

**INFORMATION TO BE PROVIDED IN SUPPORT OF THE APPLICATION OF A
STATE CHARTERED CREDIT UNION FOR INSURANCE OF ACCOUNTS**

Existing credit unions must complete the entire application. All other applicants do not have to complete questions 8, 11, 12, 13, 15, and 16.

_____ Credit Union

1. Show below the location of the credit union's books and records.

(Street Address)

(City)

(State)

(Zip)

(Telephone)

2. Show the date (month, day, year) in which the credit union was chartered.

3. Attach a copy of the credit union's field of membership as shown in the charter, articles of incorporation and/or bylaws, as amended to date. Please identify it as the first schedule in the consecutive number sequence as discussed in the instructions. Schedule No. _____

4. Potential membership (total number of persons who could be served including present members). _____

5. Identify charter type (e.g., single common bond, multiple common bond, community). _____

6. Does the credit union operate under standard bylaws provided by the state supervisory authority? Yes ☐ No ☐ (Complete a.)

a. Attach a copy of the current official bylaws under which the credit union operated. Schedule No. _____

7. Is the credit union under any administrative restraints by the State Supervisory Authority? Yes ☐ No ☐ (Complete a.)

a. Explain fully on an attached schedule. Schedule No. _____