

State of Iowa Division of Credit Unions

APPLICATION TO SERVE A SMALL EMPLOYEE GROUP

This form is for extending the credit union services to an employee group in accordance with Iowa Code subsection 533.301(13), and Iowa Administrative Code subrule 189—2.11 and may not be used for extending credit union services to any other type of common bond group.

1. Name of Credit Union: _____

2. Credit Union Address: _____

City _____

State _____

Zip _____

3. Name of Employee Group: _____

4. Describe credit union's current field of membership:

5. Employee Group Address: _____

City _____

State _____

Zip _____

6. Provide employer Employee Group is associated with:

7. Name, title, and contact information of Employee Group representative requesting credit union service for the Employee Group members covered by this application:

Name _____

Title _____

Phone _____

Email _____

Method of contact _____

8. Estimate of number of potential members included in this Employee Group:

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9. Describe in detail the method used to determine the Employee Group's interest in joining the credit union:

10. Describe in detail the purpose of the Employee Group and the rights/benefits afforded to members:

11. Is this Employee Group already specifically covered under another credit union's field of membership; if so, explain why the Employee Group wishes to be included in your field of membership:

12. Explain why the Employee Group's members cannot be served by the credit union under the current field of membership:

13. Describe in detail how the credit union will serve/market to members of the Employee Group:

14. If the employer has multiple locations, explain whether the Employee Group application is limited in scope and how:

15. Describe how serving this Employee Group advances your credit union's specific mission and fits within your credit union's common bond:

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The Iowa Division of Credit Unions reserves the right to request additional documentation and information from the applicable credit union and/or the Employee Group.

Signature of credit union official completing the form

Signature of Employee Group Representative

APPROVED DISAPPROVED

Signature of Superintendent, Division of Credit Unions

Date