Credit Union Profile Form and Instructions

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION ADDRESSED:

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 The effective date of this form is March 31, XXXX and will remain in effect until superseded.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

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

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

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

Provide Updated Information: In accordance with NCUA Rules and Regulations §741.6(a)(1), insured credit unions are required to update their profile information within 10 days of the election or appointment of senior management and volunteer officials, or within 30 days of any change.

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

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

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

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

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

Credit Union Name: ___________________________________________ Charter Number: __________

I understand each operating insured credit union must update their credit union profile within 10 days after the election or appointment of senior management or volunteer officials, or within 30 days of any change of the information in the profile.

I hereby certify to the best of my knowledge and belief the information provided is current and accurate. I make this certification pursuant to sections 106, 120, and 204 of the Federal Credit Union Act (12 U.S.C. 1756, 1766, and 1784).

Certified By

Last Name: ___________________ First Name: ___________________ Date: __________

Please Print Certified Correct By

Full Name: ____________________________________________

Certified Correct By (Signature)
CERTIFY COMPLIANCE MINIMUM SECURITY DEVICES AND PROCEDURES

NCUA RULES AND REGULATIONS PART 748
FEDERALLY INSURED CREDIT UNIONS ONLY

Credit Union Name: ________________________________________________ Charter Number: __________________________

I hereby certify to the best of my knowledge and belief that this credit union has developed and administers a security program that equals or exceeds the standards prescribed by Part 748 of the NCUA Rules and Regulations; that such security program has been reduced to writing, approved by this credit union’s Board of Directors; and this credit union has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of its offices. Further, I certify that I am the president or managing official of the credit union or that the president or managing official has authorized me to make this submission on his/her behalf.

Certified By

Last Name: __________________________________ First Name: __________________________________ Date: ____________

Please Print Certified By

Job Title: _________________________________________________________

Please Print

Full Name: ________________________________________________________

Certified By (Signature)
GENERAL INFORMATION

1. Provide the number of current members (not number of accounts)

2. Provide the number of potential members

3. Provide the number of credit union employees who are:
   a. Full-Time (26 hours or more per week)
   b. Part-Time (25 hours or less per week)

4. Select the type of credit committee the credit union has:
   a. Elected   b. Appointed   c. No Committee

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

6. Provide the Research Statistics Supervision and Discount (RSSD) ID number issued by the Board of Governors of the Federal Reserve System (pre populated).

7. Is your credit union a member of the Federal Home Loan Bank?
   a. Yes   b. No

8. Has your credit union filed an application to borrow from the Federal Reserve Bank Discount Window?
   a. Yes   b. No

9. Has your credit union pre-pledged collateral with the Federal Reserve Bank Discount Window?
   a. Yes   b. No
The Contacts section of the Profile includes information on Officials and Mandatory Role contacts. Information regarding e-mail addresses, mailing addresses, phone numbers, and fax numbers will not be released to the public.

It is mandatory for credit unions to include information for the following Job Titles:

- Manager or CEO
- Board Chairperson
- Board Vice Chairperson
- Board Treasurer
- Board Members
- Supervisory Committee Chairperson
- Supervisory Committee Members
- Credit Committee Chairperson
- Credit Committee Members
- Chief Financial Officer
- Chief Information Officer
- Internal Auditor
- Other

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

1. *Salutation:  
2. *First Name:  
3. Middle Initial:  
4. *Last Name:  

5. *Job Titles:
   - a. Manager or CEO
   - b. Board Chairperson
   - c. Vice Chairperson
   - d. Board Secretary
   - e. Board Treasurer
   - f. Board Member
   - g. Supervisory Committee Chairperson
   - h. Supervisory Committee Member
   - i. Credit Committee Chairperson
   - j. Credit Committee Member
   - k. Chief Financial Officer
   - l. Chief Information Officer
   - m. Internal Auditor
   - n. Other

6. *Roles:
   - a. Volunteer
   - b. General Credit Union Contact
   - c. Call Report Contact
   - d. Profile Information Contact
   - e. Primary Patriot Act Contact
   - f. Secondary Patriot Act Contact
   - g. Third Patriot Act Contact (If Applicable)
   - h. Fourth Patriot Act Contact (If Applicable)
   - i. Primary Emergency Contact
   - j. Secondary Emergency Contact
   - k. Credit Union Employees
   - l. Information Security Contact

7. *Credit Union Employment Type:  
   - a. Full-time
   - b. Part-time
   - c. Volunteer

8. *Home Address Information:
   - Address Line 1: 
   - Address Line 2: 
   - City / State / Postal Code: 
   - Home Email: 
   - Home Phone: 
   - Home Cell: 
   - Home Fax: 
   - Home County: 

9. Work Address Information:
   - Address Line 1: 
   - Address Line 2: 
   - City / State / Postal Code: 
   - Work Email: 
   - Work Phone: 
   - Work Cell: 
   - Work Fax: 
   - Work County: 

NCUA Profile Form 4501A
Effective March 31, 20XX
Previous Editions Are Obsolete
**Mandatory Roles**

The credit union must identify the mandatory roles listed below. These individuals may be Officials, Volunteers, or Employees of the credit union. Information regarding e-mail addresses, phone numbers, and fax numbers will **not** be released to the public.

**Mandatory Roles:**
- Call Report Contact
- Profile Information Contact
- Information Security Contact
- Primary Patriot Act Contact
- Secondary Patriot Act Contact
- Third Patriot Act Contact (If Applicable)
- Fourth Patriot Act Contact (If Applicable)

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

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<td>5. <em>Job Titles:</em></td>
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<tr>
<td></td>
<td>a. Manager or CEO</td>
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<td></td>
<td>c. Vice Chairperson</td>
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<td>e. Board Treasurer</td>
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<td>g. Supervisory Committee Chairperson</td>
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<td>i. Credit Committee Chairperson</td>
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<td></td>
<td>k. Chief Financial Officer</td>
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<td>m. Internal Auditor</td>
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<td>6. <em>Roles:</em></td>
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<td></td>
<td>a. Volunteer</td>
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<td></td>
<td>c. Call Report Contact</td>
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<td>e. Primary Patriot Act Contact</td>
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<td>g. Third Patriot Act Contact (If Applicable)</td>
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<td>i. Primary Emergency Contact</td>
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<td>k. Credit Union Employees</td>
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<td>7. <em>Credit Union Employment Type:</em></td>
<td>a. Full-time</td>
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<td>b. Part-Time</td>
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<td>8. Home Email:</td>
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<td>9. Work Email:</td>
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<td>10. *Work Phone:</td>
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## SITES

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

<table>
<thead>
<tr>
<th>Site Types</th>
<th>Site Functions</th>
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</thead>
<tbody>
<tr>
<td>Corporate Office</td>
<td>- Vital Records Center</td>
</tr>
<tr>
<td>Branch Office(s)</td>
<td>- Location of Records</td>
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<td></td>
<td>- Disaster Recovery</td>
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</tbody>
</table>

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

1. *(Site Name):* 

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

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

4. *(Is Main Office):*  
   - a. Yes  
   - b. No

5. *(Hours of Operation):* 

6. *(Physical Address):*  
   - Address Line 1:  
   - Address Line 2:  
   - City / State / Postal Code:  
   - County:  
   - Country:

7. *(Mailing Address):*  
   - Address Line 1:  
   - Address Line 2:  
   - City / State / Postal Code:  
   - County:  
   - Country:

8. *(Phone Numbers):*  
   - Phone:  
   - Fax:  
   - Extension:

9. *(Site Function(s)):*  
   - **Non-Public Site Functions**  
     - a. Disaster Recovery Location  
     - b. Location of Records  
     - c. Vital Records Center  
     - d. Backup Generator  
     - e. Future Office  
     - f. Hot Site  
     - g. Planned Evacuation Site  
     - h. Shared Service Center/Network  
   - **Public Site Functions (published in the online Credit Union Locator)**  
     - i. ATM  
     - j. Drive Thru  
     - k. Member Services
PAYMENT SYSTEM SERVICE PROVIDER INFORMATION (PSSP)

1. Select the credit union’s Primary Settlement Agent (i.e., Member share draft clearing, ACH transactions, etc. -- See Instructions)
   - a. Federal Reserve Bank
   - b. CUSO
   - c. Corporate Credit Union
   - d. Federal Credit Union
   - e. Bank
   - f. Other Credit Union
   - g. Not Applicable

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

3. Identify the payment service(s) used by the primary system service provider. (check all that apply)
   - a. Share Draft Processing and Settlement
   - b. Credit Card Processing and Settlement
   - c. Wire Transfers
   - d. ATM and Debit Processing and Settlement
   - e. Electronic Funds Transfer and Direct Deposit
   - f. Other

4. Have you changed payment system providers or plan to within the next 12 months?
   - a. Yes
   - b. No

5. Provide the name of the new provider:

6. Identify payment service(s) affected by this change. (check all that apply)
   - a. Share Draft Processing and Settlement
   - b. Credit Card Processing and Settlement
   - c. Wire Transfers
   - d. ATM and Debit Processing and Settlement
   - e. Electronic Funds Transfer and Direct Deposit
   - f. Other

7. 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)

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

9. If the credit union is an Originating Depository Financial Institution, what types of ACH transactions are originated by the credit union? (check all that apply):
   - a. PPD - Prearranged Payment and Deposit Entry
   - b. WEB - Internet Initiated/Mobile Entry
   - c. TEL - Telephone Initiated Entry
   - d. IAT - International ACH Transactions
   - e. Other Consumer Entry Codes
   - f. Other Business Entry Codes

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

11. Which method(s) can a member use to initiate electronic payments (e.g. wire transfer, ACH, etc.) from the credit union (check all that apply):
    - a. Email
    - b. Fax
    - c. Online Banking
    - d. Telephone
    - e. In Person
    - f. Other (Please Specify)

Repeat Questions 1-3 for each Corporate Credit Union used.
1. Does the credit union have a website?  
   a. Yes  
   b. No  
   a. Website Address:  

2. Where is the website hosted?  
   a. Internal  
   b. External  

3. Provide the name of the external website vendor:  

4. Select the type of online service offered:  
   a. Informational  
   b. Online Banking  
   c. Mobile Application  

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

6. Which wireless networks, if any, does the credit union operate:  
   a. Public or Guest Network  
   b. Private or Restricted Network  

7. Data Processing System used to maintain credit union records:  
   a. Manual System  
   b. Vendor Supplied In-House System  
   c. Vendor On-line Service Bureau  
   d. CU Developed In-house System  

8. If the credit union has undergone or plans to undergo a Core Data Processing Conversion, please provide the following:  
   a. Date of Conversion:  
   b. Core Processor Converting/Converted to:  

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

10. Select the service(s) the credit union offers electronically:  
    a. Account Aggregation  
    b. Bill Payment  
    c. Download Account History  
    d. Electronic Signature Auth./Cert.  
    e. E-Statements  
    f. External Account Transfers  
    g. Loan Payments  
    h. Member Application  
    i. Merchant Processing  
    j. New Loan  
    k. New Share Account  
    l. Remote Deposit Capture  
    m. Mobile Payments  
    n. Other (Please Specify)  

INFORMATION TECHNOLOGY (IT)
REGULATORY INFORMATION

1. Please provide the date of the most recent annual meeting held by the credit union:

2. Please provide the date of the most recent supervisory committee or financial statement audit:

3. Please select the last type of audit performed:
   - Financial statement audit performed by state licensed persons
   - Balance sheet audit performed by state licensed persons
   - Examinations of internal controls over call reporting performed by state licensed persons
   - Supervisory Committee audit performed by state licensed persons
   - Supervisory Committee audit performed by other external auditors
   - 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:
   - Supervisory Committee
   - Third Party

7. Provide your Supervisory Committee contact information for official correspondence
   - Mailing Address:
   - Email:
   - Mailing City:_______________________________ State:___________ Zip Code:_______________

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

9. Indicate the Fidelity Bond Provider Name:

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

11. Does your credit union maintain share/deposit insurance coverage other than the NCUSIF? 
    (Do not include Life Savings and Borrowers' Protection insurance or Surety Bond coverage.)
    - a. Yes 
    - b. No
    a. If yes, please provide the name of the insurance company
    b. If yes, please provide the dollar amount of shares and/or deposits insured by the company named above

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

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

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

15. Does your credit union meet any of the following criteria? 
    - Credit union with 100 or more employees; or
    - Credit union with 50 or more employees and:
      1) Has a contract of at least $50,000 with the Federal government; or
      2) Serves as a depository of U.S. government funds of any amount; or
      3) Serves as a paying agent for U.S. Savings Bonds.
    a. Yes 
    - a. No
    a. If yes, what is the last date (MM/DD/YYYY) you filed an EEO-1 Report with the EEOC?
    b. If yes, do you have a diversity policy and/or program in your credit union?
    - a. Yes
    - b. No

16. List any trade names the credit union uses for signage or advertising.
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.
      2. Tabletop/Mini-Drill  4. Full-Scale Testing
CREDIT UNION PROGRAMS AND MEMBER SERVICES

1. Credit Union Programs (Check all that apply)
   a. Mortgage Processing
   b. Approved Mortgage Seller
   c. Brokered Deposits (all deposits acquired through a third party)
   d. Investment Pilot Program (FCU Only)
   e. Deposits and Shares Meeting 703.10(a)
   f. Brokered Certificates of Deposit

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

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

   Consumer Initiated Remittance Transfers
   a. International Remittances
   b. Low-cost Wire Transfers
   c. Proprietary remittance transfer services operated by the CU
   d. Proprietary remittance transfer services operated by another person

   In-School Branches (If checked, specify number of branches)
   a. Elementary School
   b. Middle School
   c. High School

   Other Member Services
   a. No Cost Share Drafts
   b. No Cost Bill Payer
   c. No Cost Tax Preparation Services
   d. Share Certificates with low minimum balance requirement
   e. Student Scholarship

   Youth Savings Accounts/Programs
   a. Offer Custodial Accounts
   b. Offer Non-Custodial Accounts

3. 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

4. Minority Depository Institution Questions

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

   Is more than 50% of your credit union’s board of directors Black American, Native American, Hispanic American, or Asian American? If yes, please identify the minority group(s) that apply:
   a. Black American
   b. Hispanic American
   c. Native American
   d. Asian American
## CREDIT UNION GRANT INFORMATION

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

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

<table>
<thead>
<tr>
<th>Grantor Type and Grantor</th>
<th>Date Awarded</th>
<th>Amount Awarded</th>
<th>Received YTD</th>
<th>Grant Type*</th>
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<tbody>
<tr>
<td>Government Agency or Affiliate</td>
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<tr>
<td>Community Development Financial Institution</td>
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<td>Department of Education</td>
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<td>Department of Health and Human Services</td>
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<td>Federal Home Loan Bank</td>
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<td>Housing and Urban Development</td>
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<td>Internal Revenue Service</td>
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<td>NCUA Technical Assistance Program</td>
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<td>Small Business Administration</td>
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<td>US Department of Agriculture</td>
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<td>Other (Please Specify):</td>
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<td>Trade Associations</td>
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<td>National Credit Union Foundation</td>
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<td>National Federation of Community Development Credit Unions</td>
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<td>State League Foundation</td>
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<td>Other (Please Specify):</td>
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<td>Credit Unions and Banks</td>
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<td>Foundations (local and national)</td>
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<td>Specify Name:</td>
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*Grant Types:  
a. Capital - unrestricted donation to equity  
b. Subsidy for Risk or ALLL  
c. Program Grant  
d. Pass Through
1. Is your credit union interested in expanding its field of membership through a consolidation (If Yes, Please proceed to the remaining questions)?
   ◯ a. Yes  ◯ b. No

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 Selected State(s)

<table>
<thead>
<tr>
<th>State</th>
<th>County/Counties</th>
<th>City/Cities</th>
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