

**CREDIT UNION REQUEST FOR FIELD OF MEMBERSHIP EXPANSION**

**INFORMATION AND INSTRUCTIONS**

This form is designed to obtain the information required by the Bureau of Financial Institutions in order to determine whether a credit union may expand its field of membership pursuant to § 6.2-1328 of the Code of Virginia. (Do not use this form for a community credit union expansion.) If more space is needed, separate 8½" x 11" pages may be used.

**The following documents must be submitted with the request :**

1. Copy of the proposed amendment to the applicant's bylaws that would expand the field of membership.
2. Excerpts from the minutes of the Credit Union board of directors approving the new field of membership
3. Current balance sheet and income statement of the credit union.

Processing of a request may be delayed if the form is incomplete or documents are missing.

As a general rule, documents filed with the Bureau of Financial Institutions become part of the public record. Upon request, the Bureau will consider for confidential treatment documents or portions of the application that the applicant considers of a proprietary and personal nature. The request for confidential treatment must discuss the justification for the requested treatment, specifically demonstrating the harm (for example, loss of competitive position or invasion of privacy) that may result from public release of the information. Information for which confidential treatment is requested should be: (1) specifically identified in the public portion of the application (by reference to the confidential section); and (2) specifically separated and labeled "Confidential". The Bureau will advise the applicant if the request for confidentiality cannot be honored.

To view the entire Confidentiality Policy Statement of the Bureau of Financial Institutions or to download this form or other credit union related forms, visit the Bureau's website at [www.scc.virginia.gov/bfi](http://www.scc.virginia.gov/bfi).

Information about appeals: All applications are investigated by the Bureau of Financial Institutions. Certain application decisions are made by the Commissioner of Financial Institutions under delegated authority from the State Corporation Commission. In the event you wish to appeal either a determination made by the Bureau of Financial Institutions in the course of its investigation of your application or the Commissioner of Financial Institutions' decision on your application, you may request a formal review by the State Corporation Commission in accordance with its Rules of Practice and Procedure ([www.scc.virginia.gov/case](http://www.scc.virginia.gov/case)).

Any questions concerning the preparation and filing of this request should be directed to the Bureau of Financial Institutions, 1300 East Main Street, Suite 800, Post Office Box 640, Richmond, Virginia 23218-0640, telephone (804) 371-9267.

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**CERTIFICATION**

**The undersigned certifies that he/she has been authorized to file this application and believes the facts contained in this application and all accompanying schedules and statements are true.**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**CREDIT UNION REQUEST FOR FIELD OF MEMBERSHIP EXPANSION**

**Bureau of Financial Institutions  
 State Corporation Commission  
 1300 East Main Street, Suite 80  
 Post Office Box 640  
 Richmond, Virginia 23218-0640**

<p>1. Name and Mailing Address of Credit Union _____</p>	<p>Charter Number _____</p> <p>NCUA Insurance                  Certificate Number _____</p>
<p>2 (a) Current Number of Members (not accounts) of the Credit Union _____</p> <p>(b) Potential Membership of the Credit Union _____</p>	<p>3. Name, Title, Telephone Number, and E-mail                  Address of Official Responding to Questions                  on this Request</p>
<p>4. Current Field of Membership Wording</p>	
<p>5. Name, Address and Telephone Number of Proposed Group (If the group is an association, include a copy of the Charter/Bylaws)</p>	
<p>6. (a) Number of Potential Members (excluding family and household members) in the Proposed Group _____</p> <p>(b) How Long has the Group Existed? _____</p>	
<p>7. Distance from the Proposed Group's Location to the Credit Union's Nearest Service Facility, _____.</p> <p style="text-align: right;">(miles)</p> <p>Address of Facility:</p>	

8. Describe the Facility and the Primary Service Area of the Facility. How will the Facility be Convenient to the Proposed Group?

9. Is the proposed group in the field of membership of any other credit union? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer above is yes, and if the overlapped credit union is not a community credit union, please address the following:

(a) Name and location of the other servicing credit union:

(b) Include a letter from the overlapped credit union indicating whether it concurs or objects to the overlap. If the overlapped credit union objects or fails to respond, document attempts to resolve the issue:

(c) Explain how the expansion's beneficial effect in meeting the convenience and needs of the members of the proposed group outweighs any adverse effect on the overlapped credit union:

10. Describe any steps taken by the proposed group to obtain its own credit union charter and tell why the formation of a separate credit union for the group is not practical.