

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. Current level of fixed assets as a percentage of total assets: _____
7. Estimated level of fixed assets after the relocation: _____
8. Anticipated revenue projections: _____
9. Total estimated site and structure cost: _____
10. Estimated total monthly operating costs, such as telephone, utilities, supplies; depreciation of building, furniture, fixtures and equipment _____
11. Estimated monthly increase in salaries to operate the office: _____
12. Number of staff required to operate new office: _____
 - a. Current employee transfers: _____
 - b. New hire(s): _____
13. Describe security measures:

14. Planned hours of operation: _____

15. Services to be offered:

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

17. Form completed by: _____

18. 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