

## Application for Changes to the Field of Membership

Changes in a credit union's field of membership are subject to the requirements of Section 352 of the Michigan Credit Union Act of 2003.

**The information contained on this form is available for public inspection, examination, or copying pursuant to the provisions of the Freedom of Information Act, PA 442 of 1976, MCL 15.231 et seq.**

### Credit Union Information

Name of Credit Union		
Street Address		City, Village or Township
County	State	Zip Code
Name of Liaison	Title of Liaison	Telephone No.

Please summarize your request below:

### Signature of Person(s) Authorized to Submit this Application

Signature	Name and Title
Signature	Name and Title

Please submit the following information addressed to the Director of the Department of Insurance and Financial Services (DIFS):

- State the proposed field of membership language in its entirety.
- Explain how the common bond of the proposed field of membership meets the requirements of Section 352(2).
- If application is for a geographical-based field of membership, attach a map of the proposed area indicating the location of all offices and proprietary ATMs.

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The following information will be utilized to examine the safety and soundness of the request and is provided subject to Section 207 of the Michigan Credit Union Act of 2003; MCL 490.207. The information provided under this Section will be kept confidential and privileged and is not subject to discovery or any request under the Freedom of Information Act, 1976 PA 442, MCL 15.231 *et seq.*

Please provide the following information to evaluate the safety and soundness of the request:

- Copies of any board minutes in the last 18 months related to the deliberations on the proposed change (include any research and due diligence performed)
- A business plan, marketing plan, description of the credit union's current delivery systems (ATM and branch locations, internet, telephone banking, etc.), and any plans for additional services or locations. Include whether or not the credit union offers the ability for electronic or online membership approval (if so, describe the process).
- Year-end pro forma financial projections for at least three years (Balance Sheet, Income Statement, and key ratios), based on the proposed field of membership to be served. Please discuss the types of loan, investment, deposit products, and borrowings expected to supply any projected growth. (Required for geographical-based field of membership changes and may be required on significant changes of other fields of membership.)

The application should be mailed to:

**DIFS OFFICE OF CREDIT UNIONS  
ATTENTION: CORPORATE ACTIVITIES AND RISK ASSESSMENT  
P.O. BOX 30220  
LANSING, MI 48909-7720**

Or fax to: **517-284-8846**

Or Email to: [DIFS-OCU@michigan.gov](mailto:DIFS-OCU@michigan.gov)

The application may be sent via Email provided it is encrypted and secure. Any questions pertaining to the completion of this application should be directed to Corporate Activities and Risk Assessment, telephone 517-284-8822.

*Authorized by PA 215 of 2003, as amended. Required for permission to change field of membership.*



**Michigan Department of Insurance and Financial Services**

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

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