

Background Information

The following information will be utilized to evaluate 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 and 490. 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.

By signing this form, I understand and agree that the following information about me is necessary in accordance with Section 301 of the Michigan Credit Union Act (MCUA) of 2003; MCL 490.301 to assist the Department of Insurance and Financial Services (DIFS) in evaluating the application to organize

Proposed Organization

The information will be used to evaluate, among other things, my character, fitness and responsibility as required by the respective sections of the MCUA.

Omissions or inaccuracies in completing this form may result in denial of the application. While information provided on the application form is available for public inspection and copying, additional information provided on this form shall not be available for public dissemination.

In reviewing my character and ascertaining my level of fitness and responsibility, DIFS may also contact federal and state law enforcement agencies, other governmental agencies, and credit reporting agencies. If any information obtained by DIFS indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation. The information may also be shared with the appropriate federal regulatory or insuring agency.

If information about me would warrant denial of the application, DIFS will provide notice, including a statement of the statutory and factual basis which would warrant denial and my rights in respect thereto, to me via the person who is the designated liaison for the application.

Full Name (Please Print)		
Residence Address (Including City, State and Zip Code)		Social Security No.
		Driver's License No.
Date of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Telephone No.
Other name(s) and social security number(s) under which income tax information is filed, if applicable.		
Other names by which I am known or have used in the past, if applicable.		



Michigan Department of Insurance and Financial Services

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 Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
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Length of Residence in Community	Position/Title to be Held
Employer	Principal Occupation
Address of Employer	Work Phone

List the principal civic, professional, social and other organizations in which you have membership or have served in an official capacity.

Financial institution experience (include employment or volunteer positions) during past 15 years:

Date From	Date To	Name, Location, and Work Experience	Position Held



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Employment Record--List all employment during the last 10 years.

Date From	Date To	Name and Location of Business	Type of Business	Position Held

Business Affiliations - List all firms, companies, corporations or other business organizations of which you are currently a director, officer, employee, partner, or owner.

Name and Location of Business	Type of Business	Position Held

Other Information:

Have you ever filed for bankruptcy or had to work out a compromise with your creditors? If yes, provide a detailed summary of the circumstances on a separate page. Yes No

Is there any pending civil litigation of any nature in which you are involved as a defendant? If yes, provide a detailed summary of the litigation on a separate page. Yes No



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Have you ever been convicted of, or pleaded nolo contendere to, any criminal offense involving dishonesty or breach of trust? If yes, provide a detailed summary of the circumstances on a separate page. Yes No

Have you been subject to any administrative proceedings, disciplinary proceedings, or other adverse actions with respect to any professional license you hold or have held, including those involving any business or enterprise with which you have been associated as a partner, officer, director, or major shareholder (owning 5% or more of the outstanding stock)? If yes, provide a detailed summary of the circumstances on a separate page. Yes No

Has any business or enterprise with which you are or were associated as a partner, officer, director, or major shareholder (owning 5% or more of the outstanding voting stock) been the subject of an indictment, conviction, or plea of nolo contendere on any criminal matter involving dishonesty or breach of trust? If yes, provide a detailed summary of the circumstances on a separate page. Yes No

Do you have previous experience in organizing a credit union? If yes, provide the name and location of the credit union and the approximate date of the organizing activity. Yes No

CERTIFICATION

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief and that said information is submitted voluntarily by me. I understand that omissions or inaccuracies may result in denial of the application.

Signature	Date
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Authorized by PA 215 of 2003, as amended. Required to complete application referenced above.



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