



**Division of Credit Unions
Department of Financial Institutions
State of Washington
P.O. Box 41200
Olympia, WA 98504-1200**

DIRECTOR AND OFFICER QUESTIONNAIRE

As of

Please:

1. Complete this Questionnaire and return it to the Examiner in Charge (EIC) upon commencement of the examination
2. Provide information as of the examination date noted above. If there are subsequent material changes in the information provided, notify the EIC.
3. If a request is not applicable, insert the word "none."
4. Use attachments, initialed and sequentially numbered on each page, if space is inadequate.

This Questionnaire *must be signed and dated* by the CEO/President/ Manager of the Credit Union.

Thank you for taking the time to provide this information to the Division of Credit Unions (DCU).

This information is the property of the Division of Credit Unions and is received from the credit union for the confidential use.

Under no circumstances any recipient of this examination information use, disclose, or make it public except as authorized relating to credit union regulation. The law provides penalties for unauthorized use or disclosure of any such information, which is not otherwise publicly available. If any subpoena or other legal process is received calling for the production of such information, you should notify the DCU immediately.

A. CREDIT UNION INFORMATION

Credit Union Name:

NCUA Certification #:

Street Address:

Phone #:

Toll Free Phone #:

Mailing Address: (If different)

Admin/Office Hours:

Board Chair Email Address (where Report of Examination should be sent):

***Designated Emergency Contact:**

Name:

Supervisory Chair Email Address (where Report of Examination should be sent):

Mobile #:

***REQUIRED:** Must be available to DCU at all times.

ATTEST THE NCUA CREDIT UNION ONLINE CONTACT INFORMATION IS CORRECT

(Pres/CEO initials)

I hereby certify to the best of my knowledge and belief that the information provided in NCUA’s CU Online Profile is current and accurate for the Board Chair, Supervisory Chair, President/CEO, and all Board & Supervisory Members. [RCW 31.12.567 & 12 CFR 741.6] I acknowledge NCUA and DFI may rely on this information to contact these individuals for official purposes as needed.

B. CREDIT UNION DATA

Yes No

1. Is your Credit Union compensating its board of directors and supervisory committee members as defined under WAC 208-400-010?

Is the Credit Union annually disclosing the compensation to its membership as required by WAC 208-400-010?

If so, please provide a listing of those board of directors and supervisory committee members and the compensation amounts for them. If all board and supervisory committee members are compensated equally, then you don't need to list them.

2. Are any lawsuits pending or anticipated in which the Credit Union is (will be) named as defendant, other than ordinary collections and debt payments?

If so, please explain.

3. Does the Credit Union offer a payday-lending product?

If so, please describe.

4. Does the Credit Union have a relationship with a broker dealer or investment advisor where Credit Union members can purchase products and services?

If so, please include the name of the firm **and** advisors name:

A. Are any broker dealers or investment advisors also employees of the Credit Union?

B. Who at the Credit Union is responsible for oversight of this program?

C. Has the Credit Union collected and reviewed the audit of the broker dealer or investment advisor within the past 12 months?

5. Does your Credit Union have Interactive Teller Machines (ITM)?

If not, does your Credit Union plan on using or implementing them within the next 6 - 12 months?

C. OPERATIONAL MANAGEMENT

Yes No

INVESTMENTS:

1. Are investment documents under the control of:
 - A third-party safekeeping institution?
 - A broker?
 - Other?
 - A Credit Union officer or other employee?
2. Are purchase confirmations compared to the actual securities or safekeeping receipts for the securities to ensure that securities purchased are identical to securities received?

BORROWED MONEY:

1. Has the Board approved all current borrowings?
2. List any line of credit that the Credit Union currently has:

Institution	Borrowing Limit	Rate	Renewal Date	Outstanding Balance

3. List any deposits the Credit Union has acquired through brokers:

Institution	Rate	Expiration Date	Outstanding Balance

4. Total amount of shares and deposits from other Financial Institutions held at the Credit Union but not acquired through brokers:

D. CORPORATE GOVERNANCE

5. Does your Credit Union's bylaws allow for more than one Supervisory Committee member on the board of directors?

(Per RCW 31.12.326(4), the chairperson of the Supervisory Committee may not serve as a board officer)

6. Does the Board formally review the Supervisory Committee audit and DCU examination reports?

7. Since the preceding examination made by DCU, has any crime, robbery, or act of dishonesty been committed, attempted, or suspected?

If so, please explain and state whether or not notice was given to DCU, NCUA, the bond carrier, and that a Suspicious Activity Report (SAR) was filed.

4. Does any member of senior management have a management contract with the Credit Union?

If so, please provide a copy to the EIC.

5. Does the Credit Union have credit union owned life insurance (CUOLI) or other similar types of insurance/employee benefit products for its senior management?

The definition of life insurance is broadly defined and includes, but is not limited to key person life insurance, insurance to recover the Credit Union's cost of providing pre- and post- retirement benefits, insurance on designated borrowers, split dollar retirement, and insurance taken as security on loans.

6. What types of life insurance or other similar policies are offered and who are the employee beneficiaries?

7. Since the previous examination, has any director, Supervisory or Credit Committee member, officer, or employee or their family members:

A. Received any type of commission, compensation, or consideration (including dividends or other distribution to owners) from any firm doing or soliciting business with the CU.

If so, has the Credit Union board been notified?

B. Had any dealings with the Credit Union that would be construed as preferential treatment?

C. Received any of the proceeds of, or compensation in connection with, a loan granted by the Credit Union, other than the proceeds of loans on which they are the borrower?

If so, please provide details.

8. Does the Credit Union have a written code of ethics or ethics policy?

If so, do all employees sign a copy?

9. Since the previous examination, has any claim been filed under the CU's fidelity bond?

If so, please provide a copy to the EIC.

10. Are all credit union officers, employees, Board and Supervisory Committee member and their family members (insider) loans been identified in the Credit Union's database?

11. Attach a list of all changes to the field of membership that were approved by the Board of Directors since the previous full examination.

12. State chartered credit unions are federally tax-exempted under 501(c)(14)(a) and they must file an IRS form 990 or equivalent every year. They are also subject to tax on unrelated business income (UBIT). Please provide the month and year when you last filed your credit union's IRS Form 990 (or equivalent).

E. FIDELITY BOND & INSURANCE INFORMATION

Fidelity Bond

Carrier Name:

Type of Bond (Form No., etc.)

Period Coverage: From: _____ To: _____

Amount of Single Limit Coverage: _____

Directors & Officers Liability Insurance

Carrier Name:

Period Coverage: From: _____ To: _____

Amount of coverage: _____

F. SENIOR OFFICER COMPENSATION

Please complete the chart below. The term "senior officer" includes the following officers or their functional equivalents: president/manager, chief operating officer (COO), chief financial officer (CFO), chief information officer (CIO), and chief lending officer (CLO). Attach a copy of any employment contracts between the Credit Union and these officers.

Name	Title	Current Year Salary*	Current Year Bonus or Monetary Incentive*	Prior Year Salary	Prior Year Bonus or Other Monetary Incentive
	President/Mgr.				
	COO				
	CFO				
	CIO				
	CLO				

*Reflect the full year, anticipated full year, or contractual annual salary (not year to date)

Certification

I certify that the foregoing information and statements, including any attached pages, are accurate and complete, to the best of my knowledge.

Signature of President/CEO

Date