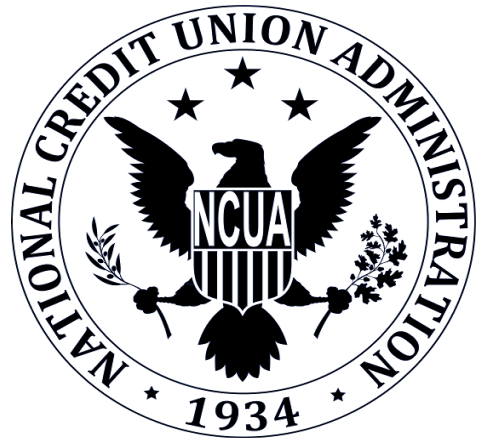


**NATIONAL CREDIT UNION ADMINISTRATION  
ALEXANDRIA, VA 22314-3428  
OFFICIAL BUSINESS**



# **Credit Union Profile**

## **Form 4501A**

**Effective December 31, 2023 Until Superseded**

Version 2023.1

### **TO THE BOARD OF DIRECTORS:**

This booklet contains the NCUA Form 4501A, Credit Union Profile. The effective date of this form is December 31, 2023 and will remain in effect until superseded. Instructions and quarterly filing dates are available on the NCUA's website at [www.ncua.gov](http://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](mailto:OneStop@ncua.gov) or phone at 1-800-827-3255.

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

Report 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.

**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: \_\_\_\_\_

Report 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 By

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Certified Correct By Please Print

Full Name : \_\_\_\_\_  
Certified Correct By (Signature)

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

Report 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)

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

Report Date: \_\_\_\_\_  
Federal Charter/Certificate Number: \_\_\_\_\_

### General Information

---

1. Select the type of credit committee the credit union has:

- ☐ a. Elected                      ☐ b. Appointed                      ☐ c. No Committee

2. Provide the credit union's Employer Identification Number (EIN) : \_\_\_\_\_

3. Provide the Research Statistics Supervision and Discount (RSSD) ID number issued by the Board of Governors of the Federal Reserve System. \_\_\_\_\_

4. Provide the credit union's Legal Entity Identifier (LEI): \_\_\_\_\_

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

8. Does your credit union sponsor a qualified defined benefit plan?

- ☐ a. Yes                      ☐ b. No

9. Does your credit union participate in a multiemployer defined benefit plan?

- ☐ a. Yes                      ☐ b. No

10. Is your credit union's anti-money laundering monitoring system automated, manual, or a combination of these?

- ☐ a. Automated                      ☐ b. Manual                      ☐ c. Combined

11. Minority Depository Institution Questions

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

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

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

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

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

Report Date: \_\_\_\_\_  
Federal Charter/Certificate Number: \_\_\_\_\_**Contacts and Roles**

The credit union must provide information for the Mandatory Job Titles and Mandatory Roles listed below. These individuals may be officials, volunteers, or employees of the credit union. *NCUA will **not** release information regarding mailing addresses, email addresses, phone numbers, and fax numbers to the public. Please reference the Profile Instructions for additional guidance.*

Provide information for the following:

Mandatory Job Titles		Mandatory Roles	
Manager or CEO	Supervisory Committee Chairperson	Call Report Contact	Primary Patriot Act Contact
Board Chairperson	Supervisory Committee Members	Profile Contact	Secondary Patriot Act Contact
Board Vice Chairperson	Credit Committee Chairperson	Primary Emergency Contact	Third Patriot Act Contact (optional)
Board Treasurer	Credit Committee Members	Secondary Emergency Contact	Fourth Patriot Act Contact (optional)
Board Members		Information Security Contact	

1. Salutation\* 2. First Name  3. Middle Initial  4. Last Name\* 5. Job Titles - \* Indicates the credit union is required to provide information for these *mandatory job titles*.

- |  |   |
|--|---|
| <input type="checkbox"/> a. Manager or CEO*                              | <input type="checkbox"/> b. Board Chairperson*                      |
| <input type="checkbox"/> c. Board Vice Chairperson*                      | <input type="checkbox"/> d. Board Secretary                         |
| <input type="checkbox"/> e. Board Treasurer*                             | <input type="checkbox"/> f. Board Member*                           |
| <input type="checkbox"/> g. Supervisory Committee Chairperson*           | <input type="checkbox"/> h. Supervisory Committee Member*           |
| <input type="checkbox"/> i. Credit Committee Chairperson, if applicable* | <input type="checkbox"/> j. Credit Committee Member, if applicable* |
| <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                                   |

6. Does the manager or CEO also manage a different credit union? ☐ a. Yes ☐ b. No7. Roles - \* Indicates the credit union is required to provide information for these *mandatory roles*.

- |   |   |
|---|---|
| <input type="checkbox"/> 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, optional           | <input type="checkbox"/> h. Fourth Patriot Act Contact, optional            |
| <input type="checkbox"/> i. Primary Emergency Contact*                    | <input type="checkbox"/> j. Secondary Emergency Contact*                    |
| <input type="checkbox"/> k. Credit Union Employee                         | <input type="checkbox"/> l. Information Security Contact*                   |
| <input type="checkbox"/> m. Cyber Incident Notification Contact, primary* | <input type="checkbox"/> n. Cyber Incident Notification Contact, secondary* |

8. Credit Union Employment Type\* - The credit union is required to provide the employment type for all *Mandatory Job Titles and Roles*.

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

9. Home Address Information\* - The credit union is required to provide this information for all *Mandatory Job Titles*

Address Line 1:   
 Address Line 2:   
 City:  State:  Postal Code:   
 Home country:  Home email:   
 Home phone:  Home cell:  Home fax:

10. Work Address Information - The credit union is required to provide a work phone number for all *Mandatory Roles*

Address Line 1:   
 Address Line 2:   
 City:  State:  Postal Code:   
 Work country:  Work email:  Work cell:   
 Work phone\*:  Work extension:  Work fax:

**Sites**

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

Site Types
· Corporate Office
· Branch Office(s)

Site Functions
· Vital Records Center
· Location of Records
· Disaster Recovery

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

<b>1. *Site Name:</b>	<input type="text"/>		
<b>2. *Operational Status:</b>	<input type="checkbox"/> a. Normal	<input type="checkbox"/> b. Planned	<input type="checkbox"/> c. Suspended - Emergency
<b>3. *Site Type:</b>	<input type="checkbox"/> a. Corporate Office	<input type="checkbox"/> b. Branch Office	<input type="checkbox"/> c. Other (Please Specify) <input type="text"/>
<b>4. *Is Main Office:</b>	<input type="checkbox"/> a. Yes	<input type="checkbox"/> b. No	
<b>5. *Hours of Operation:</b>	<input type="text"/>		
<b>6. *Physical Address:</b>	Address Line 1: <input type="text"/>		
	Address Line 2: <input type="text"/>		
	City / State / Postal Code:	<input type="text"/>	<input type="text"/>
	County	<input type="text"/>	Country <input type="text"/>
<b>7. *Mailing Address:</b>	<input type="checkbox"/> Same as Physical Address <input type="checkbox"/> Same as Main Office address		
	Address Line 1: <input type="text"/>		
	Address Line 2: <input type="text"/>		
	City / State / Postal Code:	<input type="text"/>	<input type="text"/>
	County	<input type="text"/>	Country <input type="text"/>
<b>8. *Phone Numbers:</b>	Phone	<input type="text"/>	Extension <input type="text"/>
	Fax	<input type="text"/>	
<b>9. *Site Function(s):</b>	<b>Non-Public Site Functions</b> <input type="checkbox"/> 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		<b>Public Site Functions (published in the Credit Union Locator)</b> <input type="checkbox"/> i. Shared Service Center/Network <input type="checkbox"/> j. ATM <input type="checkbox"/> k. Drive Thru <input type="checkbox"/> l. Member Services

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

Report 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. -- See Instructions)

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

2. Select the name of the main payment system service provider.

a. If other was selected, please specify

3. Identify the payment service(s) provided by the main payment system service provider. (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> a. Share Draft Processing and Settlement   | <input type="checkbox"/> b. Credit Card Processing and Settlement        | <input type="checkbox"/> c. Wire Transfers         |
| <input type="checkbox"/> d. ATM and Debit Processing and Settlement | <input type="checkbox"/> e. Electronic Funds Transfer and Direct Deposit | <input type="checkbox"/> f. Other (Please Specify) |

4. Select the name(s) of additional payment system service providers.

a. If other was selected, please specify

5. Have you changed or do you plan to change payment system service providers within the next 12 months?

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

6. Select the name of the new provider :

a. If other was selected, please specify

7. Identify payment service(s) affected by this change. (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> a. Share Draft Processing and Settlement   | <input type="checkbox"/> b. Credit Card Processing and Settlement        | <input type="checkbox"/> c. Wire Transfers         |
| <input type="checkbox"/> d. ATM and Debit Processing and Settlement | <input type="checkbox"/> e. Electronic Funds Transfer and Direct Deposit | <input type="checkbox"/> f. Other (Please Specify) |

8. Systems used to process electronic payments (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> a. Fedline Solutions | <input type="checkbox"/> b. Corporate Credit Union                           | <input type="checkbox"/> c. Correspondent Bank |
| <input type="checkbox"/> d. CUSO              | <input type="checkbox"/> e. Clearing House Interbank Payments System (CHIPS) |  |
| <input type="checkbox"/> f. EPN               | <input type="checkbox"/> g. Other (Please Specify)                           |  |

9. If the credit union performs ACH transfers, are they domestic, international, or both? (check all that apply):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> a. Domestic | <input type="checkbox"/> b. International |
|--------------------------------------|---|

10. 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):

- |   |   |
|---|---|
| <input type="checkbox"/> a. PPD - Prearranged Payment and Deposit Entry | <input type="checkbox"/> b. WEB - Internet Initiated/Mobile Entry |
| <input type="checkbox"/> c. TEL - Telephone Initiated Entry             | <input type="checkbox"/> d. IAT - International ACH Transactions  |
| <input type="checkbox"/> e. Other Consumer Entry Codes                  | <input type="checkbox"/> f. Other Business Entry Codes            |

11. If the credit union performs wire transfers, are they domestic, international, or both? (check all that apply):

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> a. Domestic | <input type="checkbox"/> b. International |
|--------------------------------------|---|

12. 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):

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> a. Email     | <input type="checkbox"/> b. Fax       | <input type="checkbox"/> c. Online Banking         |
| <input type="checkbox"/> d. Telephone | <input type="checkbox"/> e. In Person | <input type="checkbox"/> f. Other (Please Specify) |



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

Report Date: \_\_\_\_\_  
Federal Charter/Certificate Number: \_\_\_\_\_

### Information Technology (IT)

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 service(s) offered : ☐ a. Informational Website ☐ b. Mobile Application ☐ c. Online Banking
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 Online Service Bureau ☐ d. CU Developed In-house System
8. Name of the primary share/loan data processing vendor: \_\_\_\_\_
9. 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: \_\_\_\_\_
10. Select the service(s) the credit union offers electronically:  
☐ a. External or Third-Party Account Aggregation ☐ b. Bill Payment ☐ c. Person-to-Person  
☐ d. Electronic Signature Auth./Cert. ☐ e. E-Statements ☐ f. External Transfers/Payments - ACH  
☐ g. Loan Payments ☐ h. Member Application ☐ i. Point-of-sale Processing  
☐ j. Mobile Payments ☐ k. Loan Application ☐ l. New Share Account  
☐ m. Remote Deposit Capture ☐ n. Other (Please Specify)
11. Cloud Services (check all that apply):  
☐ a. Infrastructure as a Service ☐ b. Platform as a Service ☐ c. Software as a Service
12. Email Services (check one only):  
☐ a. On-premises ☐ b. Cloud ☐ c. Hybrid

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

Report Date: \_\_\_\_\_  
Federal Charter/Certificate Number: \_\_\_\_\_

### Regulatory Information

1. Please provide the date of the most recent annual meeting held by the credit union:		_____				
2. Please provide the effective date of the most recent supervisory committee or financial statement audit:		_____				
3. Please select the last type of audit performed for the credit union's records:						
<input type="checkbox"/>	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					
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. Who completed the verification of member's accounts:	<input type="checkbox"/> a. Supervisory Committee	<input type="checkbox"/> b. Third Party				
7. Provide your Supervisory Committee contact information for public/official correspondence						
Mailing Address:	_____	Email: _____				
Mailing City:	_____	State: _____ Zip Code: _____				
8. Provide the effective 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. 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.						
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) _____						
15. Home Mortgage Disclosure Act - Loan Application Register criteria						
a. Is your credit union located in a Metropolitan Statistical Area (MSA)? (Yes/No)	<input type="checkbox"/> b. Yes	<input type="checkbox"/> c. No				
d. 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? (Yes/No)	<input type="checkbox"/> e. Yes	<input type="checkbox"/> f. No				
g. 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? (Yes/No)	<input type="checkbox"/> h. Yes	<input type="checkbox"/> i. No				
j. If you answered yes to all three questions, please provide your HMDA LAR filing date.	_____					
16. List any trade names the credit union uses for signage or advertising.						
<table border="1" style="width: 100%;"><tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr><tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr></table>						

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

Report Date: \_\_\_\_\_  
Federal Charter/Certificate Number: \_\_\_\_\_

### 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. Please 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: \_\_\_\_\_

Report Date: \_\_\_\_\_  
Federal Charter/Certificate Number: \_\_\_\_\_

### Credit Union Programs and Member Services

1. Credit Union Programs (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> 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                 |
- Payday Alternative Loans (PALs I & II - FCU Only)*
- |   |  |
|---|--|
| <input type="checkbox"/> g. PALs I (FCU Only) | <input type="checkbox"/> h. PALs II (FCU Only) |
|---|--|

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

*Financial Literacy Education*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 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    |

*Consumer Initiated Remittance Transfers*

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

*Other Member Services and Products*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 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  |  |

*Youth Savings Accounts/Programs*

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

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> a. Elementary School <input type="text"/> | <input type="checkbox"/> b. Middle School <input type="text"/> | <input type="checkbox"/> c. High School <input type="text"/> |
|--|--|--|

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) - Place a "✓" in the associated box for all the credit union offers (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> a. Credit Bureau Reporting  | <input type="checkbox"/> b. Financial Education |
| <input type="checkbox"/> c. Forced Savings Component | <input type="checkbox"/> d. Payroll Deduction   |

8. Does the credit union use financial technology companies to provide member services? ☐ a. Yes ☐ b. No

9. If yes, select the services offered:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 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               |   |   |

10. Does the credit union offer cryptocurrency services to members? ☐ a. Yes ☐ b. No

11. If yes, select the services offered:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 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 |

12. Does the credit union use blockchain or distributed ledger technology to offer services to members or to record and store data? ☐ a. Yes ☐ b. No

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

Report Date: \_\_\_\_\_  
Federal Charter/Certificate Number: \_\_\_\_\_**Credit Union Grant Information****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*
<b>Government (State, Local, Federal)</b>			
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):			
<b>Trade Associations</b>			
National Credit Union Foundation			
National Federation of Community Development Credit Unions			
State League Foundation			
Other (Please Specify):			
<b>Credit Unions and Banks</b>			
Specify Name:			
Specify Name:			
<b>Foundations (local and national)</b>			
Specify Name:			
Specify Name:			

\*Grant Types:    a. Capital - unrestricted donation to equity    c. Program Grant  
                          b. Subsidy for Risk or ALLL                                    d. Pass Through

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

Report Date: \_\_\_\_\_  
Federal Charter/Certificate Number: \_\_\_\_\_

### 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 an asterisk (\*).  
This information will not be released to the public.

1. Is your credit union interested in expanding its Field Of Membership through a consolidation of another credit union?

☐ a. Yes ☐ b. No

If Yes, Please proceed to the remaining questions.

2. Please provide the name and phone number of the person at the credit union who can be contacted regarding any potential consolidations.

\*First Name : \_\_\_\_\_ \*Last Name : \_\_\_\_\_

\*Phone : \_\_\_\_\_ \*Extension : \_\_\_\_\_

\*Job Title : \_\_\_\_\_

3. Please identify the geographic areas in which the credit union would be interested. (Select only ONE Box)

☐ Anywhere in the United States

☐ Anywhere within Selected States (Please specify states)


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

State	County/Counties	City/Cities