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

# Credit Union Profile Form and Instructions

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION ADDRESSED:

This booklet contains the Form 4501A Profile. The effective date of this form is September 30, 2016 and will remain in effect until superseded. Instructions and quarterly filing dates for completing the form are available on the NCUA's website at www.ncua.gov.

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

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

If you have any questions, please contact your National Credit Union Administration Regional Office or your state credit union supervisor, as appropriate. Please direct any technical questions to NCUA Customer Service at 1-800-827-3255.

## REPORTING REQUIREMENTS

**Provide Updated Information**: In accordance with NCUA Rules and Regulations Part 741, insured credit unions are required to update their profile information within 10 days of the election or appointment of senior management and volunteer officials, or within 30 days of any change.

**Records Retention**: Credit unions should retain a copy of the information used to complete the profile as a part of the permanent records of the credit union.

The instructions to prepare this form meet the requirement to provide guidance to small credit unions under Section 212 of the Small Business Regulatory Enforcement Fairness Act of 1996.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

Public reporting burden of this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to:

National Credit Union Administration
Office of the Chief Information Officer
1775 Duke Street
Alexandria, VA 22314-3428

Report Date: _____

## 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

Report Date: _____

## 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) _____

Report Date: _____

## 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 _____

Report Date: _____

## 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.**

| | |
|---|---|
| | |
| | |

Report Date: _____

## 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

Report Date: _____

## 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. Payday Alternative Loans (PAL 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

**Payday Alternative Loans (PAL loans) program (FCUs Only) - Place a "✓" in the associated box for all the credit union offers (Check all that apply)**

- ☐ a. Credit Bureau Reporting
- ☐ b. Financial Education
- ☐ c. Forced Savings Component
- ☐ d. Payroll Deduction

**Minority Depository Institution Questions**

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

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

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

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

Report Date: _____

## 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

Report Date: _____

## 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 |
|---|---|---|
| | | |
| | | |
| | | |

Report Date: _____

## 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. Mandatory fields are identified with an asterisk (*).**

**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)**

| | | | | | |
|---|---|---|---|---|---|
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☐ **Specific Counties/Cities within a Selected State (Specify the state on lines above)**

| State | County/Counties | City/Cities |
|---|---|---|
| | | |
| | | |
| | | |
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| | | |
| | | |

## CONTACTS (1)

Report Date: _____

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 and Mandatory Roles 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)

Report Date: _____

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 and Mandatory Roles 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 |
|---|---|---|---|
| D. | *Job Title : Board Secretary | *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 : |
| E. | *Job Title : Board Treasurer | *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 : |
| F. | *Job Title : Board Member | *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 (3)

Report Date: _____

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.

| | | Home Address | Work Address |
|---|---|---|---|
| G. | *Job Title : Board Member | *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 : |
| H. | *Job Title : Board Member | *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 : |
| I. | *Job Title : Board Member | *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 (4)

Report Date: _____

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.

| | | Home Address | Work Address |
|---|---|---|---|
| J. | *Job Title : Credit Committee 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 : |
| K. | *Job Title : Credit Committee Member | *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 : |
| L. | *Job Title : Credit Committee Member | *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 (5)

Report Date: _____

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.**

| | | Home Address | | Work Address | |
|---|---|---|---|---|---|
| *Job Title : | Supervisory Committee 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 : | |

**N.**

| | | | | | |
|---|---|---|---|---|---|
| *Job Title : | Supervisory Committee Member | *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 : | |

**O.**

| | | | | | |
|---|---|---|---|---|---|
| *Job Title : | Supervisory Committee Member | *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 (6)

Report Date: _____

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.

| | | Home Address | Work Address |
|---|---|---|---|
| **P.** | ***Job Title :** | ***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 :** |
| **Q.** | ***Job Title :** | ***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 :** |
| **R.** | ***Job Title :** | ***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 (7) MANDATORY ROLES

Report Date: _____

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 | *Salutation : | Work Email : |
| | *Job Title : | *First Name : | Home Email : |
| | | Middle Name : | *Work Phone : |
| | *Employment Type : | *Last Name : | Extension : |
| B. | *Role : Profile Information Contact | *Salutation : | Work Email : |
| | *Job Title : | *First Name : | Home Email : |
| | | Middle Name : | *Work Phone : |
| | *Employment Type : | *Last Name : | Extension : |
| C. | *Role : Primary Patriot Act Contact | *Salutation : | Work Email : |
| | *Job Title : | *First Name : | Home Email : |
| | | Middle Name : | *Work Phone : |
| | *Employment Type : | *Last Name : | Extension : |
| D. | *Role : Secondary Patriot Act Contact | *Salutation : | Work Email : |
| | *Job Title : | *First Name : | Home Email : |
| | | Middle Name : | *Work Phone : |
| | *Employment Type : | *Last Name : | Extension : |
| E. | *Role : Third Patriot Act Contact (Optional) | *Salutation : | Work Email : |
| | *Job Title : | *First Name : | Home Email : |
| | | Middle Name : | *Work Phone : |
| | *Employment Type : | *Last Name : | Extension : |
| F. | *Role : Fourth Patriot Act Contact (Optional) | *Salutation : | Work Email : |
| | *Job Title : | *First Name : | Home Email : |
| | | Middle Name : | *Work Phone : |
| | *Employment Type : | *Last Name : | Extension : |
| G. | *Role : Primary Emergency Contact | *Salutation : | Work Email : |
| | *Job Title : | *First Name : | Home Email : |
| | | Middle Name : | *Work Phone : |
| | *Employment Type : | *Last Name : | Extension : |
| H. | *Role : Secondary Emergency Contact | *Salutation : | Work Email : |
| | *Job Title : | *First Name : | Home Email : |
| | | Middle Name : | *Work Phone : |
| | *Employment Type : | *Last Name : | Extension : |
| I. | *Role : Information Security Contact | *Salutation : | Work Email : |
| | *Job Title : | *First Name : | Home Email : |
| | | Middle Name : | *Work Phone : |
| | *Employment Type : | *Last Name : | Extension : |

## SITES (1)

Report Date: _____

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 | County : | County : |
| *Phone Number : | Fax : | *State : | *State : |
| | Ext. : | *Zip : | *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 | County : | County : |
| *Phone Number : | Fax : | *State : | *State : |
| | Ext. : | *Zip : | *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 | County : | County : |
| *Phone Number : | Fax : | *State : | *State : |
| | Ext. : | *Zip : | *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 : | County : |
| *Phone Number : | Ext. : | *State : | *State : |
| | | *Zip : | *Zip : |
| *Hours of Operation : | | *Country : | *Country : |
| | | *Site Function(s) : | Location of Records |