

Nomination Questionnaire

APPLICATION AND AGREEMENT TO SERVE

Name: _____

Address: _____

City/County State ZIP

Phone: (h) _____

Cell: _____

Email: _____

Employer: _____

Work Position: _____

Work Location: _____

Work Phone: _____

Fax: _____

I am seeking nomination to the [] Board of Directors [] Supervisory Committee **(check one)** of the Signal Financial Federal Credit Union. I am prepared to devote the necessary time to fill the position for which I seek nomination. I understand that Credit Union officials serve as volunteers in providing the important and essential roles of directing the affairs of the Credit Union. I understand that the Nominating Committee has absolute discretion in its nominations and that should I not be nominated, I have the right to secure a nomination through the petition process. Members determine the outcome of the election through their participation in the voting for Officials whether nominated by the Nominating Committee or petition.

YOUR QUALIFICATIONS AND BACKGROUND:

YOUR REASONS FOR APPLYING FOR THE POSITION:

Nomination Questionnaire

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I authorize the Credit Union or its agents to secure a **credit report** and conduct such other investigations of my background (including contacting my employer and a **criminal background check**) to ensure that I am qualified to serve. I understand that in addition to being elected, I must be able to secure the bond required of all Credit Union officials under applicable federal rules and meet such other regulatory requirements as may exist.

Under penalty of perjury I provide the following answers to questions concerning my willingness, ability and eligibility to serve if nominated and elected as a Credit Union official. I agree to hold harmless the Signal Financial Federal Credit Union, its officers, directors, employees, and agents against any and all actions, proceedings, liabilities, damages, loss, cost, and expenses, including legal fees, that it may sustain or become liable for by reason of any false answers by me.

Please X each box that applies (if you can not X a box below, it does not automatically mean you will not be nominated. If you wish, attach a separate explanation.). I agree that if elected:

- I have no present knowledge of anything that will prevent me from serving for the term elected.
- I am, to the best of my knowledge, capable of being bonded by the CUNA Mutual Insurance Society as an official of the Credit Union.
- I have not ever had fiduciary bond coverage modified, revoked (even if restored) or an application for bond coverage declined.
- I am not presently the subject of any criminal action, investigation or proceeding, including but not limited to embezzlement, fraud, larceny, breach of fiduciary duty, or theft. I have not had a securities or insurance license suspended or revoked.
- I am not now an "official" of or seeking a position (elected or otherwise) as an "official" of any other federally insured financial institution.
- I have not declared personal bankruptcy (whether or not discharged).

The Nominating Committee will use these responses as a factor in its decision whether to submit your nomination to the board .

I, the party named above, have responded to these questions truthfully, under penalty of perjury:

Signed: _____

Date: _____

~ PLEASE COMPLETE AND RETURN TO SFFCU ~

SFFCU NOMINATING COMMITTEE
3015 UNIVERSITY BOULEVARD, WEST
KENSINGTON, MD 20895