

NATIONAL CREDIT UNION ADMINISTRATION  
ALEXANDRIA, VA 22314-3428  
OFFICIAL BUSINESS



## Corporate 5310 Non-Financial Profile Form

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Corporate Credit Unions should review and update this information during completion of their Monthly Call Report, as necessary. The following pages replaced the annual Report of Officials and some 5310 Call Report fields credit unions completed. Once the credit union initially enters this information, data entry is only required if:

- A new data collection is added
- The credit union needs to add required information
- The credit union needs to edit any information
- The credit union needs to delete any information

If you have any non-technical questions, contact your National Credit Union Administration examiner, supervisory examiner or Office of National Examination and Supervision, as appropriate. For technical questions, contact NCUA Customer Technical Support at (800) 827-3255 or [onestop@ncua.gov](mailto:onestop@ncua.gov)

**Paperwork Reduction Act Statement** - The estimated average public reporting burden associated with this information collection is 1 hour per response. Comments concerning the accuracy of this burden estimate and or any other aspect of this information collection, including suggestions for reducing this burden should be address to the National Credit Union Administration, ATTN: Office of National Examinations and Supervision, 1775 Duke Street, Alexandria, Virginia 22314. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a valid OMB control number.

**CERTIFICATION**

Credit Union Name :

Charter Number :

I understand each operating insured credit union must update their credit union profile within 10 days after the election or appointment of senior management or volunteer officials, or within 30 days of any change of the information in the profile. I hereby certify to the best of my knowledge and belief the information provided is current and accurate. I make this certification pursuant to sections 106, 120, and 204 of the Federal Credit Union Act (12 U.S.C. 1756, 1766, and 1784).

**Certified By**

**Last Name :**

**First Name :**

**Date :**

**Full Name :**

**CERTIFY COMPLIANCE MINIMUM SECURITY DEVICES AND PROCEDURES**

**NCUA RULES AND REGULATIONS PART 748  
FEDERALLY INSURED CREDIT UNIONS ONLY**

Credit Union Name :

Charter Number :

I hereby certify to the best of my knowledge and belief that this credit union has developed and administers a security program that equals or exceeds the standards prescribed by Part 748.0 of the NCUA Rules and Regulations; that such security program has been reduced to writing, approved by this credit union's Board of Directors; and this credit union has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of its offices. Further, I certify that I am the president or managing official of the credit union or that the president or managing official has authorized me to make this submission on his/her behalf.

**Certified By**

**Last Name :**

**First Name :**

**Date :**

**Job Title :**

**Full Name :**

**GENERAL INFORMATION**

Credit Union Name :

Charter Number :

- 1 . Indicate the type of credit committee the corporate has : \_\_\_\_\_
- 2 . Provide the corporate's primary Settlement Agent : \_\_\_\_\_
- 3 . Provide the corporate's Employer Identification Number (EIN) : \_\_\_\_\_
- 4 . Is the corporate a member of the Federal Home Loan Bank (FHLB)? \_\_\_\_\_
- 5 . Has the corporate pledged collateral with FHLB? \_\_\_\_\_
- 6 . Has the corporate filed an application to borrow from the Federal Reserve Bank (FRB) Discount Window? \_\_\_\_\_
- 7 . Has the corporate pledged collateral with the FRB? \_\_\_\_\_
- 8 . Is the corporate an FRB Excess Balance Account (EBA) Agent? \_\_\_\_\_
- 9 . What is the total number of members using an EBA account? \_\_\_\_\_
- 10 . What is the corporate's Federal Reserve RSSD number? \_\_\_\_\_
- 11 . What is the credit union's organizational website address? \_\_\_\_\_
- 12 . List of approved expanded authority.

Expanded Authority	Effective Date	EA Permission Type	Authorization type	Authorization Type Comments

**INFORMATION SYSTEMS AND TECHNOLOGY (IS&T) - (1)**

Credit Union Name :

Charter Number :

1. What type of web-site does the corporate credit union have? \_\_\_\_\_

- a. Website Address :
- b. Website Access :
- c. Website Hosting :
- d. Website Vendor, if outsourced :

2. Does the credit union employ the following technologies? \_\_\_\_\_

- a. Wireless Networks :
- b. Virtualization :
- c. Cloud Computing :

3. Does the credit union provide core data processing? \_\_\_\_\_

- a. System Access :
- b. Authentication Methodology :
- c. Data Processing Platform :
- d. Data Processing Vendor :

4. Does the credit union provide item processing services? \_\_\_\_\_

- a. System Access :
- b. Authentication Methodology :
- c. Item Processing Platform :
- d. Item Processing Vendor :

5. Does the credit union provide remote deposit capture? \_\_\_\_\_

- a. System Access :
- b. Authentication Methodology :
- c. Data Processing Platform :
- d. Data Processing Vendor :

6. Role(s) the Corporate assumes in ACH processing :

 ODFI Receiving Point Settlement Point RDFI Sending Point Third Party Processor

**INFORMATION SYSTEMS AND TECHNOLOGY (IS&T) - (2)**

As of : \_\_\_\_\_

Credit Union Name :

Charter Number :

7. Does the credit union provide ACH receipt services? \_\_\_\_\_

- a. System Access :
- b. Authentication Methodology :
- c. ACH Data Processing Platform :
- d. ACH Data Processing Vendor :

8. Does the credit union provide ACH origination services? \_\_\_\_\_

- a. System Access :
- b. Authentication Methodology :
- c. ACH Data Processing Platform :
- d. ACH Data Processing Vendor :

9. Does the credit union provide domestic fund transfer services? \_\_\_\_\_

- a. System Access :
- b. Authentication Methodology :
- c. Domestic Wires Processing Platform :
- d. Domestic Wires Processing Vendor :

10. Does the credit union provide international fund transfer services? \_\_\_\_\_

- a. System Access :
- b. Authentication Methodology :
- c. International Wires Processing Platform :
- d. International Wires Processing Vendor :

11. What processes can a member credit union use to initiate payment transfers or transactions?

- |                                |                                    |                                    |
|--------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Telephone | <input type="checkbox"/> In Person |
| <input type="checkbox"/> Fax   | <input type="checkbox"/> Internet  | <input type="checkbox"/> Other     |

12. Which FRB district(s) is used for payment processing?

- |                                       |                                    |                                      |  |
|---------------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Boston       | <input type="checkbox"/> Cleveland | <input type="checkbox"/> Chicago     | <input type="checkbox"/> Kansas City         |
| <input type="checkbox"/> New York     | <input type="checkbox"/> Richmond  | <input type="checkbox"/> St. Louis   | <input type="checkbox"/> Dallas              |
| <input type="checkbox"/> Philadelphia | <input type="checkbox"/> Atlanta   | <input type="checkbox"/> Minneapolis | <input type="checkbox"/> San Francisco Board |

13. Other Services Offered Electronically

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Mobile Banking      | <input type="checkbox"/> Share-to-Share Transfers                     | <input type="checkbox"/> e-Statements         |
| <input type="checkbox"/> Statement Rendering | <input type="checkbox"/> Download ACH and Share Draft and Image Files | <input type="checkbox"/> Loan Payments        |
| <input type="checkbox"/> Bill Payment        | <input type="checkbox"/> Balance Inquiry                              | <input type="checkbox"/> View Account History |
| <input type="checkbox"/> Billing Reports     | <input type="checkbox"/> Download Account History                     |   |
| <input type="checkbox"/> Other               |   |   |

14. Please list your BSA and OFAC vendor

BSA

OFAC

**INFORMATION SYSTEMS AND TECHNOLOGY (IS&T) - (3)**

Credit Union Name :

Charter Number :

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**DATA PROCESSING AND CRITICAL SYSTEM CONVERSIONS**

If the corporate has undergone or plans to undergo a Data Processing Conversion, please provide the following:

Conversion Date	Converted To

**REGULATORY INFORMATION**

As of : \_\_\_\_\_

Credit Union Name :

Charter Number :

1. Please provide the date of the most recent Annual Meeting held by the credit union :

2. Please provide the date of the most recent Financial Statement Audit :

3. Please provide the last Type of Audit performed for the credit union's records :

4. Provide the name of the Audit Firm or Auditor :

5. Provide the date of the most recent Bank Secrecy Act Independent Test :

6. Provide your Supervisory Committee Contact information for Public/Official Correspondence

Mailing Address Line 1 : \_\_\_\_\_

Mailing Address Line 2 : \_\_\_\_\_

Mailing City: \_\_\_\_\_ State : \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address : \_\_\_\_\_

7. Indicate the Fidelity Bond Provider Name :

8. Indicate the amount of Fidelity Coverage for any Single Loss :

9. In the event of a disaster, will the credit union communicate with members through a website ? \_\_\_\_\_

10. Please check the resources or services you have available and would be willing to share with other credit unions during the time of an emergency.

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Generator  | <input type="checkbox"/> Mobile Branch | <input type="checkbox"/> Staff/Management Services    |
| <input type="checkbox"/> IT Support | <input type="checkbox"/> Office Space  | <input type="checkbox"/> Cash Non-Member Share Drafts |

11. Please provide the date of the last Disaster Recovery Test completed by the corporate : \_\_\_\_\_

a. Indicate the method(s) used for the last Disaster Recovery Test completed by the corporate.

- |   |   |
|---|---|
| <input type="checkbox"/> Orientation/Walk Through | <input type="checkbox"/> Functional Testing |
| <input type="checkbox"/> Tabletop/Mini-Drill      | <input type="checkbox"/> Full-Scale Testing |

12. Provide the most recent Independent Risk Management Expert or Committee Contact information

First Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Affiliation : \_\_\_\_\_

If Contract, provide the name of the organization : \_\_\_\_\_

13. Please provide the Section 748 Certification Date :

14. Please provide the Section 748 Certifier Name :

15. Please provide the Credit Union Certifier Title for the Section 748 Certification :

16. Please provide the most recent validation date of NEV Model :

17. Please provide the name of the NEV Model Validator :

18. What vendor do you use for Asset Liability Management modeling purposes?



**PRODUCTS AND SERVICES**

Credit Union Name :

Charter Number :

**Member Service and Product Offerings - Place a "✓" in the associated box of all product and service offerings that apply**

- |  |   |
|--|---|
| <input type="checkbox"/> ATM/Debit Card Program                    | <input type="checkbox"/> Mobile Banking/Payments      |
| <input type="checkbox"/> No surcharge ATMs                         | <input type="checkbox"/> Insurance/Investment Sales   |
| <input type="checkbox"/> Prepaid Debit Cards                       | <input type="checkbox"/> Overdraft Lines of Credit    |
| <input type="checkbox"/> International Remittances                 | <input type="checkbox"/> Advised Lines of Credit      |
| <input type="checkbox"/> Business Share Accounts                   | <input type="checkbox"/> Participation Loans          |
| <input type="checkbox"/> Bilingual Services                        | <input type="checkbox"/> Financial Literacy Workshops |
| <input type="checkbox"/> Corporate Developed-Bond Borrowed Program | <input type="checkbox"/> ACH                          |
| <input type="checkbox"/> Bill Payment                              |   |

**Minority Depository Institution Questions**

1. Is more than 50% of the corporate's board of directors Black American, Native American, Hispanic America, or Asian American?

If yes, please identify the minority group(s) that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Black American  | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Asian American    |



**MERGER REGISTRY**

Credit Union Name :

Charter Number :

1. Is your credit union interested in expanding its Field Of Membership through a consolidation of another credit union? \_\_\_\_\_

If Yes, Please proceed to the remaining questions.

2. Provide the name and phone number of the person at the credit union who can be contacted regarding any potential consolidations.

Job Title :

First Name :

Last Name :

Phone :

Extension :

3. Identify the geographic areas in which the credit union would be interested.

Anywhere in the United States

Anywhere within the Selected States
