

NATIONAL CREDIT UNION ADMINISTRATION  
1775 Duke Street  
Alexandria, VA 22314-3428



# **NATIONAL CREDIT UNION ADMINISTRATION**

## **2004**

# **REPORT OF OFFICIALS**

**THIS REPORT MUST BE FILED WITH THE NCUA REGIONAL DIRECTOR NO LATER THAN TEN (10) DAYS AFTER THE ELECTION OF OFFICIALS BY EITHER FILING ONE HARDCOPY OF THE REPORT OR USING ONE OF THE AVAILABLE ELECTRONIC FILING OPTIONS. - SEE THE ENCLOSED "GENERAL INSTRUCTIONS FOR COMPLETING THIS REPORT".**

## CHANGES TO THE REPORT OF OFFICIALS EFFECTIVE FOR THE 2004 REPORTING YEAR

The following changes were made since the 2003 Report of Officials:

### Software Version of the Report of Officials

1. Initiated a direct upload option for credit unions through the internet.
2. Changed the "Annual Meeting Date" data field to "Date of this year's Election of Officials".
3. Removed the edit that requires an address for the CEO/Manager.
4. Created an electronic certification process for the Statement of Compliance – Minimum Security Devices and Procedures.
5. Removed the option of "Other Officials" from the Officials Type drop down menu.
6. Added a data field to report the credit union's organizational e-mail address.

### Hardcopy Version of the Report of Officials

1. Reformatted the form to include separate pages to:
  - a) Summarize changes from the previous year's report.
  - b) Provide General Filing Instructions.
  - c) Provide instructions for each page that requires information.
2. Page 1 – Added a data field to report the credit union's organizational e-mail address.
3. Page 1 – Changed the "Annual Meeting Date" data field to "Date of this year's Election of Officials".
3. General Instruction Page – Instruction clarified regarding compliance with the filing of the Statement of Compliance – Minimum Security Devices and Procedures.

We estimate this collection of information will take an average of 1.0 hour per response, including the time for reviewing instructions, searching existing data needed, and completing the form. Send comments regarding the time estimate or any other aspects of this collection of information, including suggestions for reducing the time, to:

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

AND TO

Office of Management and Budget  
Paperwork Reduction Project  
Washington, DC 20503

## GENERAL INSTRUCTIONS FOR COMPLETING THIS REPORT

Enclosed are the Report of Officials and the Statement of Compliance – Minimum Security Devices and Procedures for the current year. **All Federally-Insured Credit Unions must send a completed copy of the Report of Officials and the Statement of Compliance – Minimum Security Devices and Procedures to your NCUA Regional Office (See Regional Office schedule on next page.) within ten (10) days after the election of the officers and committee members.** We encourage you to file your Report of Officials using either of the electronic filing methods noted below.

### Methods for Filing the Report of Officials

#### 1. Electronically

The software program offers two methods for filing electronically: 1) use of a data disc, or, 2) the Esend option. **If you choose to file electronically,** follow the enclosed Electronic Installation and User Instructions to complete the form. You may also use the hardcopy instructions to provide additional guidance in completing a particular data field.

**If you choose to file utilizing the disc,** please do the following:

1. Enter the name of the credit union and the charter/insurance number on the label located on the data disc, and,
2. Send the following items to your NCUA Regional Office after completing the form and creating a Transmission file:
  - the data disc containing the Report of Official's Transmission file and,
  - a printed copy of the report (in case the data disc is damaged).

**If you file using the Esend option,** follow the Electronic Installation and User Instructions. You **are not required** to send a hardcopy of the report to your NCUA Regional Director. *Use the Check Digit and PIN number provided with your informational package.*

#### 2. Hardcopy

**If you complete the paper version,** please send one signed copy of the Report of Officials and Statement of Compliance – Minimum Security Devices and Procedures to your NCUA Regional Office in the enclosed mailer and retain a copy for your credit union's permanent files. If the number of informational spaces on a blank page is not sufficient to provide complete information, make photocopies of any additional pages as needed. **In addition, please be sure to put the credit union's Check Digit in the space provided on the form. You will find your Check Digit on the informational memorandum received with your package.**

### Questions Regarding the Report of Officials

Please direct your questions to the following contacts:

Software Related and Electronic Filing	Contact NCUA's OCIO Help Desk at 1-800-827-3255.
Non-software Related	Contact your NCUA Regional Office. – See Regional Office schedule on next page.

### Regulatory Matters

#### NCUA's Regulatory Authority for Requesting the Report of Officials

Section 111 of the Federal Credit Union Act (12 U.S.C. 1761) and Section 741.6 of the NCUA Rules and Regulations require that a record of the names and addresses of federally-insured credit union officials be filed with NCUA within 10 days after their election or appointment. The branch information is requested under the authority of Section 741.6 of the NCUA Rules and Regulations. The authority to request this report from non-federally insured corporate credit unions is cited under Section 704.1 of the NCUA Rules and Regulations.

## Filing the Statement of Compliance – Minimum Security Devices and Procedures

Section 748.0 of the NCUA Rules and Regulations requires each federally-insured credit union develop a written security program within 90 days of the effective date of insurance. The security program will be designed to:

1. Protect each credit union office from robberies, burglaries, larcenies, and embezzlement;
2. Ensure the security and confidentiality of member records, protect against anticipated threats or hazards to the security or integrity of such records, and protect against unauthorized access to or use of such records that could result in substantial harm or serious inconvenience to a member;
3. Assist in the identification of persons who commit or attempt such actions and crimes; and,
4. Prevent destruction of vital records, as defined in Part 749 of the NCUA Rules and Regulations.

Section 748.1(a) of the NCUA Rules and Regulations requires each federally-insured credit union to file with the NCUA Regional Director an *annual* statement certifying its compliance with Part 748.0 of the NCUA Rules and Regulations. This statement must be filed within 10 days after the election of officials along with the Report of Officials. See filing instructions on page 4A.

Promptly provide written notification of any changes in the information as reported in the Report of Officials to your NCUA Regional Office. The following schedule provides the address and phone number of the Regional Office servicing your state or territory.

### NATIONAL CREDIT UNION ADMINISTRATION REGIONAL OFFICES

#### Region I (Albany)

National Credit Union Administration  
9 Washington Square  
Washington Avenue Extension  
Albany, NY 12205  
(518) 862-7400

Connecticut      New York  
Maine              Rhode Island  
Massachusetts    Vermont  
Michigan  
New Hampshire

#### Region II (Capital)

National Credit Union Administration  
1775 Duke Street, Suite 4206  
Alexandria, VA 22314-3437  
(703) 519-4600

Delaware  
District of  
Columbia  
Maryland

New Jersey  
Pennsylvania  
Virginia  
West Virginia

#### Region III (Atlanta)

National Credit Union Administration  
7000 Central Parkway, Suite 1600  
Atlanta, GA 30328  
(678) 443-3000

Alabama  
Florida  
Georgia  
Indiana  
Kentucky  
Mississippi

North Carolina  
Ohio  
Puerto Rico  
South Carolina  
Tennessee  
Virgin Islands

#### Region IV (Austin)

National Credit Union Administration  
4807 Spicewood Springs Road,  
Suite 5200  
Austin, TX 78759-8490  
(512) 342-5600

Arkansas              Nebraska  
Iowa                    North Dakota  
Illinois                Oklahoma  
Kansas                South Dakota  
Louisiana             Texas  
Minnesota            Wisconsin  
Missouri

#### Region V (Tempe)

National Credit Union Administration  
1230 West Washington Street  
Suite 301  
Tempe, AZ 85281  
(602) 302-6000

Alaska                      Montana  
American Samoa        New Mexico  
Arizona                    Nevada  
California                Oregon  
Colorado                  Utah  
Guam                        Washington  
Hawaii                      Wyoming  
Idaho

Data Field	Instruction
Federal Charter/Certificate No.	<ol style="list-style-type: none"> <li>1. <i>If your credit union is Federally chartered</i>, enter your credit union's Federal Charter Number.</li> <li>2. <i>If your credit union is State chartered</i>, enter your credit union's Federal Insurance Certificate Number that was issued by the National Credit Union Administration.</li> </ol>
Check Digit	Enter the Check Digit number provided with your informational package.
Credit Union Name	Enter the credit union's full name. <i>If the credit union is Federally chartered</i> , the words <i>"Federal Credit Union"</i> should follow the name. <i>If the credit union is State chartered</i> , the words <i>"Credit Union"</i> should follow the name.
Mailing Address and the Check Box labeled <b>"New Address"</b>	<ol style="list-style-type: none"> <li>1. Enter the full mailing address of the credit union. Include the Street Address or P.O. Box Number, City, State, and Zip Code in the spaces provided.</li> <li>2. <i>If the mailing address is new</i>, check the <b>"New Mailing Address"</b> box located next to the mailing address data fields.</li> </ol>
Main Office Location and the Check Box labeled <b>"Same"</b>	<ol style="list-style-type: none"> <li>1. <i>If the Main Office Location has the same Street Address (Non- P.O. Box Number) as the Mailing Address</i>, check the <b>"Same"</b> box located below the Main Office Location.</li> <li>2. <i>If the Main Office Location has a different Street Address (Non- P.O. Box Number) than the Mailing Address</i>, enter the full address of the credit union's Main Office Location. Include the Street Address, City, State, and Zip Code in the spaces provided. The Main Office Location could be commonly referred to as the credit union's Main Branch Office.</li> </ol>
Area Code/Telephone Number	Enter the credit union's main office phone number. Include the area code.
Fax Number	Enter the credit union's main office FAX number. Include the area code.
Date of this year's Election of Officials	Enter the date the credit union's election of officials was held. In most credit unions, this is the annual meeting date. However, some credit unions may conduct its election of officials on a date other than when the annual meeting is held.
Office Hours	Enter the credit union's office hours that it is open for member business. If the credit union is opened part-time, enter abbreviations for the day with the times. The electronic version has two data fields for this information. <b>When Open</b> and <b>Hours</b> . <b>When Open</b> requires the days the credit union is opened (e.g.; Monday thru Friday). <b>Hours</b> requires the time period (e.g.; 9:00AM to 3:00PM)
Manager (CEO) and Check Boxes labeled <b>"Full Time"</b> – <b>"Part Time"</b>	<ol style="list-style-type: none"> <li>1. Enter the name of the credit union's Manager/Chief Executive Officer. This person is responsible for the overall daily operations of the credit union. <b><i>If this position is currently vacant</i></b>, enter the name of the individual that has the temporary responsibility for managing the credit union's daily operations.</li> <li>2. Check either the <b>"Full Time"</b> or <b>"Part Time"</b> box to designate if the Manager/CEO is employed full or part time.</li> <li>3. <i>If the Manager/Chief Executive Officer also holds a position as an official of the credit union</i>, also enter the required information in the pertinent informational box on either Page 1 or Page 2 of this report.</li> </ol>
Credit Committee and Check Boxes: <b>"None"</b> – <b>"Elected"</b> – <b>"Appointed"</b>	<ol style="list-style-type: none"> <li>1. <i>If the credit union does not have a Credit Committee</i>, check the box labeled <b>"None"</b>.</li> <li>2. <i>If the credit union has a Credit Committee and it was elected by the credit union's members</i>, check the box labeled <b>"Elected"</b>.</li> <li>3. <i>If the credit union has a Credit Committee and it was appointed by the credit union's Board of Directors</i>, check the box labeled <b>"Appointed"</b>.</li> </ol>
Board of Directors and Supervisory Committee Members	<ol style="list-style-type: none"> <li>1. Enter the following information into each of the requested data fields for each Board and Supervisory Committee member: <ol style="list-style-type: none"> <li>a) <b>Name:</b> Enter the Official's name – First, Middle Initial, and Last Name.</li> <li>b) <b>Street Address, City, State, and Zip Code:</b> Enter the street address of the Official's residence.</li> <li>c) <b>E-mail Address:</b> Enter the Official's personal or credit union E-mail address if available.</li> <li>d) <b>Home Phone:</b> Enter the Official's home phone number.</li> <li>e) <b>Work Phone:</b> Enter the Official's work phone number.</li> </ol> </li> <li>2. Enter each official's information in the appropriate individual informational box according to the official's title (e.g.; President of the Board (Chairperson), Principal Financial Officer (Treasurer), Supervisory Committee Chairperson, Supervisory Committee Member, etc.)</li> </ol>



# 2004 REPORT OF OFFICIALS

FOR NCUA USE
Examiner _____

Federal Charter/Certificate No. \_\_\_\_\_ Check Digit: \_\_\_\_\_

Credit Union Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

<input type="checkbox"/>	CHECK BOX IF THIS IS A NEW ADDRESS.
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\_\_\_\_\_  
 City State Zip

Main Office Location \_\_\_\_\_

(Check if Same as Above)

\_\_\_\_\_  
 City State Zip

Area Code/Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Date of this year's Election of Officials \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Office Hours \_\_\_\_\_

Manager (CEO) \_\_\_\_\_  Full Time  Part Time

Credit Union's Organizational E-mail address \_\_\_\_\_

Credit Committee:  None  Elected  Appointed

BOARD OF DIRECTORS	SUPERVISORY COMMITTEE
<b>President of the Board (Chairperson)</b> Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ E-Mail Address: _____ Home Phone: _____ Work Phone: _____	<b>Supervisory Committee Chairperson</b> Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ E-Mail Address: _____ Home Phone: _____ Work Phone: _____
<b>Vice President of the Board (Vice-Chair)</b> Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ E-Mail Address: _____ Home Phone: _____ Work Phone: _____	<b>Supervisory Committee Member</b> Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ E-Mail Address: _____ Home Phone: _____ Work Phone: _____
<b>Principal Financial Officer (Treasurer)</b> Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ E-Mail Address: _____ Home Phone: _____ Work Phone: _____	<b>Supervisory Committee Member</b> Name: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ E-Mail Address: _____ Home Phone: _____ Work Phone: _____

Data Field	Instruction
<p><b>Board of Directors, Supervisory Committee, and Credit Committee Members</b></p>	<p>1. Enter the following information into each of the requested data fields for each Board, Supervisory Committee, and Credit Committee Members:</p> <ul style="list-style-type: none"> <li>a) <b>Name:</b> Enter the Official's name – First, Middle Initial, and Last Name.</li> <li>b) <b>Street Address, City, State, and Zip Code:</b> Enter the street address of the Official's residence.</li> <li>c) <b>E-mail Address:</b> Enter the Official's personal or credit union E-mail address if available.</li> <li>d) <b>Home Phone:</b> Enter the Official's home phone number.</li> <li>e) <b>Work Phone:</b> Enter the Official's work phone number.</li> </ul> <p>2. Enter each official's information in the appropriate individual informational box according to the official's title (e.g.; Board Member, Supervisory Committee Member, Credit Committee Chairperson, Credit Committee Member, etc.)</p> <p><b>Please Note:</b> If the credit union does not have a Credit Committee (The "<b><u>None</u></b>" box for the Credit Committee on Page 1 of this report should be checked), no information is required in the individual Credit Committee informational boxes.</p> <p><b><i>For some State chartered federally-insured credit unions,</i></b> the "audit committee" designated by State statute or regulation is the equivalent of a supervisory committee.</p>

Federal Charter/Certificate Number: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

<b>BOARD MEMBER</b>	<b>SUPERVISORY COMMITTEE</b>
Board Member	Supervisory Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Supervisory Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
<b>CREDIT COMMITTEE</b>	
Board Member	Credit Committee Chairperson
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Credit Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Credit Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:



## General Instructions for Branch Reporting

1. Do not provide branch information for ATMs, unattended kiosk locations, or shared branches.
2. Do not include the address for member service branch operations maintained at your headquarters' office location. Please be sure to include the address of any member service branch that is separate from the headquarters' office location.
3. **If the credit union does not have branches,**
  - Do not enter any information in the data fields on this page.
  - Do not enter an acronym such as N/A (Not Applicable) in any of the data fields.

### Data Field Instructions

Data Field	Instruction
<b>Branch Name</b>	A branch name can be a specific name, number, letter, identifying acronym, or other form of identification that the credit union has assigned to the branch. The branch name field must be completed.
<b>Street Address, City, State/Province, Zip Code</b>	<ol style="list-style-type: none"> <li>1. Enter the complete addresses (P.O. Box or street address, city, state, zip code) for all credit union member service branch offices staffed by employees, regardless as to the level of services provided or the number of hours it is open.</li> <li>2. <i>If the credit union's branch is in a foreign country</i>, enter the name of the foreign state, province, or territory, etc. in the State/Province data field. <i>If you are using the software to prepare the Report of Officials and the credit union's branch is located in a foreign country</i>, include the city, foreign state, province, or territory, etc., and Mailing Code in the "City" data field.</li> </ol>
<b>Phone Number</b>	Enter the complete phone number for the branch <b><i>including the area code.</i></b>
<b>Country (Foreign Branch)</b>	<ol style="list-style-type: none"> <li>1. <i>If the branch is located in a foreign country</i>, please complete the country data field and provide the name of the foreign state, province, or territory, etc., in the State/Province data field.</li> <li>2. <i>If you are using the software to prepare the Report of Officials and the credit union's branch is located in a foreign country</i>, check the box designating that the branch is located in a foreign country and include the city, foreign state, province, or territory, etc., and Mailing Code in the "City" data field..</li> </ol>

Federal Charter/Certificate Number: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

**REPORT OF CREDIT UNION MAINTAINED BRANCHES  
(DO NOT INCLUDE ATM AND UNATTENDED KIOSK LOCATIONS AND SHARED BRANCHES)**

Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:

## Regulatory Requirements

Section 748.0 of the NCUA Rules and Regulations requires each federally-insured credit union develop a written security program within 90 days of the effective date of insurance. The security program will be designed to:

1. Protect each credit union office from robberies, burglaries, larcenies, and embezzlement;
2. Ensure the security and confidentiality of member records, protect against anticipated threats or hazards to the security or integrity of such records, and protect against unauthorized access to or use of such records that could result in substantial harm or serious inconvenience to a member;
3. Assist in the identification of persons who commit or attempt such actions and crimes; and,
4. Prevent destruction of vital records, as defined in Part 749 of the NCUA Rules and Regulations.

Section 748.1(a) of the NCUA Rules and Regulations requires each federally-insured credit union to file with the NCUA Regional Director an annual statement certifying its compliance with Part 748.0 of the NCUA Rules and Regulations. This statement must be filed within 10 days after the election of officials along with the Report of Officials.

## Filing Methods

The credit union must follow the following instructions in order to be considered in compliance with the filing requirement of Section 748.1(a) of the NCUA Rules and Regulations:

### **Credit Union Files a Hardcopy of the Report of Officials**

The credit union's Board Chairman, President/CEO, or other managing official **must** sign and date a hardcopy of the Statement of Compliance – Minimum Security Devices and Procedures and the credit union must file it with the hardcopy of the Report of Officials.

### **Credit Union Files the Report of Officials Using the Electronic Software**

When the credit union starts to create a Transmission File, the program will automatically create a pop-up window with data entry fields to identify the certifying official and a toggle button that electronically records the official's certification. The message in the pop-up window is as follows:

The credit union's Board Chairman, President/CEO, or other managing official certifies to the best of their knowledge that:

1. They have reviewed the Statement of Compliance – Minimum Security Devices and Procedure provided in the hardcopy of the Report of Officials.
2. The credit union's security program equals or exceeds the standards as set forth in Section 748.0 of the NCUA Rules and Regulations.
3. The credit union's security program has been reduced to writing, approved by the credit union's board of directors, and has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of the credit union's offices.

### **Certifying Official:**

_____	_____	_____
Name	Title	Date

1. Enter the certifying official's name, title, and date of certification.
2. Click the **YES** button to provide electronic certification. **By clicking the **YES** toggle button, the credit union's Board Chairman, President/CEO, or other managing official certifies to the best of their knowledge the above statement is accurate.**

Federal Charter/Certificate Number: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

**STATEMENT OF COMPLIANCE – MINIMUM SECURITY DEVICES AND PROCEDURES**

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 Section 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 has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of the credit union’s offices.

**Certifying Official:**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Date**



# 2004 REPORT OF OFFICIALS

FOR NCUA USE
Examiner _____

Federal Charter/Certificate No. \_\_\_\_\_ Check Digit: \_\_\_\_\_

Credit Union Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

<input type="checkbox"/>	CHECK BOX IF THIS IS A NEW ADDRESS.
--------------------------	-------------------------------------

\_\_\_\_\_

City State Zip

Main Office Location \_\_\_\_\_

(Check if Same as Above)

\_\_\_\_\_

City State Zip

Area Code/Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Date of this year's Election of Officials \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Office Hours \_\_\_\_\_

Manager (CEO) \_\_\_\_\_  Full Time  Part Time

Credit Union's Organizational E-mail address \_\_\_\_\_

Credit Committee:  None  Elected  Appointed

BOARD OF DIRECTORS	SUPERVISORY COMMITTEE
President of the Board (Chairperson)	Supervisory Committee Chairperson
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
E-Mail Address: _____	E-Mail Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Vice President of the Board (Vice-Chair)	Supervisory Committee Member
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
E-Mail Address: _____	E-Mail Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Principal Financial Officer (Treasurer)	Supervisory Committee Member
Name: _____	Name: _____
Street Address: _____	Street Address: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
E-Mail Address: _____	E-Mail Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____

Federal Charter/Certificate Number: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

<b>BOARD MEMBER</b>	<b>SUPERVISORY COMMITTEE</b>
Board Member	Supervisory Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Supervisory Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
<b>CREDIT COMMITTEE</b>	
Board Member	Credit Committee Chairperson
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Credit Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Board Member	Credit Committee Member
Name:	Name:
Street Address:	Street Address:
City: State:	City: State:
Zip Code:	Zip Code:
E-Mail Address:	E-Mail Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

Federal Charter/Certificate Number: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

**REPORT OF CREDIT UNION MAINTAINED BRANCHES  
(DO NOT INCLUDE ATM AND UNATTENDED KIOSK LOCATIONS AND SHARED BRANCHES)**

Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:
Branch Name:	Branch Name:
Street Address:	Street Address:
City: State/Province:	City: State/Province:
Zip Code: Country (Foreign Branch):	Zip Code: Country (Foreign Branch):
Phone Number:	Phone Number:

Federal Charter/Certificate Number: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

**STATEMENT OF COMPLIANCE – MINIMUM SECURITY DEVICES AND PROCEDURES**

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 Section 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 has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of the credit union's offices.

**Certifying Official:**

Name	Title	Date
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