

This form must be submitted to Financial Institutions - Policy, Room 522 Terrace Building, 9515-107 Street, EDMONTON, Alberta, T5K 2C3, (780) 427-5064.

The Statement of Intent to Dissolve must be received by the Minister of Finance and Enterprise within 30 days after the passing of the special resolution.

Credit Union: _____

Registration Number: _____

STATEMENT OF INTENT TO DISSOLVE

The above credit union has by a special resolution dated _____, authorized:

Check as appropriate

voluntary dissolution

voluntary liquidation and dissolution, and appointed a liquidator

Liquidator: _____

The resolution authorizes the discharging of all obligations and the subsequent distribution of all property remaining after the obligations have been discharged.

Attached are financial statements setting out the assets and liabilities, nature and extent of the interests of members and customers, claims of other creditors and the provision made for their payment, and the intended division or distribution of the credit union's remaining property after the discharge of its obligations.

CERTIFICATION

We certify that the particulars set forth in this statement are true and correct.

President: _____ Date: _____

Secretary: _____ Date: _____

REVOCATION OF THE INTENT TO DISSOLVE

The above credit union has by a special resolution dated _____, authorized revocation of the intent to dissolve. Notice of revocation has been/will be published in The Alberta Gazette dated _____ and in _____, which is a newspaper distributed in the location where the credit union has its registered office.

CERTIFICATION

We certify that the particulars set forth in this statement are true and correct.

President: _____ Date: _____

Secretary: _____ Date: _____