

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

**DIRECTOR AND OFFICER QUESTIONNAIRE**

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Credit Union

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“as of” Examination Date

***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 Board Chairperson and the 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 our confidential use.

Under no circumstances may 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.

**EIC** \_\_\_\_\_

**Exam As Of Date:** \_\_\_\_\_

**PLEASE COMPLETE THIS PAGE LEGIBLY...DO NOT USE A SEPARATE ATTACHMENT**

**A. CREDIT UNION INFORMATION**

Credit Union  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, St, & Zip: \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Mailing Address  
(If different): \_\_\_\_\_  
Admin/Office  
Hours: \_\_\_\_\_

NCUA Certificate #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Toll Free Phone #: \_\_\_\_\_  
Web Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
(Before/after hours): \_\_\_\_\_

**B. CHAIRPERSONS AND MANAGING OFFICER**

Board Chair Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Supervisory Chair  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Pres/CEO Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_  
Term Expires: \_\_\_\_\_  
Work Phone No.: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_  
Term Expires: \_\_\_\_\_  
Work Phone No.: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Director & Officer Questionnaire**  
**Page 3**

Board Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_  
Term Expires \_\_\_\_\_

Board Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_  
Term Expires \_\_\_\_\_

Board Member Name: \_\_\_\_\_  
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Work Phone No.: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_  
Term Expires \_\_\_\_\_

Board Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_  
Home Phone No.: \_\_\_\_\_  
Term Expires \_\_\_\_\_

**C. BRANCH OFFICE ADDRESSES:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. CREDIT UNION DATA**

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

Yes	No

If so, please explain.

2. Are copies of important documents such as trial balances and/or computer backups stored off-site?

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Storage site: \_\_\_\_\_  
\_\_\_\_\_

3. Does the Credit Union follow GAAP (generally accepted accounting principles)?

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If not, please explain.

4. Attach a list of each material asset that, in the opinion of management, has a security or collectible value less than net book value. Examples would be of significant fixed assets or OREO's.

Give any estimates (including the basis thereof) of the current value of each such asset.

5. Does the credit union or CUSO offer a payday-lending product?

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If so, please describe.

**E. OPERATIONAL MANAGEMENT**

**Policies and Procedures**

Yes	No

6. Does the Board review the all of the Credit Union’s written policies at least annually to ensure the policies stay current?

If not, which policies are reviewed annually?

List the name(s) of the credit union employees primarily responsible for regular review of the following reports:

- Paid Ahead Loans \_\_\_\_\_
- Dormant/Inactive Accounts \_\_\_\_\_
- Daily Exceptions \_\_\_\_\_
- Accrued Interest > Loan Payment \_\_\_\_\_
- Loan File Maintenance \_\_\_\_\_
- Share File Maintenance \_\_\_\_\_
- Wire Transfer Activity \_\_\_\_\_

7. List the name(s) of Credit Union employees primarily responsible for compliance with the following laws:

- Regulation B, Equal Credit Opportunity \_\_\_\_\_
- Fair Housing (24 CFR 107) \_\_\_\_\_
- Regulation C, Home Mortgage Disclosure \_\_\_\_\_
- Regulation CC, Expedited Funds Availability \_\_\_\_\_
- Regulation D, Reserve Requirements \_\_\_\_\_
- Regulation DD, Truth-in-Savings \_\_\_\_\_
- Regulation E, Electronic Funds Transfer \_\_\_\_\_
- Regulation Z, Truth-in-Lending \_\_\_\_\_
- Currency Transactions Reporting (Bank Secrecy) \_\_\_\_\_
- HUD Regulation X, RESPA \_\_\_\_\_
- Flood Disaster Protection Act \_\_\_\_\_
- Member Business Loans ( State and Federal) \_\_\_\_\_
- Security & Criminal Reporting (NCUA Part 748) \_\_\_\_\_

**Investments**

8. Are investment documents under the control of:

- A third-party safekeeping institution?
- A broker?
- Other?
- A Credit Union officer or other employee?

Yes	No	n/a
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9. If investment documents are under the control of a third party safekeeping institution or broker:

- Does the Credit Union receive safekeeping receipts?
- Does the Credit Union receive monthly statements?
- Has the Board or executive committee authorized the use of the safekeeping institution or broker in the investment policy?


10. Are purchase confirmations compared to the actual securities or safekeeping receipts for the securities to ensure that securities purchased are identical to securities received?

Yes	No	n/a

11. Attach or describe the procedures used to evaluate the creditworthiness of depository institutions, especially where the Credit Union places its funds through brokers.

**Borrowed Money**

12. Has the Board approved all current or past borrowings?

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13. List any line of credit which the Credit Union currently has established at other financial institutions:

Institution	Limitation	Rate	Renewal Date	Outstanding Balance	Date of Board Approval

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

Institution	Rate	Expiration Date	Outstanding Balance

15. Total amount of shares or deposits from other financial institutions, held at the Credit Union but not acquired through brokers: \_\_\_\_\_

**F. SUPERVISORY COMMITTEE**

16. Has the Supervisory Committee (S/C) made or caused to be made an audit of the Credit Union in compliance with Sections 715.6 or 715.7 of NCUA rules?

Yes	No

Effective date of latest S/C Audit: \_\_\_\_\_

17. Has the Supervisory Committee made or caused to be made an independent direct verification of members' account balances within the past 24 months in compliance with Section 715.8(a) of NCUA rules?

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Effective date of Latest Verification: \_\_\_\_\_

Were all of the members verified?

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If not, how did the S/C choose the accounts to verify?

18. Does the Board formally review Supervisory Committee audit reports, and formally act upon those issues demonstrating a need for corrective action?

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19. Does the Board formally review DCU and NCUA examination reports and insurance risk management reports, and formally act upon those issues demonstrating a need for corrective action?

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

Yes	No

If so, please explain and state whether or not notice was given to the DCU, NCUA, FBI, the bond carrier, and the appropriate law enforcement agency in the form of a Suspicious Activity Report (SAR).

21. Have any share, deposit or loan accounts of directors, officers, employees, and their family members and affiliates, been charged off, become delinquent, received extensions, been overdrawn, exceeded their credit limit, or otherwise been in violation of contractual terms? **Attach** a narrative description of each occurrence.

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**G. BOARD OF DIRECTORS**

22. Does any member of Senior Management have a management contract with the Credit Union?

Yes	No	N/A

If so, please provide a copy to the EIC.

23. Does the term of the contract exceed 3 years (excluding possible renewals or extensions)?

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24. Does the Credit Union have key person insurance policies with senior management, the proceeds of which insure exclusively to the benefit of the Credit Union?

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25. Do the Board minutes reflect whether director absences are excused or unexcused?

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26. List the names of director(s) with four unexcused absences in any 12-month period since the preceding examination.

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**Director & Officer Questionnaire**

For credit unions under \$10 million that seek regulatory relief and hold board meetings at least 9 times a year, list the names of directors with 3 or more unexcused absences.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did these directors stop participating on the Board in compliance with RCW 31.12.235(2)? Provide supporting documentation.

Yes	No

27. If the Credit Union has invested in or made a loan to a credit union service organization (CUSO), is the investment/loan within the limits of RCW 31.12.436(8)?

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Amount of investment: \$ \_\_\_\_\_

Amount of loan: \$ \_\_\_\_\_

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

Yes	No	N/A
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A. Received any type of commission, remuneration, or consideration (including dividends or other distribution to owners) from any firm doing or soliciting business with the Credit Union?

If so, has the 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 give full details.

	<b>Yes</b>	<b>No</b>
29. Does the Credit Union have a written code of ethics or ethics policy?		
If so, do all officers and employees receive and sign a copy?		

If not, please explain.

30. Since the previous examination, has any claim been filed under the fidelity bond?		
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If so, please provide a copy to the EIC.

31. Since the previous examination, are you aware that anyone connected with the Credit Union misapplied or misused any funds or valuables of the Credit Union, whether willfully or otherwise?		
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31. Provide a list of any employees or members of the Board or Supervisory Committee that are related by marriage or immediate family relationship.

33. Are all credit union officer, employee, Board and Supervisory Committee (insider) loans specifically identified as such in the Credit Union's database?		
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34. Attach a list of all changes to the field of membership approved by the Board of Directors since the previous full examination.
35. Marketing & growth plans:
- A) A description of the credit union's overall growth strategy for the near future, including where and how the credit union plans:
    - i) For the bulk of its membership growth to occur;
    - ii) To provide the majority of its services and products;
    - iii) To target its marketing efforts;
  
  - B) A general description of the credit union's planned new product and service offerings; and
  
  - C) Provide a list of relevant documents (such as business plans, strategic goals, mission statements, etc.) that detail the credit union's future growth plans; eg. Budget, 3-year strategic plan, fixed asset expansion plan, and electronic banking expansion plans.

**H. FIDELITY BOND & INSURANCE INFORMATION**

**Fidelity Bond**

Carrier Name: \_\_\_\_\_

Type of Bond (Form No., etc.): \_\_\_\_\_

Period Covered:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Amount of Single Loss  
Limit Coverage: \_\_\_\_\_

**Directors & Officers Liability Insurance**

Carrier Name: \_\_\_\_\_

Period Covered:                      From: \_\_\_\_\_                      To: \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_

**VSI Coverage**

Carrier Name: \_\_\_\_\_

Types of Coverage:                      Auto                       Household                       Chattel

Member pay:                                      Yes                                       No

Amount of Coverage: \_\_\_\_\_

**I. SHARE, DEPOSIT, AND LOAN ACCOUNTS OF INSIDERS**

A. Please provide the **information requested** below for:

- ✧ Directors
- ✧ Supervisory Committee members
- ✧ Credit Committee Members
- ✧ The following senior officers, or their functional equivalents: President/manager, Chief Operating Officer, Chief Financial Officer, Chief Investment Officer, and Chief Lending Officer.
- ✧ Spouses, domestic partners, and children of the above persons.

Include information on all accounts in the individual's name as well as any accounts in which he/she has an interest (such as being a joint owner, co-maker, guarantor, trustee, or otherwise having access to or control over the account).

**Requested information:**

Name

Title or relationship

Account numbers:

Shares and deposits (all types)

Loans:

Amount owed

Interest paid-to date

**J. 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 investment 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	Current Yr Gains Sharing	Prior Year Salary	Prior Year Bonus	Prior Year Gains Sharing
	President/Mgr						
	COO						
	CFO						
	CIO						
	CLO						

**Certification**

Each of the undersigned certifies that the foregoing information and statements, including any attached pages, are accurate and complete, to the best of his or her knowledge.

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Signature of Board Chairperson

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Signature of President/Manager