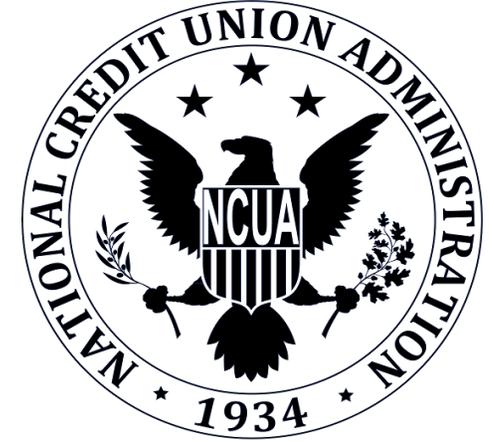


**NATIONAL CREDIT UNION ADMINISTRATION
ALEXANDRIA, VA 22314-3428
OFFICIAL BUSINESS**



Credit Union Profile Form 4501A

Effective December 31, 2024 Until Superseded

Version 2024.1

TO THE BOARD OF DIRECTORS:

This booklet contains the NCUA Form 4501A, Credit Union Profile. The effective date of this form is December 31, 2024 and will remain in effect until superseded. Instructions and quarterly filing dates are available on the NCUA's website at www.ncua.gov. Credit union contacts of record will continue to receive quarterly email notifications of the cycle highlights.

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.

If you have any non-technical questions, please contact your NCUA Regional Office or your state credit union supervisor, as appropriate. Please direct technical questions to OneStop, the NCUA's IT Service Desk, by email at OneStop@ncua.gov or phone at 1-800-827-3255.

Credit Union Name: _____

Certification Date: _____

Federal Charter/Certificate Number: _____

Reporting Requirements

Provide Updated Information: In accordance with NCUA 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.

Changes to the Profile will not be uploaded to NCUA until certified and submitted in CUOnline.

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.

Paperwork Reduction Act Statement

The estimated average public reporting burden associated with this information collection is 2 hours per response. Comments concerning the accuracy of this burden estimate and or any other aspect of this information collection, including suggestions for reducing this burden should be addressed to the:

National Credit Union Administration
Office of General Counsel
Attn: PRA Clearance Officer
1775 Duke Street
Alexandria, VA 22314-3428

An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a valid OMB control number.

Credit Union Name: _____

Certification Date: _____

Federal Charter/Certificate Number: _____

Certification

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 correct by: _____

Last Name: _____ Please Print First Name: _____ Date: _____

Full Name : _____
Certified Correct By (Signature)

Changes to the Profile will not be uploaded to NCUA until certified and submitted in CUOnline.

Credit Union Name: _____

Certification Date: _____

Federal Charter/Certificate Number: _____

Certify Compliance
Minimum Security Devices and Procedures - NCUA Regulations Part 748
Federally Insured Credit Unions Only

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 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: _____

Certified By (Please Print)

Job Title :

Please Print

Full Name :

Certified By (Signature)

General Information

1. Select the credit committee type*:		
a.	Appointed	<input type="checkbox"/>
b.	Elected	<input type="checkbox"/>
c.	No Committee	<input type="checkbox"/>
2. Provide the credit union's Employer Identification Number (EIN)*:		
3. Provide the Research Statistics Supervision and Discount (RSSD) ID number		
4. Provide the credit union's Legal Entity Identifier (LEI)		
5. Is your credit union a member of the Federal Home Loan Bank?		<input type="checkbox"/>
6. Has your credit union filed an application to borrow from the Federal Reserve Bank Discount Window?*		<input type="checkbox"/>
7. Has your credit union pre-pledged collateral with the Federal Reserve Bank Discount Window?*		<input type="checkbox"/>
8. Does your credit union sponsor a qualified defined benefit plan?*		
Select Yes or No.		
a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

General Information (continued)

9. Does your credit union participate in a multi-employer defined benefit plan? *

Select Yes or No.

a.	Yes	
b.	No	

10. Does your credit union operate exclusively online? Select Yes or No.

a.	Yes	
b.	No	

11. Select the credit union's anti-money laundering monitoring system type*:

a.	Automated	
b.	Manual	
c.	Combined	

12. Choose the name(s) of the credit union's automated anti-money laundering system(s).*

a.	Abrigo	
b.	FiservAML Risk Manager	
c.	Nice Actimize	
d.	Patriot Officer	
e.	Verafin	
f.	Yellow Hammer	
g.	Other	
	Please specify	

General Information (continued)

Minority Depository Institution Questions - A credit union seeking designation as a Minority Depository Institution must complete this section.

13. Is more than 50% of your credit union's board of directors Asian American, Black American, Hispanic American, or Native American? Select Yes or No.

a.	Yes	
b.	No	

If yes, choose the minority group(s) that apply:

a.	Asian American	
b.	Black American	
c.	Hispanic American	
d.	Native American	

14. Are more than 50% of your credit union's current members Asian American, Black American, Hispanic American, or Native American? Select Yes or No.

a.	Yes	
b.	No	

If yes, choose the minority group(s) that apply:

a.	Asian American	
b.	Black American	
c.	Hispanic American	
d.	Native American	

General Information (continued)

Minority Depository Institution Questions - continued

15. Is more than 50% of your credit union's field of membership Asian American, Black American, Hispanic American, or Native American? Select Yes or No.

a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

If yes, choose the minority group(s) that apply:

a.	Asian American	<input type="checkbox"/>
b.	Black American	<input type="checkbox"/>
c.	Hispanic American	<input type="checkbox"/>
d.	Native American	<input type="checkbox"/>

Contacts and Roles (continued)

Mandatory Job Titles and Mandatory Roles, indicated by a '+', must be provided. They may be officials, volunteers, or employees of the credit union. Please reference the Profile Instructions for additional guidance.

5. Choose the job title or titles fulfilled by the named contact.
 Mandatory Job Titles are indicated by a '+'. (continued)

j.	Credit Committee Member	<input type="checkbox"/>
k.	Chief Financial Officer	<input type="checkbox"/>
l.	Chief Information Officer	<input type="checkbox"/>
m.	Internal Auditor	<input type="checkbox"/>
n.	Other	<input type="checkbox"/>

6. Does the manager or CEO also manage a different credit union?

a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

7. Choose the role or roles fulfilled by the named contact.
 Mandatory Roles are indicated by a '+'. (continued)

a.	Volunteer	<input type="checkbox"/>
b.	General Credit Union Contact	<input type="checkbox"/>
c.	Call Report Contact ⁺	<input type="checkbox"/>
d.	Profile Information Contact ⁺	<input type="checkbox"/>
e.	Primary Patriot Act Contact ⁺	<input type="checkbox"/>
f.	Secondary Patriot Act Contact ⁺	<input type="checkbox"/>
g.	Third Patriot Act Contact	<input type="checkbox"/>

Contacts and Roles (continued)

Mandatory Job Titles and Mandatory Roles, indicated by a '+', must be provided. They may be officials, volunteers, or employees of the credit union. Please reference the Profile Instructions for additional guidance.

7. Choose the role or roles fulfilled by the named contact.
 Mandatory Roles are indicated by a '+'. (continued)

h.	Fourth Patriot Act Contact	
i.	Primary Emergency Contact ⁺	
j.	Secondary Emergency Contact ⁺	
k.	Credit Union Employee	
l.	Information Security Contact ⁺	
m.	Cyber Incident Notification Contact, primary ⁺	
n.	Cyber Incident Notification Contact, secondary ⁺	

8. Select the credit union employment type. The credit union is required to provide the employment type for all Mandatory Job Titles and Roles.

a.	Volunteer*	
b.	Full-time*	
c.	Part-time*	

Contacts and Roles (Continued)

Home address information must be provided for all Mandatory Job Titles. A Work phone number must be provided for all Mandatory Roles.
 Please reference the Profile Instructions for additional guidance.

9. Provide home address information for the contact. This information must be provided for all Mandatory Job Titles.

a.	Address Line 1*	
b.	Address Line 2*	
c.	City*	
d.	State*	
e.	Zip Code*	
f.	Home Email*	
g.	Confirm Home Email*	
h.	Home Phone*	
i.	Home Cell Phone*	
j.	Home Fax*	
k.	Home Country*	
l.	Select this box if Home email is the preferred email address*	<input type="checkbox"/>

Contacts and Roles (Continued)

A Work phone number must be provided for all Mandatory Roles. Please reference the Profile Instructions for additional guidance.

10. Provide work address information for the contact. A work phone number must be provided for all Mandatory Roles.

a.	Address Line 1*	
b.	Address Line 2*	
c.	City*	
d.	State*	
e.	Zip Code*	
f.	Work Email*	
g.	Confirm Work Email*	
h.	Work Phone*	
i.	Work Phone Extension*	
j.	Work Cell Phone*	
k.	Work Fax*	
l.	Work Country*	
m.	Select this box if Work email is the preferred email address*	<input type="checkbox"/>

Sites

This section of the profile is a **mandatory** section and must include Corporate Office and Branch Office(s). Also, Vital Records Center, Location of Records, and Disaster Recovery site functions must be identified. Please reference the Profile Instructions for additional guidance.

1. Provide a site name		
2. Select the operational status for the site.		
a.	Normal	<input type="checkbox"/>
b.	Planned	<input type="checkbox"/>
c.	Suspended - Emergency	<input type="checkbox"/>
3. Select the Site Type		
a.	Corporate Office	<input type="checkbox"/>
b.	Branch Office	<input type="checkbox"/>
c.	Other (Please Specify)	<input type="checkbox"/>
4. Is this the credit union's main office?		<input type="checkbox"/>
5. Provide the hours of operation for the site		
6. Provide the physical address of the site.		
a.	Address Line 1	
b.	Address Line 2	
c.	City	
d.	State	
e.	Postal Code	
f.	Country	

Sites (continued)

This section of the profile is a **mandatory** section and must include Corporate Office and Branch Office(s). Also, Vital Records Center, Location of Records, and Disaster Recovery site functions must be identified. Please reference the Profile Instructions for additional guidance.

7. Provide the mailing address of the site.

a.	Same as Physical Address	
b.	Same as Main Office address	
c.	Address Line 1	
d.	Address Line 2	
e.	City	
f.	State	
g.	Postal Code	
h.	Country	

8. Provide phone and fax numbers for the site.

a.	Phone	
b.	Extension	
c.	Fax	

Sites (continued)

This section of the profile is a **mandatory** section and must include Corporate Office and Branch Office(s). Also, Vital Records Center, Location of Records, and Disaster Recovery site functions must be identified. Please reference the Profile Instructions for additional guidance.

9. Select the site functions - this information will not be released to the public		
a.	Disaster Recovery Location	<input type="checkbox"/>
b.	Location of Records	<input type="checkbox"/>
c.	Vital Records Center	<input type="checkbox"/>
d.	Backup Generator	<input type="checkbox"/>
e.	Future Office	<input type="checkbox"/>
f.	Hot Site	<input type="checkbox"/>
g.	Planned Evacuation Site	<input type="checkbox"/>
h.	Other	<input type="checkbox"/>

10. Select the site functions - will be released to the public (credit union location information will be published in the Credit Union Locator if at least one function is selected)

a.	Shared Service Center/Network	<input type="checkbox"/>
b.	ATM	<input type="checkbox"/>
c.	Drive Thru	<input type="checkbox"/>
d.	Member Services	<input type="checkbox"/>
e.	ITM	<input type="checkbox"/>

Credit Union Name: _____

Certification Date: _____

Federal Charter/Certificate Number: _____

Payment System Service Provider (PSSP) Information

1. Select the credit union's Primary Settlement Agent (i.e., Member share draft clearing, ACH transactions, etc.)*

a.	Bank	<input type="checkbox"/>
b.	Corporate Credit Union	<input type="checkbox"/>
c.	CUSO	<input type="checkbox"/>
d.	Federal Credit Union	<input type="checkbox"/>
e.	Federal Reserve Bank	<input type="checkbox"/>
f.	Other Credit Union	<input type="checkbox"/>
g.	Not Applicable	<input type="checkbox"/>

2. Choose the systems used to process electronic payments
(check all that apply)*

a.	CHIPS	<input type="checkbox"/>
b.	Corporate Credit Union	<input type="checkbox"/>
c.	Correspondent Bank	<input type="checkbox"/>
d.	CUSO	<input type="checkbox"/>
e.	Fedline Solutions	<input type="checkbox"/>
f.	SWIFT	<input type="checkbox"/>
g.	Other	<input type="checkbox"/>

Other (please specify)

Credit Union Name: _____

Certification Date: _____

Federal Charter/Certificate Number: _____

Payment System Service Provider (PSSP) Information (continued)

3. Choose the ACH Operator the credit union uses for domestic ACH processing. (check all that apply)*

a.	FedACH	<input type="checkbox"/>
b.	EPN	<input type="checkbox"/>

4. Does the credit union participate in The Clearing House (TCH) Real-Time Payments (RTP) or Federal Reserve FedNow Service for instant payments or plan to participate within the next 24 months? *

a.	Yes, RTP	<input type="checkbox"/>
b.	Yes, FedNow Service	<input type="checkbox"/>
c.	Yes, RTP and FedNow Service	<input type="checkbox"/>
d.	Plan to within 24 months	<input type="checkbox"/>

Payment System Service Provider (PSSP) Information (continued)

5. Select the Agents and Technology Service Provider(s) the credit union uses or plans to use (if applicable).*

a.	FedNow Liquidity Provider	
	Other (please specify)	
b.	FedNow Settlement Agent	
	Other (please specify)	
c.	RTP Funding Agent	
	Other (please specify)	
d.	FedNow Technology Service Provider	
	Other (please specify)	
e.	RTP Technology Service Provider	
	Other (please specify)	

Payment System Service Provider (PSSP) Information (continued)

6. Specify the payment system service provider the credit union uses for each of the following payment services (select all that apply)*

a.	ACH Origination	
	Other (please specify)	
b.	ACH Receipt	
	Other (please specify)	
c.	ATM and Debit Card Processing	
	Other (please specify)	
d.	Bill Payment	
	Other (please specify)	
e.	CreditCard Processing	
	Other (please specify)	
f.	Domestic Wires	
	Other (please specify)	
g.	International Wires/Remittance Transfer	
	Other (please specify)	
h.	Person-2-Person (P2P)	
	Other (please specify)	
i.	Remote Deposit Capture	
	Other (please specify)	
j.	Share Draft Processing and Settlement	
	Other (please specify)	
k.	Other (please specify)	
	Other Payment Service Type (please specify)	
	Other Payment Service Provider (please specify)	

NCUA Profile Form 4501A

Effective December 31, 2024

Previous Editions Are Obsolete

* = not available to the public

Payment System Service Provider (PSSP) Information (continued)

7. Will the credit union add new payment service(s) or change payment system service providers within the next 24 months?*	
a.	Yes
b.	No

8. If yes, select the new payment system service provider for each new payment system (select all that apply) *

a.	ACH Origination	
	Other (please specify)	
b.	ACH Receipt	
	Other (please specify)	
c.	ATM and Debit Card Processing	
	Other (please specify)	
d.	Bill Payment	
	Other (please specify)	
e.	CreditCard Processing	
	Other (please specify)	
f.	Domestic Wires	
	Other (please specify)	
g.	International Wires/Remittance Transfer	
	Other (please specify)	
h.	Person-2-Person (P2P)	
	Other (please specify)	
i.	Remote Deposit Capture	
	Other (please specify)	
j.	Share Draft Processing and Settlement	
	Other (please specify)	
k.	Other	
	Other Payment Service Type (please specify)	
	Other Payment Service Provider (please specify)	

NCUA Profile Form 4501A

Effective December 31, 2024

Previous Editions Are Obsolete

* = not available to the public

Payment System Service Provider (PSSP) Information (continued)

9. Does the credit union digitally issue or instant issue cards at any of its locations?*		
a.	Yes	
b.	No	
10. Does the credit union own or lease Automated Teller Machines (ATMs) or Interactive Teller Machines (ITMs)?*		
a.	ATM	
b.	ITM	
11. Does the credit union originate Same-day ACH Transactions?*		
a.	Yes	
b.	No	
12. 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	
13. 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 (web-based)	
d.	Telephone	
e.	In Person	
f.	Mobile Banking application	
g.	Mail (postal service)	
h.	Lockbox	
i.	Other	
	Other methods (Please specify)	

Information Technology

1. Does the credit union have a website?	
a.	Yes*
b.	No *
c.	Website Address _____
2. Where is the website hosted?*	
a.	Internal
b.	External
c.	If external, select the name of the external website vendor. If not listed, please select Other and provide the external website vendor name. _____
3. Select the service(s) offered.	
a.	Informational Website
b.	Mobile Application
c.	Online Banking
4. If a credit union has online or mobile banking, how many members use it?*	

Information Technology (continued)

5. If the credit union offers digital banking services, please indicate if the services are internal or external. If external, provide the vendor and product name. If the service provided by the digital banking services vendor is not listed, please select Other and provide the service provided by the digital banking services vendor and the vendor and product name.

a. Consumer Online Banking*

Internal	
External	
Vendor Name	
Other Vendor Name	
Product Name	
Other Product Name	

b. Consumer Mobile Banking*

Internal	
External	
Vendor Name	
Other Vendor Name	
Product Name	
Other Product Name	

c. Consumer Mobile Deposit*

Internal	
External	
Vendor Name	
Other Vendor Name	
Product Name	
Other Product Name	

Information Technology (continued)

5. If the credit union offers digital banking services, please indicate if the services are internal or external. If external, provide the vendor and product name. If the service provided by the digital banking services vendor is not listed, please select Other and provide the service provided by the digital banking services vendor and the vendor and product name.

d. Commercial Online Banking*

Internal	
External	
Vendor Name	
Other Vendor Name	
Product Name	
Other Product Name	

e. Commercial Mobile Banking*

Internal	
External	
Vendor Name	
Other Vendor Name	
Product Name	
Other Product Name	

f. Other*

Provide the name of the other service provided by a digital banking service provider.	
Internal	
External	
Vendor Name	
Other Vendor Name	
Product Name	
Other Product Name	

Information Technology (continued)

6. Select the core applications the credit union uses. Please indicate if the core application is hosted internally (system hosted by affiliated organizations are external) or externally. If vendor supplied or vendor hosted, provide the vendor and product name.

a.	General Ledger*		
	Hosting Type		
	Manual		<input type="checkbox"/>
	Internal: Credit Union Developed		<input type="checkbox"/>
	Internal: Vendor Supplied		<input type="checkbox"/>
	External: Vendor Hosted		<input type="checkbox"/>
	Vendor		
	If Other, provide the name of the vendor.		
	Product Name		
	If Other, provide the name of the product.		
b.	Shares/Loans*		
	Hosting Type		
	Manual		<input type="checkbox"/>
	Internal: Credit Union Developed		<input type="checkbox"/>
	Internal: Vendor Supplied		<input type="checkbox"/>
	External: Vendor Hosted		<input type="checkbox"/>
	Vendor		
	If Other, provide the name of the vendor.		
	Product Name		
	If Other, provide the name of the product.		

Information Technology (continued)

6. Select the core applications the credit union uses. Please indicate if the core application is hosted internally (system hosted by affiliated organizations are external) or externally. If vendor supplied or vendor hosted, provide the vendor and product name.

c. Other*	
Other Core Application	
Hosting Type	
Manual	<input type="checkbox"/>
Internal: Credit Union Developed	<input type="checkbox"/>
Internal: Vendor Supplied	<input type="checkbox"/>
External: Vendor Hosted	<input type="checkbox"/>
Vendor	
If Other, provide the name of the vendor.	
Product Name	
If Other, provide the name of the product.	

7. Which wireless networks, if any, does the credit union operate?*

Public or Guest Network	<input type="checkbox"/>
Private or Restricted Network	<input type="checkbox"/>

8. If the credit union plans to undergo a Core Application Conversion in the next 24 months, please provide the following*:

a. General Ledger	<input type="checkbox"/>
b. Shares/Loans	<input type="checkbox"/>
c. Other	<input type="checkbox"/>
If Other, provide the other core application type.	
d. Anticipated Conversion Date	
e. Core Application Converting to	

Information Technology (continued)

9. Select the service(s) the credit union offers electronically:		
a.	External or Third-Party Account Aggregation	<input type="checkbox"/>
b.	Bill Payment	<input type="checkbox"/>
c.	Person-to-Person (P2P)	<input type="checkbox"/>
d.	Electronic Signature Auth./Cert	<input type="checkbox"/>
e.	E-Statements	<input type="checkbox"/>
f.	External Transfers/Payments - ACH	<input type="checkbox"/>
g.	Loan Payments	<input type="checkbox"/>
h.	Member Application	<input type="checkbox"/>
i.	Point-of-sale Processing	<input type="checkbox"/>
j.	Mobile Payments	<input type="checkbox"/>
k.	Loan Application	<input type="checkbox"/>
l.	New Share Account	<input type="checkbox"/>
m.	Remote Deposit Capture	<input type="checkbox"/>
n.	Other	<input type="checkbox"/>
	Please provide the name of the other service	<input type="checkbox"/>
10. Cloud Services (check all that apply)*:		
a.	Infrastructure as a Service	<input type="checkbox"/>
b.	Platform as a Service	<input type="checkbox"/>
c.	Software as a Service	<input type="checkbox"/>
11. Email Services (check one only)*:		
a.	On-premises	<input type="checkbox"/>
b.	Cloud	<input type="checkbox"/>
c.	Hybrid	<input type="checkbox"/>

Information Technology (continued)

12.	Select the Managed Security Service Provider (MSSP) service(s) the credit union uses (check all that apply):	
a.	24/7 network security monitoring*	
	Internal	<input type="checkbox"/>
	External	<input type="checkbox"/>
	Vendor Name	
	Other Vendor Name	
	Product Name	
	Other Product Name	
b.	Security Operations Center*	
	Internal	<input type="checkbox"/>
	External	<input type="checkbox"/>
	Vendor Name	
	Other Vendor Name	
	Product Name	
	Other Product Name	
c.	Systems Patching*	<input type="checkbox"/>
d.	Security and Information Event Management*	<input type="checkbox"/>
e.	Ransomware backups*	<input type="checkbox"/>
f.	DDoS Mitigation*	<input type="checkbox"/>
g.	Dark Web Monitoring*	<input type="checkbox"/>

Credit Union Name: _____

Certification Date: _____

Federal Charter/Certificate Number: _____

Regulatory Information

1. Provide the date of the most recent annual meeting held by the credit union*		
2. Provide the effective date of the most recent supervisory committee or financial statement audit.		
3. Select the last type of audit performed for the credit union's records:		
a.	Financial statement audit performed by state licensed persons	<input type="checkbox"/>
b.	Supervisory Committee audit performed by state licensed persons	<input type="checkbox"/>
c.	Supervisory Committee audit performed by other external auditors	<input type="checkbox"/>
d.	Supervisory Committee audit performed by the supervisory committee or designated staff.	<input type="checkbox"/>
4. Provide the name of the Audit Firm or Auditor*		
5. Provide the date of the most recent Supervisory Committee verification of member's accounts		
6. Who completed the verification of member's accounts		
a.	Supervisory Committee	<input type="checkbox"/>
b.	Third Party	<input type="checkbox"/>

Regulatory Information (continued)

7. Provide your Supervisory or Audit Committee contact information for public/official correspondence*

a.	Mailing Address	
b.	Mailing Address	
c.	City	
d.	State	
e.	Zip Code	
f.	Email	

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

--	--

9. Select the Fidelity Bond Provider Name

--	--

10. Provide the amount of Fidelity Coverage for any Single Loss (RR 713.5)*

--	--

Section 701.4 Certification

11. Provide the Section 701.4 certification date (Federal Credit Unions only)*

--	--

12. Provide the Section 701.4 certifier's name (Federal Credit Unions only)*

	First Name	Last Name

13. Provide the Section 701.4 certifier's job title (Federal Credit Unions only)*

--	--

Regulatory Information (continued)

EQUAL EMPLOYMENT OPPORTUNITY *

14. 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.

Yes

No

a. 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)

b. If yes, do you have a diversity policy and/or program in your credit union?

Yes

No

Regulatory Information (continued)

HOME MORTGAGE DISCLOSURE ACT - LOAN APPLICATION REGISTER CRITERIA

15. Is your credit union located in a Metropolitan Statistical Area (MSA)?

a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

16. Did your credit union originate at least one home purchase loan or refinance a home purchase loan secured by a first lien on a one-to-four unit dwelling during the preceding calendar year?

a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

17. Did your credit union originate closed-end mortgages in each of the two preceding calendar years OR originate open-end lines of credit in each of the two preceding calendar years in excess of the HMDA Loan-Volume Threshold?

a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

18. If you answered yes to all three questions, please provide your HMDA LAR filing date.

--

TRADE NAMES *

19. List any trade names the credit union uses for signage or advertising.

Catastrophic Act / Business Continuity Information

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	
b.	Generator	
c.	IT Support	
d.	Mobile Branch	
e.	Office Space	
f.	Staff/Management Services	

3. Provide the date of the last catastrophic act / business continuity test completed by the credit union. *	

4. Indicate the method(s) used for the last catastrophic act / business continuity test completed by the credit union. *

a.	Orientation/Walk Through	
b.	Tabletop/Mini-Drill	
c.	Functional Testing	
d.	Full-Scale Testing	

Credit Union Name: _____

Certification Date: _____

Federal Charter/Certificate Number: _____

Credit Union Programs and Member Services

1. Credit Union Programs (Check all that apply)	
a. Approved Mortgage Seller	<input type="checkbox"/>
b. Brokered Certificates of Deposit	<input type="checkbox"/>
c. Brokered Deposits (all deposits acquired through a third party)	<input type="checkbox"/>
d. Investment Pilot Program (FCU Only)	<input type="checkbox"/>
e. Deposits and Shares Meeting 703.10(a)	<input type="checkbox"/>
f. Mortgage Processing	<input type="checkbox"/>
Payday Alternative Loans (PALs I & II - FCU Only)	
g. PALs I (FCU Only)	<input type="checkbox"/>
h. PALs II (FCU Only)	<input type="checkbox"/>
2. Member Service and Product Offerings (Check all that apply)	
Financial Literacy Education	
a. Financial Counseling	<input type="checkbox"/>
b. Financial Education	<input type="checkbox"/>
c. Financial Literacy Workshops	<input type="checkbox"/>
d. First time Homebuyer Program	<input type="checkbox"/>
e. Credit Management and Repair	<input type="checkbox"/>
f. Online Financial Literacy	<input type="checkbox"/>

Credit Union Programs and Member Services (continued)

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

Consumer Initiated Remittance Transfers

a.	International Remittances	<input type="checkbox"/>
b.	Low-cost Wire Transfers	<input type="checkbox"/>
c.	Proprietary remittance transfer services operated by the CU *	<input type="checkbox"/>
d.	Proprietary remittance transfer services operated by another person *	<input type="checkbox"/>

Other Member Services and Products

a.	No Cost Share Drafts	<input type="checkbox"/>
b.	No Cost Bill Payer	<input type="checkbox"/>
c.	No Cost Tax Preparation Services	<input type="checkbox"/>
d.	Share Certificates with low minimum balance requirement	<input type="checkbox"/>
e.	Student Scholarship	<input type="checkbox"/>
f.	Credit Builder	<input type="checkbox"/>
g.	Bilingual Services	<input type="checkbox"/>

Youth Savings Accounts/Programs

a.	Offer Custodial Accounts	<input type="checkbox"/>
b.	Offer Non-Custodial Accounts	<input type="checkbox"/>

Credit Union Programs and Member Services (continued)

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

In-School Branches (If checked, specify number of branches)

a.	Elementary School	
b.	Middle School	
c.	High School	

3. Does the credit union offer an ATM Network that is surcharge free?

a.	Yes	
b.	No	

4. Provide the name of the surcharge free ATM Network

--

5. Does the credit union participate in Shared Service Centers/Networks?

a.	Yes	
b.	No	

6. Provide the name of the Shared Service Center/Network

--

7. Payday Alternative Loans (PALs I and II loans) program (FCUs Only) *

(Check all that apply)

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

Credit Union Programs and Member Services (continued)

8. Does the credit union use financial technology companies to provide member services? *		
a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>
9. If yes, select the services offered:		
a.	Auto Lending	<input type="checkbox"/>
b.	Mortgage Lending	<input type="checkbox"/>
c.	Secured personal loans	<input type="checkbox"/>
d.	Unsecured personal loans	<input type="checkbox"/>
e.	Lead generation for new members	<input type="checkbox"/>
f.	Lead generation for share accounts	<input type="checkbox"/>
g.	Acquire participation loans	<input type="checkbox"/>
h.	Person-to-person payments	<input type="checkbox"/>
i.	Investment security exchange services	<input type="checkbox"/>
j.	Communication	<input type="checkbox"/>
k.	Other	<input type="checkbox"/>
10. Does the credit union offer cryptocurrency services to members ? *		
a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

Credit Union Name: _____

Certification Date: _____

Federal Charter/Certificate Number: _____

Credit Union Programs and Member Services (continued)

11. If yes, select the services offered. *

a.	Exchange services	<input type="checkbox"/>
b.	Non-custodial wallets	<input type="checkbox"/>
c.	Custodial wallets	<input type="checkbox"/>
d.	Loans secured by digital assets	<input type="checkbox"/>
e.	Depository for stablecoin reserves	<input type="checkbox"/>
f.	Mobile application	<input type="checkbox"/>
g.	Other	<input type="checkbox"/>

12. Does the credit union use blockchain or distributed ledger technology to offer services to members or to record and store data? *

a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

Merger Partner Registry

This page is optional for credit unions and not required to be completed. If this page is completed, the mandatory fields are identified with a plus (+).

For Minority Depository Institution credit unions:

1. Is your credit union interested in being considered a merger partner for a Minority Depository Institution? *

a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

2. Is your credit union interested in expanding its Field Of Membership through a consolidation of another credit union? If yes, proceed to the remaining questions. *

a.	Yes	<input type="checkbox"/>
b.	No	<input type="checkbox"/>

3. Provide the name and phone number of the person at the credit union who can be contacted regarding any potential consolidations. *

First Name+		
Last Name+		
Phone+		
Extension+		
Job Title+		

4. Identify the geographic areas in which the credit union would be interested. *
(Select only ONE Box)

Anywhere in the United States	<input type="checkbox"/>	
Anywhere within Selected States (Please specify states)	<input type="checkbox"/>	
Specific Counties/Cities within a Selected State (Specify the state(s) on lines above)	<input type="checkbox"/>	
State	County/Countries	City/Cities