

This form must be submitted within 30 days after the annual general meeting to Financial Institutions – Policy, 522 Terrace Building, 9515 - 107 Street, EDMONTON, Alberta, T5K 2C3, (780) 427-5064. A copy of this form must also be submitted to the Credit Union Deposit Guarantee Corporation, Suite 2000, 10140 – 103 Avenue, EDMONTON, Alberta, T5J 0H8.

The personal information that is provided on this form and the supporting documentation is collected for the purpose of administering the *Alberta Credit Union Act*. It is collected under the authority of section 33 (c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and protected by the privacy provisions of the Act. If you have any questions about this collection, please contact our office using the information provided above.

Section 1

| | |
|---|--|
| Credit Union: _____ | Incorporation Number: _____ |
| Registered Office: _____ _____ | _____ |
| Mailing Address: _____ _____ | Directors and Officers For Year Ending: _____ |
| Records Office: _____ _____ | |
| Date of the Annual General Meeting: _____ | |

Section 2

BOARD OF DIRECTORS (if space is insufficient, attach additional sheets)

| Name <small>(Please indicate Chair and Vice Chair)</small> | Mailing Address <small>(Check box if same as in Section 1)</small> |
|---|---|
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

| Name (Please indicate Chair and Vice Chair) | Mailing Address (Check box if same as in Section 1) |
|--|--|
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

OFFICERS WHO ARE NOT DIRECTORS *(if space is insufficient, attach additional sheets)*

| Name and Title(s) | Mailing / Business Address (if different from Section 1) | Business Telephone no. |
|-------------------|---|---------------------------|
| | | |
| | | |
| | | |
| | | |

Check here if additional sheets are attached.

Section 3

SUBSIDIARIES *(List the names of all the credit union's subsidiaries)*

CERTIFICATION

We certify that the particulars set forth in the foregoing statement are true and complete.

President: _____ Date: _____

Secretary: _____ Date: _____

NOTE: *The personal information that is provided on this form and the supporting documentation requested by it, is collected for the purpose of making a determination as to your competency, character, financial resources and fitness to hold shares or be a director or officer, of a corporation that is (or is proposed to be) regulated under the Credit Union Act, as set out in sections 9 and 41 of the Credit Union Act.*