

---

---

**State of Iowa Division of Credit Unions**

---

---

**Application to Relocate an Office**

---

---

Date:

Name of credit union:

Principal office address:

---

---

1. Proposed effective date of relocation:
2. Address of the office to be relocated:
3. Proposed new office address:
4. Distance from principal office:
5. Member information:
  - a. Number of members served at current office:
  - b. Potential members:
  - c. Estimated number of members that will use relocated facility
6. Anticipated revenue projections:
7. Total estimated site and structure cost:
8. Estimated total monthly operating costs, such as telephone, utilities, supplies; depreciation of building, furniture, fixtures and equipment:
9. Estimated monthly increase in salaries to operate the office:
10. Number of staff required to operate new office:
  - a. Current employee transfers
  - b. New hire(s)
11. Describe security measures:
12. Planned hours of operation:

13. Services to be offered:

14. Statement of contributing factors considered by management to be in support of the relocation:

15. Form completed by:

16. Certification:

*We hereby certify and declare that the information included in this application and all attachments to be true and correct to the best of our knowledge and belief. We agree to comply with the provisions of all laws and rules promulgated by the Credit Union Division applicable to branch offices.*

Signed for the Board of Directors:

Chairperson/Vice Chairperson

Date

**APPROVED**

**DENIED**

\_\_\_\_\_  
**Signature of Superintendent, Division of Credit Unions**

\_\_\_\_\_  
**Date**