APPLICATION FOR AUTHORITY FOR A FOREGIN CREDIT UNION TO OPERATE A CREDIT UNION BRANCH OFFICE IN MISSOURI

1) APPLICANT CREDIT UNION

-Name:

-Headquarters Mailing Address and telephone number:

-CEO/President and contact information:

-Name and contact information of main point of contact (if not CEO/President):

2) BRANCH OFFICE DATA

-Name to be displayed on branch:

-Branch Mailing Address and Telephone number:

-Is the branch office located in a sponsor's facility:

-If yes, name of the sponsor:

3) CREDIT UNION DATA

-Charter number:

-Total Assets with as of date:

-Estimated number of persons expected to be eligible to be served from this branch:

4) ACKNOWLEDGMENTS

The Credit Union is aware that all deposits in Missouri, up to the maximum limit, are to be federally insured by the National Credit Union Share Insurance Fund: Yes _____ No _____

As found in RsMO 370.190, the Credit Union is aware, if authorization is given, it must abide by Missouri limits on loan interest rates, pay all annual fees on assets held in Missouri as prescribed by section 370.107, follow all provisions of Missouri law relating to credit unions, and allow the director to examine its records and affairs: Yes _____ No _____

5) ADDITIONAL INFORMATION

Please submit the following information with this application:

-A letter from the applicant's Home State Regulator indicating no objection to the establishment of a branch office in Missouri.

-Evidence of NCUSIF insurance.

-Evidence of fidelity bond coverage.

-Known or estimated date of branch opening.