :	
*Phone Number :		Ext. :		*State :	*Zip :
*Hours of Operation :		*Country :		*Country :	
		*Site Function(s) :	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 :	
*Phone Number :		Ext. :		*State :	*Zip :
*Hours of Operation :		*Country :		*Country :	
		*Site Function(s) :	Location of Records		

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CERTIFICATION
(NCUA FORM 4501A - PAGE 1)

The certification page is mandatory. Credit unions must review and certify their profile information at least quarterly and ensure their profile information is accurate. Credit unions must update their 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.

Credit Union Name and Charter Number
Provide the credit union name and federal charter or certificate number.

Certifying Official
Provide the last name, first name, date, and signature of the official certifying the accuracy of the profile information.

CERTIFY COMPLIANCE MINIMUM SECURITY DEVICES AND PROCEDURES
NCUA Rules and Regulations Part 748
(NCUA FORM 4501A - PAGE 2)

The Certify Compliance Minimum Security Devices and Procedures page is mandatory. Each federally insured credit union is required to develop a written security program and to file an annual statement certifying its compliance with this requirement as prescribed by Part 748 of the NCUA Rules and Regulations.

Credit Union Name and Charter Number
Provide the credit union name and federal charter or certificate number.

Certifying Official
Provide the last name, first name, date, and signature of the official certifying compliance with Part 748 of the NCUA Rules and Regulations.

GENERAL INFORMATION
(NCUA FORM 4501A - PAGE 3)

Credit Union Name and Charter Number
Provide the credit union name and federal charter or certificate number.

Change to Information – Check the box if there have been no changes to the General information since last completing the form. If this is the first time completing this form, leave the box blank.

Credit Committee Type – If the credit union has a credit committee, identify whether they are appointed by the Board of Directors or elected. If none of the options apply, select "No Committee."

Primary Settlement Agent – Select the applicable primary settlement agent that is used to process member share drafts, Automated Clearing House (ACH) transactions, and other item processing services. If multiple settlement agents are used, report the settlement agent that processes the most transactions for the credit union. If none of the options apply, select "Not Applicable." If you select "Corporate Credit Union", please complete the Payment System Service Provider Information section on the Payment System Service Provider Information (PSSP) page of the profile.

Employer Identification Number (EIN) – Report the EIN (a.k.a. Tax ID number) of the credit union. This is a nine-digit number assigned by the Internal Revenue Service. This number should not be someone's social security number. NCUA will not release this information to the public.

RSSD ID - Report the credit union's Research Statistics Supervision and Discount (RSSD) ID number issued by the Board of Governors of the Federal Reserve System. Credit unions can confirm their number by going to the Federal of Financial Institutions Examination Council's (FFIEC's) website.

Is your credit union a member of the Federal Home Loan Bank? – Check "Yes" if your credit union is a member of the Federal Home Loan Bank.

Has your credit union filed an application to borrow from the Federal Reserve Bank Discount Window? – Check "Yes" if your credit union has filed an application to borrow from the Federal Reserve Bank Discount Window.

Has your credit union pre-pledged collateral with the Federal Reserve Bank Discount Window? Check "Yes" if your credit union has pre-pledged collateral with the Federal Reserve Bank Discount Window. "Pre-pledged" collateral means that the credit union's collateral has already been evaluated and accepted for immediate borrowing access.

INFORMATION SYSTEMS AND TECHNOLOGY (IS&T)
(NCUA FORM 4501A - PAGE 4)

The IS&T page of the credit union's profile includes information about the credit union's information systems and technology programs.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Changes to Information – Check the box if there have been no changes to the credit union's IS&T information since last completing the form. If this is the first time completing this form, leave the box blank.

IS&T Information – Provide the information relevant to the credit union.

1. **Website Address:** If the credit union has a World Wide Website, check "Yes." Otherwise, check "No." If the answer to #1 is "Yes", then provide the following information:

   a. **Website Address**

   b. **Hosted Internally** - Check "Yes" if the credit union hosts its own website and/or online banking page on a server located on the credit union's premises and the server is managed by credit union personnel. Otherwise, check "No." NCUA will not release this information to the public.

   c. **Type of Website -** If the credit union has a Website, identify the type that best describes the degree of information and/or services offered online:

      a. **Informational** – This type displays general information such as loan/share rates, printable forms, credit union contact information, privacy notice, etc.

      b. **Interactive** – Members can complete and submit online membership and/or loan applications, apply for new share accounts, transmit requests for information such as share balances, loan balances, account statements, disclosure statements, etc. as well as informational capabilities.

      c. **Transactional** – Members can initiate or perform transactions such as paying bills, making loan payments, transferring money (between one or more credit union accounts or between the credit union and 3rd parties) as well as interactive and informational capabilities.

   d. **Transactional Website Vendor -** If the credit union has a transactional website, provide the name of the primary vendor used to enable such services (i.e. the electronic home banking application service provider). This may not necessarily be the same vendor who provides the credit union's share and loan system, physically hosts the web server which runs the website, or provides the access to the Internet.

2. If the credit union does not have a website and plans to add one in the future, please provide the following information. If you have a website, skip this question.

   a. **Type of Website -** If the credit union is planning to add a Website, identify the type that best describes the degree of information and/or services that will be offered online:

      1. **Informational** – This type displays general information such as loan/share rates, printable forms, credit union contact information, privacy notice, etc.

      2. **Interactive** – Members can complete membership and loan applications, apply for new share accounts, transmit requests for information such as share balances, loan

balances, account statements, disclosure statements, etc. as well as informational.

3. **Transactional** – Members can initiate or perform transactions such as paying bills, making loan payments, transferring money (between one or more credit union accounts or between the credit union and 3rd parties) as well as interactive and informational.

b. **Transactional Website Vendor -** If the credit union is planning to have a transactional website, provide the name of the primary vendor that will be used to enable such services (i.e. the electronic home banking application service provider). This may not necessarily be the same vendor who provides the credit union's share and loan system, physically hosts the web server which runs the website, or provides the access to the Internet.

c. Provide the planned date of implementation

3. **Organizational Email -** Provide the e-mail address used by the credit union to communicate with members and the general public. This typically is an e-mail address that is not assigned to a person, but is accessed by multiple employees**.**

4. **Internet Access -** If anyone can access the internet from any computer located at the credit union, check "Yes" to this question. Otherwise, check "No."

5. **Internal Wireless Network -** Check "Yes" if any communication on the credit union's network is accomplished using a wireless rather than a wired connection. This applies to all IEE 802.11 technologies and related technologies. Also answer "Yes" to this question if communication between the primary data processing site and a branch is done wirelessly. For example, using line of site broadcast towers between the main office and a branch a few miles away. NCUA will not release this information to the public. Otherwise, check "No."

6. **Data Processing System -** Enter the number which corresponds to the best description of the system the credit union uses to maintain its share and loan records:

a. **Manual System (No Automation)** – Manually (e.g. hand posting) post and track share and loan records. Manual systems are typically "paper-based."

b. **Vendor Supplied In-House System** – Vendor provides, and maintains, the software program(s) required to track member data. This type of product is also called "Turnkey" and in many cases is a complete accounting package (share, loan, general ledger, subsidiaries, teller operations, cash operations, etc.). In most cases, the credit union will install and maintain the hardware to run the software at its office(s). The vendor generally maintains control over software programming and provides updates, patches, fixes, and new releases on a regular or predetermined basis. In some cases, clients may request the vendor to customize the software for their particular needs.

c. **Vendor Online Service Bureau** – Hardware and software systems reside at the vendor's location with the exception of those systems a credit union requires in order to access and transmit data to the vendor. Most, if not all, data processing occurs at the vendor's site.

Service bureau vendors generally provide reports (paper, electronic, microfiche, or other) on a regular basis. Connection is made to a service bureau through dial-up connections, private lines, the Internet, frame relay, or other Wide Area Network (WAN) services. The service provided may be real-time (transaction post upon data entry) or batch processing (data is accumulated throughout a predetermined time period and then transmitted to the vendor for processing at predetermined intervals).

d. **CU Developed In-House System** – The credit union developed, and generally maintains, the software onsite. The credit union has responsibility for the hardware and software systems. Generally, in-house developed credit unions will maintain a data center (data processing department) staffed with hardware and software personnel.

e. **Other** – Any other system that does not fit into one of the previous categories. Note: Most systems will fit into one of the categories.

7. **Data Processing Vendor -** Provide the name of the credit union's primary share and loan data processing vendor, if applicable. If records are posted manually, leave blank.

8. **Member Access/Perform Electronic Financial Services -** Check the methods by which members may access and/or perform electronic financial services (select all that apply).

   a. **Home Banking Via Internet Website** – Members access services via the web/internet. Generally, members use a web browser to access services.

   b. **Audio Response** – Members use an audio response system to access services. Generally, this type of system is phone based.

   c. **Automatic Teller Machines** – Members access services via an ATM network.

   d. **Kiosk** – Members access services via a kiosk.

   e. **Mobile Banking** – Members access services via a mobile telecommunications device such as a cell phone.

   f. **Other** – Members access services via a method that does not fit into one of the previous categories. If this field is selected, provide a description of how financial services are performed.

9. **Electronic Services -** Check the services that members may perform using one or more of the electronic means listed above. Descriptions are provided for the following services which may not be self-explanatory. If "Other" is selected, provide the name of the vendor in the space provided.

   - **Account aggregation** – Service to present account information from many websites in a consolidated format.

- **Electronic Cash** – Services to transfer monetary values ("electronic cash") that can be stored on a variety of media including a personal computer, plastic card, or other device that has a computer chip or magnetic strip. Debit, ATM or credit cards are not electronic cash.

- **Electronic Signature Authentication/Certification** – Service to verify identify and certify related electronic signatures.

- **E-statements** – Service where members can choose to receive their periodic statements electronically rather than receiving a paper statement in the mail.

- **External Account Transfers** – Service that allows members to transfer money to accounts held at other financial institutions.

- **Internet Access Services** – Service to provide members with access to the Internet.

- **Member Application, New loan, and New Share Account** – Service that allows members to access and submit an application electronically via the internet. Do not report this item if members must print, mail or physically deliver the application.

- **Merchant Processing Services** – Providing point of sale transaction equipment (i.e. debit/credit card terminals, etc.) and processing services to business customers. This also applies if the credit union has contracted with a third party to provide these services.

- **Remote Deposit Capture** – Service which allows a member to scan checks and transmit the scanned images and/or ACH-data to a credit union for posting and clearing.

- **Mobile Payments** – Payments to another person or business, purchases of goods or services, charitable donations, or any other payments made using a mobile device (e.g. phone, tablet, PDA). Transaction methods include point-of-sale terminal or near field communication (NFC) technology, mobile applications, text messages (SMS), or taking a photograph of a check and sending it as a payment (not deposit). The amount of the payment may be withdrawn directly from a member's bank account, charged to their credit card, or applied to their phone bill. *Do not report bill payment service offered through mobile banking here, if the service is comparable to an Internet-based bill payment service offered by the credit union.*

10. **Electronic Payment Processing -** Check all systems the credit union uses to process electronic payments. Electronic payments generally mean any transfer of funds between the credit union and another party (e.g., corporate credit union, Federal Reserve Bank, financial institution, or other parties) through electronic system such as the Internet. FedLine Advantage is a software product provided by the Federal Reserve Bank to facilitate the electronic transfer of funds.

    Correspondent Banks are banks that perform services, such as the electronic transfer of funds to another party (e.g., financial institution, merchant, credit union, government entity, etc.)

for the credit union. If "Other" is selected, provide the name of the system in the space provided. NCUA will not release this information to the public.

11. **Performs ACH Transfers** – If the credit union performs ACH transfers, check the box(s) to indicate whether the credit union transfers funds domestically, internationally, or both. NCUA will not release this information to the public.

12. **Originating Depository Financial Institution ACH Transactions -** If the credit union is an Originating Depository Institution, check the box next to all the types of ACH transactions that apply. NCUA will not release this information to the public.

13. **Wire Transfers -** If the credit union wires funds, check the box(s) to indicate whether the credit union wires funds domestically, internationally, or both. NCUA will not release this information to the public.

14. **Electronic Payment Initiation -** Check the box(s) next to all processes a member can use to initiate electronic payments (e.g., wire transfer, ACH, etc.) from the credit union. If you select "Other" provide the process in the space provided. NCUA will not release this information to the public.

PAYMENT SYSTEM SERVICE PROVIDER INFORMATION (PSSP)
(NCUA FORM 4501A - PAGE 5)

1. Does your credit union use a Corporate credit union(s) for payment system services? Answer Yes or No in the space provided. If you answered Yes, for each Corporate:

   a. Provide the name of the Corporate credit union(s).

   b. Identify the payment service(s) used at each Corporate credit union If you only use a Corporate credit union for settlement (and not for any processing services), select "Other" and enter "Settlement Only" in the space provided.

      - Share Draft Processing and Settlement
      - ATM and Debit Processing and Settlement
      - Credit Card Processing and Settlement
      - Electronic Funds Transfer and Direct Deposit
      - Wire Transfers
      - Other – Please specify

2. Are you planning to change this payment system provider relationship within the next 12 months and/or have you started to transition to a new provider? Answer Yes or No in the space provided. If you answered Yes, provide the following:

a. Provider you plan to or have changed to. Identify the name of the Corporate credit union, bank, or other new or intended provider.
b. Identify the payment service(s) affected by this change. Provide the payment service(s) you plan to or are in the process of transitioning to this new provider. If you only use a Corporate credit union for settlement (and not for any processing services), select "Other" and enter "Settlement Only" in the space provided**.**

c. Percentage of transition complete. Provide the percentage of transition complete, ranging from 0% to 100%. The transition process includes completing your due diligence, reviewing and signing contracts, notifying members, etc. The transition time may vary depending on the service(s). 100% complete means all the transitioned service(s) are successfully being completed by a new provider. If the credit union is transitioning multiple services to one new provider, **report the lowest level of completion for percentage complete.** For example, a credit union is transitioning its ATM and Debit Processing and Wire Transfer services to a new provider. ATM and Debt Processing are 50% complete, and Wire Transfer services are 100% complete. The credit union should report 50% complete.

d. Is the transition of any service(s) 100% complete? Identify Yes or No in the field provided. If Yes, provide an answer in column e.

e. Identify the payment service(s) whose transition to a new provider is 100% complete. If you only use a Corporate credit union for settlement (and not for any processing services), select "Other" and enter "Settlement Only" in the space provided.

DATA PROCESSING CONVERSION
(NCUA FORM 4501A - PAGE 5)

a. If applicable, provide the date the credit union is undergoing or planning to undergo a data processing conversion. The user may enter a future date in this field.

b. Provide the name of the data processor the credit union has or will convert to.

REGULATORY INFORMATION
(NCUA FORM 4501A - PAGE 6)

The Regulatory and Disaster Recovery page of the credit union's profile reports information regarding regulatory requirements and disaster recovery information.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Regulatory Information

1. **Annual Meeting -** Provide the date of the most recent annual meeting held by the credit union.

2. **Financial Statement Audit -** Provide the effective date of the most recent financial statement audit.

3. Indicate the type of audit by entering the letter of the description that best characterizes the last audit.

   a. **Financial statement audit performed by state licensed persons** (also known as an "opinion audit") refers to an audit of the financial statements in accordance with Generally Accepted Auditing Standards (GAAS) by an independent person who is licensed by the appropriate State or jurisdiction. The objective of a financial statement audit is to express an opinion as to whether those financial statements of the credit union taken as a whole present fairly, in all material respects, the financial position and the results of its operations and its cash flows in conformity with Generally Accepted Accounting Principles (GAAP), as defined herein, or regulatory accounting practices.

   b. **Balance sheet audit performed by state licensed persons** refers to an examination of a credit union's assets, liabilities, and equity under GAAS by an independent public accountant for the purpose of opining on the fairness of the presentation on the balance sheet. The opinion under this type of engagement would not address the fairness of the presentation of the credit union's income statement, statement of changes in equity (including comprehensive income), or statement of cash flows.

   c. **Examinations of internal control over call reporting** refers to an engagement in which an independent, licensed, certified public accountant or public accountant, consistent with attestation standards, examines and reports on management's written assertions concerning the effectiveness of its internal control over financial reporting in its most recently filed quarterly or year-end Call Report, with a concentration in high risk areas.

   d. **Supervisory Committee audit performed by state licensed persons** refers to an engagement in accordance with the procedures prescribed in NCUA's Supervisory Committee Guide performed by certified public accountant, public accountant, and other state licensed persons.

   e. **Supervisory Committee audit performed by other external auditors** refers to an engagement in accordance with the procedures prescribed in NCUA's Supervisory Committee Guide performed by the league auditor, credit union auditor consultant, retired financial institutions examiner, and other qualified but not State-licensed persons.

   f. **Supervisory Committee audit performed by supervisory committee or designated staff** refers to an engagement in accordance with the procedures prescribed in NCUA's Supervisory Committee Guide performed by the supervisory committee or its internal

auditor.

4. **Name of the Audit Firm or Auditor** – Provide the name of the auditor, if individual, or audit firm that performed the last financial statement audit. If the Supervisory Committee performed the audit, please report "Supervisory Committee" in this field. NCUA will not release this information to the public.

5. **Verification of Members' Accounts –** Provide the effective date of the most recent Supervisory Committee verification of members' accounts.

6. Please indicate, using one of the letters below, who verified the members' accounts.

   a. = Supervisory Committee; b. = Third Party

7. **Bank Secrecy Act (BSA) Independent Test** – Provide the date of the most recent BSA independent test. NCUA will not release this information to the public.

8. **Supervisory Committee Information** – Provide the contact information, e.g., mailing address, email, for your supervisory committee. NCUA will not release this information to the public, but will use it for official correspondence with the Supervisory Committee; such as, forwarding member complaints.

9. **Fidelity Bond Provider** – Provide the name of the fidelity bond provider used to cover fraud and dishonesty by all employees, directors, officers, supervisory committee members, and credit committee members. Fidelity bond also provides insurance coverage for losses such as theft, holdup, vandalism, etc. caused by persons outside the credit union.

10. **Fidelity Coverage for any Single Loss** – Report the maximum coverage provided for any single loss by your fidelity bond. Your fidelity bond provider may refer to this as "blanket bond" coverage. The minimum required coverage is based on the credit union's total assets, as outlined in NCUA Rules and Regulations, Section 713.5. The minimum fidelity bond requirements also apply to state-chartered credit unions, as indicated in NCUA Rules and Regulations, Section 741.201. If you need further assistance, please contact your or examiner or Regional Office.

Note: The fidelity bond provider's name will be released to the public. NCUA will not release the amount of fidelity bond coverage for any single loss the public.

Section 701.4 Certification (Federal Credit Unions Only) – Section 701.4 of the NCUA Rules and Regulations requires training for directors to ensure they obtain the financial knowledge needed commensurate with the size and complexity of the FCU. See NCUA Letter to Federal Credit Unions (LFCU) No. 11-FCU-02 for further guidance.

11. **Please provide Section 701.4 Certification Date (Federal Credit Unions Only) –** Provide the date you certify your compliance with Section 701.4.

12. **Please provide Section 701.4 Certifier Name (Federal Credit Unions Only) –** Provide the name of the official certifying compliance with Section 701.4.

13. **Please provide Section 701.4 Certifier's Job Title (Federal Credit Unions Only) –** Provide the job title of the official certifying compliance with Section 701.4.

Miscellaneous Criteria – Provide the information requested for questions 14 – 15.
14. – 14b. - EEO-1 Survey Report with the Equal Opportunity Commission – These question apply to credit unions with 100 employees or more, or 50 or more employees and:

a. a Federal contract of at least $50,000; or
b. Serves as a depository of U.S. government funds of any amount; or
c. Serves as a paying agent for U.S. Savings Bonds.

14. **Qualified Filer** – Indicate if the credit union meets the filing requirements.

14a. **Date Last Filed** – Provide the last date the credit union filed an EEO-1 Survey Report with the Equal Employment Opportunity Commission. For additional information on requirements to file this form, visit their website at: http://www.eeoc.gov/. NCUA will not release this information to the public.

14b**. Diversity Policy or Program** – Report whether the credit union has a diversity policy or program. NCUA will not release this information to the public.

15. **Trade Names** – List any names used by the credit union for either signage or advertising that are not the name on file with NCUA.

DISASTER RECOVERY INFORMATION
(NCUA FORM 4501A - PAGE 7)

Changes to Information - Check the box if there have been no changes to the Disaster Recovery information since last completing the form. If this is the first time completing the form, leave the box blank.

1. **Website Communication -** Indicate by checking "Yes" or "No" whether the credit union will communicate with its members through a website in the event of a disaster. NCUA will not release this information to the public.

2. **Available Emergency Resources or Services -** Please check all boxes that indicate what resources or services the credit union has available and would be willing to share with other credit unions if they are not needed for your own operations. Note: Checking a box does not

constitute an obligation on the part of the credit union. NCUA will not release this information to the public.

a. **Cash Non-Member Share Drafts** – The credit union is willing to cash share drafts for non-members during an emergency.

b. **Generator** – The credit union has a generator that you would be willing to loan or share with another credit union during an emergency.

c. **IT Support** – The credit union has Information Technology resources that could be used by another credit union after a disaster occurs. These resources could include equipment, staff, and excess server capacity and telecommunication equipment.

d. **Mobile Branch** – A mobile facility available to serve members. A mobile branch is usually a specialized van, bus, or RV that contains the necessary telecommunication and computer equipment to process member transactions.

e. **Office Space** – The credit union has space they would be willing to share with another credit union after a disaster occurs.

f. **Staff/Management Services** – The credit union has employees that would be willing to assist another credit union after a disaster occurs.

3. **Disaster Recovery Test –** Provide the date of your last disaster recovery test. Please do not include a future date. Disaster recovery testing does not have to include a full scale shut down of the credit union's information system. NCUA will not release this information to the public.

   a. Credit unions can conduct an acceptable disaster recovery test by completing any one of the following four methods. Please **check the applicable box which describes the methods you used in your last disaster recovery test**:

      1. **Orientation/Walk Through** – Assemble critical personnel to discuss the critical areas of your disaster recovery plan to ensure they know their duties and responsibilities in the event of an emergency.

      2. **Tabletop/Mini-Drill** – Devise a simulated scenario designed to test the response capability of personnel and their understanding of your disaster recovery plan.

3. **Functional Testing –** Test the credit union's communications and/or software restoration capabilities according to your disaster recovery plan to ensure the credit union can restore operations to fully functional. This type of testing can include sending personnel to your recovery site to restore operations remotely, per your Disaster Recovery Plan.

4. **Full-Scale Testing –** Implement all or portions of your disaster recovery plan by processing data and transactions using backup media at your recovery site.

For more information on Disaster Recovery/Business Continuity Testing, please refer to the *FFIEC IT Examination Handbook Business Continuity Planning Booklet* which can be accessed from http://www.ffiec.gov/.

CREDIT UNION SERVICE ORGANIZATION (CUSO)
(NCUA FORM 4501A - PAGE 8)

The Credit Union Service Organization (CUSO) page of the credit union profile lists all CUSOs in which the credit union uses and/or is associated with, regardless of whether the credit union has a financial interest. A CUSO is a corporation or limited partnership that provides services primarily to credit unions or members of affiliated credit unions.

CUSO Information - List all the CUSOs the credit union is associated with or receive services and provide the following information.

CUSO EIN - Provide the EIN (Employer Identification Number, a.k.a. Tax ID number) of the CUSO assigned by the Internal Revenue Service (IRS). Report the nine digit number as XX-XXXXXXX. **Do not** report someone's social security number or the same tax id number used by the credit union. If you do not know what the CUSO's tax ID number is, contact the CUSO. **NCUA will release this information to the public.**

CUSO Name - Provide the full/legal name of the CUSO.

City - Provide the name of the city where the CUSO headquarters is located.

State - Provide the state where the CUSO headquarters is located.

Wholly Owned - Indicate with a number whether or not the CUSO is wholly owned by the credit union. If your credit union wholly-owns the CUSO or owns a "controlling financial interest" (assumed at ownership of 50% or more of the voting stock), the CUSO's books and records should be consolidated with your credit union's books and records (as if the two were one entity) for reporting on pages 1 – 5 of the call report.

Investment Accounting - Report how the CUSO is currently accounted for on the credit union's financial statements by entering the relevant number.

1. Consolidation
2. Cost Method
3. Equity Method

Note:

- If your credit union wholly-owns the CUSO or owns a "controlling financial interest" (assumed at ownership of 50% or more of the voting stock), the CUSO's books and records should be consolidated with your credit union's books and records (as if the two were one entity) for reporting on pages 1 – 5 of the call report.
- If your credit union has "ability to exert significant influence" over operations of the CUSO (assumed at ownership of 20% or more but less than 50% of the voting stock of the CUSO), the credit union's investment in the CUSO should be reflected in its books and records using the equity method of accounting.
- If your credit union owns less than 20% of the voting stock of the CUSO, the credit union should account for its CUSO investment using the cost method of accounting.

Investment in CUSO - Report the amount that represents the unimpaired value of the credit union's CUSO investment as measured under generally accepted accounting principles on an unconsolidated basis. The amount reported should be measured under either:

- cost method (ownership of less than 20% voting common stock), or
- equity method (ownership of 20% or more voting common stock).

If the credit union does not have an investment in the CUSO, enter zero.

Loan to CUSO - Report the amount of outstanding loan balance(s), available line(s) of credit from the credit union, and/or guarantee(s) the credit union has made to or on behalf of the CUSO. If the credit union does not have a loan to the CUSO, enter zero.

Aggregate Cash Outlay - Report the aggregate cash outlay invested in the CUSO that is not impaired by sustained losses unrecoverable in the reasonable near term. "Aggregate cash outlay" means the aggregate amount of cash paid out by the credit union to acquire an ownership interest in the CUSO. Credit unions required under GAAP to report their investment in a CUSO on the equity basis are not penalized for exceeding their "investment in and loans to" CUSO limit as a result of the CUSO operating profitably and the value of the investment increasing. Unimpaired aggregate cash outlay is the means by which the regulatory limitation is measured. If the credit union does not have any aggregate cash outlay, enter zero.

CUSO Services - Report each service offered by the CUSO by listing the identifying letters. Use multiple lines if necessary.

a. **Checking and currency services** – (1) Check cashing; (2) Coin and currency services; and (3) Money order, savings bonds, travelers' checks, and purchase and sale of U.S. Mint commemorative coins services.

b. **Clerical, professional and management services** – (1) Accounting services; (2) Courier services; (3) Credit analysis; (4) Facsimile transmissions and copying services; (5) Internal audits for credit unions; (6) Locator services; (7) Management and personnel training and support; (8) Marketing services; (9) Research services; and (10) Supervisory committee audits.
c. **Business loan origination**
d. **Consumer mortgage loan origination**
e. **Electronic transaction services** – (1) Automated teller machine (ATM) services; (2) Credit card and debit card services; (3) Data processing; (4) Electronic fund transfer (EFT) services; (5) Electronic income tax filing; (6) Payment item processing; (7) Wire transfer services; and (8) Cyber financial services.
f. **Financial counseling services** – (1) Developing and administering Individual Retirement Accounts (IRA), Keogh, deferred compensation, and other personnel benefit plans; (2) Estate planning; (3) Financial planning and counseling; (4) Income tax preparation; (5) Investment counseling; and (6) Retirement counseling.
g. **Fixed asset services** – (1) Management, development, sale, or lease of fixed assets; and (2) Sale, lease, or servicing of computer hardware or software.
h. **Insurance brokerage or agency** – (1) Agency for sale of insurance; (2) Provision of vehicle warranty programs; and (3) Provision of group purchasing programs.
i. **Leasing** – (1) Personal property; and (2) Real estate leasing of excess CUSO property.
j. **Loan support services** – (1) Debt collection services; (2) Loan processing, servicing, and sales; and (3) Sale of repossessed collateral.
k. **Record retention, security, and disaster recovery services** – (1) Alarm-monitoring and other security services; (2) Disaster recovery services; (3) Microfilm, microfiche, optical and electronic imaging, CD–ROM data storage and retrieval services; (4) Provision of forms and supplies; and (5) Record retention and storage.
l. **Securities brokerage services**
m. **Shared credit union branch (service center) operations**
n. **Student loan origination**
o. **Travel agency services**
p. **Trust and trust-related services** – (1) Acting as administrator for prepaid legal service plans; (2) Acting as trustee, guardian, conservator, estate administrator, or in any other fiduciary capacity; and (3) Trust services.
q. **Real estate brokerage services**
r. **CUSO investments in non-CUSO service providers** – In connection with providing a permissible service, a CUSO may invest in a non-CUSO service provider. The amount of the CUSO's investment is limited to the amount necessary to participate in the service provider, or a greater amount if necessary to receive a reduced price for goods or services.
s. **Credit Card Loan Origination**
t. **Payroll Processing Services**

u. **Other –** If none of the above services is applicable, state "Other" and specify the type of service.

CREDIT UNION PROGRAMS AND MEMBER SERVICES
(NCUA FORM 4501A - PAGE 9)

The Programs and Member Services page of the credit union's profile reports the various programs and services offered by the credit union.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Programs

Report the credit union programs currently offered by checking the applicable descriptions.

a. **Mortgage Processing –** This is the act of originating, processing and closing mortgage applications from borrowers for sale directly on the secondary market or for another funding source.

b. **Approved Mortgage Seller –** This applies if you have filed an application and been approved to sell mortgages on the secondary market.

c. **Borrowing Repurchase Agreements –** This applies if you regularly use (in the last 6 months) Borrowing Repurchase Agreements to provide liquidity, even if there is not an agreement on the current Statement of Financial Condition of the 5300 Call Report.

d. **Brokered Deposits (All Deposits acquired through a 3rd party) –** This applies if you regularly (in the last 6 months) acquire deposits from a third party that is compensated for that function, regardless of whether the funds were transferred through the third party or directly from the depositor. This applies to all deposits whether they are certificates, share drafts or another share type.

e. **Investment Pilot Program (FCU Only) –** This applies if the credit union has investments on the Statement of Financial Condition that were purchased under the requirements of NCUA Rules and Regulations 703.19. Please Complete Schedule B Investments when you file your 5300 Call Report each cycle if this box is checked.

f. Investments not authorized by the FCU Act (SCU Only) – This applies if you are a state chartered credit union and have investments that are within state regulations but outside of the requirements of the Federal Credit Union Act. Please Complete Schedule B Investments when you file your 5300 Call Report each cycle if this box is checked.

g. **Deposits and Shares Meeting 703.10(a)** – This applies if you hold a non-security deposit or shares in a bank, credit union or other financial institution that contains any of the following features:
   - Embedded options
   - Remaining maturities greater than 3 years
   - Coupon formulas that are related to more than one index or are inversely related to, or multiples of, an index.

h. **Brokered Certificates of Deposit** – This applies if you purchased certificates of deposits through or from a broker. Please Complete Schedule B Investments when you file your 5300 Call Report each cycle if this box is checked.

i. **Short-Term, Small Dollar Loans (STS) -** In September 2010, NCUA amended its general lending rule to enable FCUs to offer short-term, small amount (STS) loans as a viable alternative to predatory payday loans. This amendment permits FCUs to charge a higher interest rate for a STS loan than is permitted under the general lending rule, but imposes limitations on the permissible term, amount, and fees associated with a STS loan. According to NCUA Rules and Regulations Part 701.21(c)(7)(iii), Short-term, small amount Loans (STS) are defined as a closed-end loan with the following conditions:

   1. The principal of the loan is not less than $200 or more than $1,000;
   2. The loan has minimum maturity term of one month and a maximum maturity term of six months;
   3. The FCU does not make more than three STS loans in any rolling six-month period to any one borrower and makes no more than one STS loan at a time to a borrower;
   4. The FCU must not roll-over any STS loan unless authorized under Part 701.21(c)(7)(iii)(4)(A)
   5. The FCU fully amortizes the loan;
   6. The FCU sets a minimum length of membership requirement of at least one month;
   7. The FCU charges an application fee to all members applying for a new loan that reflects the actual cost of processing the application, but in no case may the application fee exceed $20; and
   8. The FCU includes in its written lending policies a limit on the aggregate dollar amount of loans made under this section of a maximum of 20% of net worth and implements appropriate underwriting guidelines to minimize risk.

<u>Member Service and Product Offerings</u>

Report the member services and product offerings currently offered by marking the box to the right of the applicable descriptions. If you check items Credit Programs a, e-h, m, o, complete Schedule B of the NCUA 5300 Call Report when filed.

Transactional Programs:

a. **ATM/Debit Card Program** – Check this box if you offer ATM or Debit Cards as a service to your members.

b. **Check Cashing –** This applies if you offer check cashing services to members and nonmembers.

c. **Money Orders –** Check this box if you offer money orders.

d. **No Surcharge ATM –** This applies if you do not charge fees to use the credit union's ATM's.

e. **Prepaid Debit Cards –** Check this box if you offer prepaid debit cards.

Depository Programs:

a. **Business Share Accounts –** This applies if you offer deposit accounts to business entities for business use.

b. **Health Savings Accounts –** Check this box if you offer Health Savings Accounts. Health Savings Accounts are a tax-advantaged medical savings account available to people who are enrolled in a High Deductible Health Plan (HDHP). The funds contributed to the account are not subject to federal income tax at the time of deposit.

c. **Individual Development Accounts –** Check this box if you offer Individual Development Accounts. Individual Development Accounts are savings accounts that can be used only for purchasing a first home, capitalizing a small business, or for educational or job training expenses. Accounts are held at local financial institutions. Contributions by lower income participants are matched using both private and public sources. All participants receive economic literacy training that includes workshops for cleaning up one's credit, setting up a budgeting and savings schedule, and other basics of money management.

d. **No Cost Share Drafts –** This applies if you offer share drafts accounts that have no monthly maintenance fee.

e. **Share Certificates with a low minimum balance requirement –** This applies if you offer share certificates with a minimum balance of $500 or less.

Other Member Services:

a. **Bilingual Services –** This applies if you offer disclosures, information and/or member services in additional languages other than English.

b. **Insurance/Investment Sales –** This applies if the credit union offers insurance or investment products to its members either internally or through a CUSO or a third party.

c. **No Cost Bill Payer –** This applies if you offer or plan to offer Online Bill Payment Services at no charge.

d. **No Cost Tax Preparation Services (i.e. IRS Volunteer Income Tax Assistance) –** This applies if you work with the IRS to sponsor a VITA site. The site or sites may or may not be located at the credit union or its branches.

e. **Student Scholarship**

Consumer Initiated Remittance Transfers:

a. **International Remittances** – This applies if you offer your consumer members in the United States international transfers that are "remittance transfers" under subpart B of Regulation E (12 CFR § 1005.03(e)).

b. **Low cost wire transfers** – This applies if you offer wire transfer services to consumer members in the United States for less than $20 per transfer.

c. **Proprietary remittance transfer services operated by the CU** – This applies if you offer your consumer members in the United States proprietary services other than wires or ACH transfers for purposes of sending international remittances. This applies if your credit union is the provider. The types of services may include cash-based transfers, bill payment services, prepaid card services, or others that qualify as international remittances.

d. **Proprietary remittance transfer services operated by another person** – This applies if you offer your consumer members in the United States proprietary services other than wires or ACH transfers, for purposes of sending international remittances. This applies if another person (such as a state-licensed money transmitter) is the provider and your credit union is an agent or similar type of business partner. The types of services may include cash-based transfers, bill payment services, prepaid card services, or others that qualify as international remittances.

NCUA will not release the proprietary remittance transfer services information (items c. and d.) to the public.

Financial Education Programs:

a. **Financial Counseling** – Check this box if you provide financial counseling. Financial Counseling is designed to help individuals make the best use of their financial assets and achieve specific economic objectives, such as adequate funding of a child's college education expenses, or post-retirement needs. This can include assistance with budgeting and debt management.

b. **Financial Education** – Check this box if you offer programs focusing on building basic money management skills which lead to an understanding of financial services, personal finance, savings, and the importance of good credit.

c. **Financial Literacy Workshops** – This applies if you offer regular workshops to try to help members improve their knowledge of financial issues.

d. **First Time Homebuyer Programs** – This applies if you offer special counseling or education to assist members with the purchase of their first home.

e. **In-School Branches** – This applies if you maintain branches in schools to promote financial education, knowledge of the credit union system and thrift to the students of the school. These branches are usually run by the students. If your branch is run solely to serve the faculty and staff of the school, this item does not apply.

Credit Programs:

a. **Business Loans** – This applies if you grant loans to members and/or nonmembers for business purposes.

b. **Credit Builder** – This applies if you offer programs specifically designed to assist borrowers with no credit history or past credit history problems build their credit.

c. **Debt Cancellation/Suspension** – This applies if you offer members insurance to either forgive or suspend their loan should certain events occur that reduces the member's ability to pay the debt. This is not the same as credit/life or disability insurance that is offered through a third party.

d. **Direct Financing Leases** – This applies if you lease assets owned by the credit union directly to the members.

e. **Indirect Business Loans** – This applies if you grant loans for business purposes through a third party including a wholly owned CUSO.

f. **Indirect Consumer Loans** – This applies if you provide financing for the purchase of goods or services at the point of sale through the seller, excluding loans secured by real estate. This service could be done directly by the credit union or through a 3rd party.

g. **Indirect Mortgage Loans** – This applies if you grant loans secured by real estate through a third party, including a wholly owned CUSO.

h. **Interest Only or Payment Option 1st Mortgage Loans** – This applies if you offer or plan to offer interest only or payment option mortgages to your members.

i. **Micro Business Loans** – This applies if you offer loans for business purposes that are less than $50,000 aggregated to an individual member.

j. **Micro Consumer Loans** – This applies if you offer loans of less than $500 to your members.

k. **Overdraft Line of Credit** – This applies if you offer a prearranged line of credit to a member to pay share overdrafts. Members typically pay interest on the overdraft amount in lieu of a fee.

l. **Overdraft Protection/Courtesy Pay** – Overdraft protection programs are marketed to members as short-term credit facilities, and typically provide members with an express overdraft "limit" that applies to their accounts. Unlike share draft lines of credit,

overdraft protection programs do not trigger Regulation Z disclosures. Please refer to NCUA Letter to Credit Unions 05-CU-03 for more information on this product.

m. **Participation Loans** – This applies if you have bought or sold a participation in a loan or a pool of loans.

n. **Payday Loans** – This applies if you offer small, short-term loans that are intended specifically to cover a borrower's expenses until his or her next payday, when the loan is to be repaid in full.

o. **Real Estate Loans** – This applies if you grant and retain real estate mortgages on the books of the credit union.

p. **Refund Anticipation Loans** – This applies if you grant loans secured by a member's anticipated tax refund.

q. **Risk Based Loans** – This applies if your loans are priced based on a credit scoring model.

r. Share Secured Credit Cards – This applies if you offer credit cards that are fully secured by deposit accounts.

Short-Term, Small Amount Loans (Federal Credit Unions Only)

Check the boxes that apply if the credit union offers Short-Term, Small Amount (STS) Loans.

Minority Credit Union Questions

Provide an answer (yes or no) to the two questions below in the boxes provided. If yes, check the boxes as applicable, identifying the minority groups (as referenced in Section 342(g) of the Dodd-Frank Act) represented by your current or eligible potential members and current management officials. Management officials include board, supervisory committee, and credit committee members, and senior executive staff, including the credit union's chief executive officer, typically titled as President or Treasurer/Manager; any Assistant Chief Executive Officer (e.g., Assistant President, Vice-President, or Assistant Treasurer/Manager); and the Chief Financial Officer.

The minority credit union questions are based on a self-assessment, not on a survey of the membership. If you are unaware of the composition of your current membership or potential field of membership (FOM), you may assess either one based on the census data demographics of your credit union's service area. The service area is where your FOM is located (e.g., township, borough, city/cities, county/counties, etc.). If the census data shows a majority of the area's residents are minority, you may assume a similar composition exists in your credit union's FOM.

Minority Group	Description
Black American	Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups or Africa
Native American	American Indian or Alaska Native (Not Hispanic or Latino) - A person

	having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Hispanic American	Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
Asian American	Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam; Or, Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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?

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?

CREDIT UNION GRANT INFORMATION
(NCUA FORM 4501A - PAGE 10)

The Grant section of the credit union's profile reports information about grants the credit union has received. NCUA will release this information to the public.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Grant Information

Grantor: Provide the name of the grantor, where requested.

Date Awarded: Provide the date the grant was awarded.

Amount Awarded: Provide the dollar amount of the grant received.

Grant Type: Select the type of Grant from the following list:

a. Capital – Unrestricted donation to equity;
b. Subsidy for Risk or ALLL;
c. Program Grant; or
d. Pass Through.

CREDIT UNION PARTNERSHIPS INFORMATION
(NCUA FORM 4501A - PAGE 11)

The Partnerships section of the credit union's profile reports information about partnerships the credit union has with other federally insured credit unions. **This section is optional**. NCUA will not release any partnership information provided to the public.

Partnership Information

Partner Credit Union: Provide the name of the partner credit union.

Service Type: Provide the type of service with the partner credit union by entering the relevant letter of the services listed on the form.

Relationship Type: Provide the type of relationship with the partner credit union by entering the relevant letter of the relationships listed on the form.

MERGER PARTNER REGISTRY
(NCUA FORM 4501A - PAGE 12)

In the Merger Partner Registry, credit unions can express an interest in being considered for credit union consolidations (either mergers or Purchase and Assumptions partner). This information is optional and credit unions are not required to complete this information; however, by providing this information, the credit union may be contacted by NCUA staff about potential credit union consolidations.

1. Is the credit union interested in expanding their credit union's field of membership through a consolidation with another credit union? If yes, please proceed to the remainder of the questions.

2. Please provide the Title, First Name, Last Name, and Phone Number of the person at the credit union who can be contacted regarding any potential consolidations.

3. Please check the box that most accurately identifies the geographic areas in which the credit union would be interested. For this question, please check only ONE box.

   Anywhere in the U.S. - *No additional information is required.*

   Anywhere within the selected states - *State selection is required. Identify one or more states for consideration.*

Specific counties within a selected state - *State selection and county/city input are required. Identify only one state and the name of the county(ies) or city(ies) for consideration. Enter only one county or city per line.*

CONTACTS
(NCUA FORM 4501A - PAGES 13 - 19)

The Contacts page of the credit union's profile includes information about individuals employed by or associated with the credit union. It identifies all of the Officials, Patriot Act Contacts, Emergency Contacts, Profile and 5300 Call Report contacts.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Changes to Information – Check the box if there have been no changes to the credit union's contact information since last completing the form. If this is the first time completing this form, leave the box blank.

Contact Information

Provide contact information for the sections of the form relevant to your credit union. An individual may be entered in more than one section. If one of the below listed mandatory job titles is currently vacant, enter "Vacant" in the first and last name fields. *Once the job has been assigned, you will need to submit updated contact information to reflect the changes. (*Exception: If the Manager or CEO position is currently vacant, enter the name of the individual that has temporary responsibility for managing the credit union's daily operations.)

Mandatory Job Titles

Manager or CEO – This person is responsible for the overall daily operations of the credit union. If this position is currently vacant, enter the name of the individual that has temporary responsibility for managing the credit union's daily operations. The credit union may only identify one Manager or CEO. This section may not be marked "Vacant."

Board Chairperson – This person is the President of the Board. The credit union may only identify one Chairperson and it cannot be the same contact as the Manager or CEO, Vice Chairperson, or Treasurer.

Board Vice Chairperson – The credit union may only identify one Vice Chairperson. This person may not be the same contact as the Chairperson or Treasurer.

Board Treasurer – The credit union may only identify one Treasurer. This position is sometimes called a "Principal Financial Officer." This person may not be the same contact as the Chairperson or Vice Chairperson.

Board Members – This title is assigned to Board Members who are not the Chairperson, Vice Chairperson, Secretary, or Treasurer that are also on the Board of Directors. There may be more than one Board Member in a credit union. *List All Board Members.*

Supervisory Committee Chairperson and Supervisory Committee Members – This is mandatory for Federal Credit Unions. Federal Credit Unions must identify the Supervisory Committee Chairperson and committee members. For some State chartered credit unions, the "audit committee" designated by State statute or regulation is the equivalent of a supervisory committee. If a state chartered credit union identifies the Chairperson, they must also identify the individual members.

Credit Committee Chairperson and Credit Committee Members: If the credit union has a Credit Committee, identify the Credit Committee Chairperson and Credit Committee members.

Optional Job Titles

Additional sections of the form to identify the following optional job titles may be reported but are **not** required.

Board Secretary – The credit union may only identify one Secretary. This person may be the same as the Treasurer.

Chief Information Officer – This person is responsible for the information technology and computer systems that support the credit union's goals. A credit union may or may not have a Chief Information Officer and is not required to enter a contact for this job title.

Internal Auditor – This person is usually responsible for analyzing business processes or organizational problems and recommending solutions. A credit union may or may not have an internal auditor and is not required to enter a contact for this job title.

Chief Financial Officer – This person is primarily responsible for managing the financial risks of the credit union. His/her responsibilities may also include financial planning, recordkeeping, and financial reporting. A credit union may or may not have a Chief Financial Officer and is not required to enter a contact for this job title.

Other – If the contact does not hold any of the listed job titles, but does have one of the roles discussed below, enter in "Other" in the job title line.

Completing Required Fields

The fields marked with an asterisk (*) on the form must be completed.

Job Title – Provide the contact's job title, if not already completed for you.

CU Employment – Provide the contact's employment status with the credit union (full-time, part-time). If the contact is not employed at the credit union, select "Volunteer."

Salutation – Provide the appropriate salutation for the contact (Mr., Mrs., Ms., or Dr.).

First Name, Middle Initial, Last Name – Provide the full name of the contact.
Work Email - Provide an e-mail address, if available, where information can be sent. Credit unions must provide a home, work, or cell phone number and/or an email address for all contacts. NCUA will not release this information to the public.

Home Email - Provide an e-mail address, if available, where information can be sent. Credit unions must provide a home, work, or cell phone number and/or an email address for all contacts. T NCUA will not release this information to the public.

Contact Roles
Provide the contact's role with the credit union from the following list. Each contact must have at least one role. Refer to the Mandatory Role Page for roles that are must be reported.

> **General Credit Union Contact** – This role is the default if none of the other roles adequately describe the contact. This role may be used multiple times.
>
> **Credit Union Employee** – This role may be entered more than once to identify the individuals employed by the credit union. The credit union is **not** required to submit the names of all its employees.
>
> **Volunteer** – This role may be entered more than once to identify the individuals who serve on the Board of Directors or volunteer their time to the credit union.

<u>Note</u>: NCUA will not release contact e-mail, addresses, phone, and fax numbers to the public.

Work/Home Address, City, State, Zip Code, County, and Country: Provide the work and home addresses for the contact. If a contact is retired, the work related fields could be blank. The zip code for a contact in the United States must be 5 or 9 digits.

Work/Home Phone and Extension: Provide the complete phone number (including area code) where the individual can be contacted, if necessary. Provide the extension numbers, if applicable. The credit union must provide a home, work, or cell phone number and/or an email address for all contacts.

Work/Home Fax Number: Provide complete fax number (including area code) where information can be sent. This is especially important for the Primary and Secondary Patriot Act Contacts. In the event the credit union has one fax number, the Patriot Act information should be treated as confidential and provided only to credit union individuals responsible for Bank Secrecy Act compliance.

Work/Home Cell Phone Number: Provide the complete cell phone number(s) (including area code). Cell phone numbers will not be made public and only used by NCUA staff in the case of emergency. The credit union must provide a home, work, or cell phone number and/or an email address for all contacts.

Mandatory Roles

The Mandatory Role page identifies six mandatory roles that each credit union must have assigned to a contact. These include:

- Call Report Contact
- Profile Information Contact
- Primary Patriot Act Contact
- Secondary Patriot Act Contact
- Third Patriot Act Contact (Optional)
- Fourth Patriot Act Contact (Optional)
- Primary Emergency Contact
- Secondary Emergency Contact

NCUA will not release this information to the public.

Changes to Information – Check the box if there have been no changes to the credit union's contact information since last completing the form. If this is the first time completing this form, leave the box blank.

Required Fields: The fields marked with an asterisk (*) on the form must be completed.

Mandatory Role Information

Provide contact information for the mandatory roles. An individual with a mandatory role may also be identified on the Contacts pages 4 – 9. However, these contacts must also be identified on the Mandatory Role page. :

Call Report Contact (mandatory role) – This person can be called if the NCUA or State Supervisory Authority (if applicable) has a question about the 5300 Call Report. This person will also be emailed the abbreviated FPR after the 5300 Call Report has been submitted, if an email address has been provided. They will also receive an email notification once the Call Report has been validated and submitted to NCUA. The credit union must identify at least one Call Report Contact.

Profile Information Contact (mandatory role) – This person can be called if the NCUA or State Supervisory Authority (if applicable) has a question about the information in the profile. The credit union must identify at least one Profile Information Contact.

Patriot Act Contacts – Provide an email address where information can be sent directly to the primary and secondary contact persons. The third and fourth Patriot Act contacts are optional. In the event the credit union has one e-mail address, this information should be treated as confidential and provided only to credit union individuals responsible for Bank Secrecy Act compliance. Credit unions may provide personal e-mail addresses if the credit union does not have an organizational e-mail address. Updates to the Patriot Act 314(a) point of contact are provided to FinCEN on a bi-weekly basis. Depending upon when the updates were made, it could take up to three weeks for the changes to take effect. If you have any questions, contact your NCUA district examiner or respective State Supervisory Authority.

Primary and Secondary Emergency Contact – Provide an email address for senior credit union officials who have decision-making authority for the credit union and can be contacted in the event of an emergency. The Primary Emergency Contact and the Secondary Emergency Contact cannot be the same person.

Job Title: Provide the contact's job title. Reference the Job Title instructions discussed previously.

CU Employment Type: Provide the contact's employment status with the credit union (full-time, part-time). If the contact is not employed at the credit union, select "Volunteer."

Salutation: Provide the appropriate salutation for the contact (Mr., Mrs., Ms., Dr.)

First Name, Middle Initial, Last Name: Provide the full name of the contact.

Note: Contact e-mail, addresses, and phone and fax numbers are not released to the public.

Work Email: Credit unions must provide a home, work, or cell phone number and/or an email address for all contacts.

Home Email: Provide an e-mail address, if available, where information can be sent. Credit unions must provide a home, work, or cell phone number and/or an email address for all contacts.

Work/Home Phone and Extension: Provide the complete phone number (including area code) where the individual can be contacted, if necessary. Provide the extension numbers, if applicable. The credit union must provide a home, work, or cell phone number and/or an email address for all contacts.

Work/Home Fax Number: Provide complete fax number (including area code) where information can be sent. This is especially important for the Primary and Secondary Patriot Act Contacts. In the event the credit union has one fax number, the Patriot Act information should be treated as confidential and provided only to credit union individuals responsible for Bank Secrecy Act compliance.

Work/Home Cell Phone Number: Provide the complete cell phone number(s) (including area code). Cell phone numbers will not be made public and only used by NCUA staff in the case of emergency. The credit union must provide a home, work, or cell phone number and/or an email address for all contacts.

SITES
(NCUA FORM 4501A - PAGES 20)

The Sites page of the credit union's profile includes information about the credit union's main and branch offices, disaster recovery location, vital records center, and location of records.

Credit Union Name and Charter Number - Provide the credit union name and federal charter or certificate number.

Changes to Information – Check the box if there have been no changes to the credit union's site information since last completing the form. If this is the first time completing this form, leave the box blank.

Site Information
Provide site information for sections relevant to the credit union.

Required Fields - The fields marked with an asterisk (*) on the form must be completed.

Site Type
Complete the form for the Corporate Office and any additional relevant sites. Credit unions must report at least one corporate office and all branch offices. Report the type of site as one of the following.

- **Corporate Office** – The site is the main office of the credit union.
- **Branch Office** – The site is a location that is separate from the headquarters' office location.
- **Vacant Land** – The credit union owns land they plan to develop for a future office.
- **Other** – The site is not a corporate office, branch, or vacant land. This could be a site where the function is a Shared Service Center/Network.

Site Name
Provide a name to identify the site. A site name can be a specific name, letter, identifying acronym, or other form of identification that the credit union has assigned to an office. This field will be used to identify the different sites.

Site Function
Complete the form for the **three mandatory** site functions (Location of Records, Disaster Recovery Location, Vital Records Center) and provide, from the following list, the site function for any other sites reported.

- **Location of Records (mandatory report)** – Location of Records refers to the site(s) where the credit union maintains their records (i.e., accounting, recordkeeping, lending, investment, etc.). Credit union records may be at one or more sites but must be identified at all sites where records are maintained. This field may be completed more than once. The location of records does not include the Vital Records Center.

- **Disaster Recovery Location (mandatory report)** – The disaster recovery location is where the credit union will resume operations if required to leave the main office during the time of disaster. This may include a branch office located far enough from the main office to reasonably assume it will not be affected by the same disaster. This location may be the same as the Vital Records Center but may not be the same as the "Location of Records." A P.O. Box is not considered an adequate Disaster Recovery location.

- **Vital Records Center (mandatory report)** – A vital records center is required per NCUA Rules and Regulations Part 749 and is defined as a storage facility at any location far enough from the credit union's offices to avoid the simultaneous loss of both sets of records in the event of disaster. The location may be the same as the "Disaster Recovery Location" but may not be the same as the "Location of Records." A P.O. Box is not considered an adequate Vital Records Center location.

- **Shared Service Center/Networks** (optional report) – Shared Service Center/Networks are sites where members can access their accounts and perform transactions with the credit union at branch locations or other credit unions belonging to a shared network that are separate from the main office location. Do not include the member service branch operations maintained at the credit union's headquarters' office location. For all Shared Service Centers/Networks, identify them as a site type of "Branch" or "Other". This field may be used more than once.

- **Hot Site** (optional report) – A hot site is fully configured with compatible computer equipment and typically can be operational within several hours. Credit unions may rely on the services of a third party to provide backup facilities.

- **ATM (Automated Teller Machine)** (optional report) – The credit union may enter their ATM locations into their profile. This field may be selected more than once. Credit unions are not required to report all their ATM locations.

- **Future Office** (optional report) – A future office is a site that is planned, but not yet operational. It can be a corporate office, branch office, or shared service center. The site type should be listed as other until the site is functional.

- **Planned Evacuation Site** (optional report) – The evacuation site is the location to move people from a dangerous place due to a threat or occurrence of a disastrous event. Examples include: earthquakes, hurricanes, floods, industrial accidents, fire, chemical accidents, bomb threats, etc. The evacuation site may be the same as the disaster recovery location. A P.O. Box is not considered an adequate evacuation site.

- **Member Services** (optional report) – This site is where members can access their accounts and conduct transactions. Member services include deposits, withdrawals, loans, new account services, etc. Member services may be conducted at the corporate office, branch office, and shared service centers.

- **Drive Thru** (optional report) – A service provided by the credit union where members do not have to leave their vehicles to conduct transactions. A drive thru can be located at the corporate office, branch office, and shared service centers. This site may include automated teller machines (ATMs). This field may be used more than once.

- **Other** – "Other" should be used if not one of the above site functions is relevant.

Main Office
The main office/headquarters for the credit union will be identified as "Yes" with all other sites identified as "No." A credit union may only identify one main office.

Hours of Operation
Provide the hours of operation for the site, if applicable. (For example, M–F 8:00 am – 3:00 pm.) Credit unions are required to enter the hours of operation for the main office location. Some site functions may not have hours of operation (i.e., ATM). For these sites, leave this line blank.

Operational Status - Provide the operational status.

- Normal

- Suspended – Planned – this is a new site that is not operational yet.

- Suspended – Emergency – the site has been impacted by a disaster or some other event and is currently not operational.

Phone and Fax Numbers
Provide the complete phone and fax numbers (including area code) for the site, if applicable. A phone number is required for all branch and corporate offices.

Is Foreign
State "No" if the physical location of this site is within the United States. State "Yes" if the physical location of this site is not within the United States, even if the mailing address is within the United States.

Physical Address
This address is the location of the site and is required for all sites. Provide the physical address for the site. Include the street address, City, State, Zip Code, County, and Country. If the site is in a foreign country, enter the name of the foreign state, province, territory, etc. in the City data field and select the Country from the dropdown list. A P.O. Box is not considered an adequate street address. This address may be the same or different than the mailing address. The zip code for sites in the United States must be 5 or 9 digits.

Mailing Address
Provide the full mailing address for the site. Include the street address or P.O. Box Number, City, State, Zip Code, County, and Country. The zip code for sites in the United States must be 5 or 9 digits. This information is required for the credit union's main/corporate office.