

**Instructions for NCUA IC4: Within 10 days after the membership vote, the converting credit union must complete this form and mail it to the NCUA Regional Director.**

\* \* \* \* \*

## **Certification of Vote on Conversion to State Charter and Nonfederally Insured Status**

We, the undersigned officers of the \_\_\_\_\_ (insert name of converting credit union), certify the completion of the following actions:

1. At a meeting on \_\_\_\_\_ (insert date), the Board of Directors adopted a resolution to seek the conversion of our credit union to a state charter and the conversion of our primary share insurance coverage from NCUA to \_\_\_\_\_ (insert name of private insurer).
2. Not more than 30 or less than 7 days before the date of the vote, copies of the notice of special meeting and ballot, as approved by the NCUA, were mailed to our members.
3. The credit union arranged for the conduct of a special meeting of our members at the time and place announced in the Notice to consider and act upon the proposed conversion.
4. At the special meeting, the credit union arranged for an explanation of the conversion to the members present at the special meeting.
5. The \_\_\_\_\_ (insert name), an entity independent of the credit union, conducted the membership vote at the special meeting. The members voted as follows:
  - (insert) Number of total members
  - (insert) Number of members present at the special meeting
  - (insert) Number of members present who voted in favor of the conversion
  - (insert) Number of members present who voted against the conversion
  - (insert) Number of additional written ballots in favor of the conversion
  - (insert) Number of additional written ballots opposed to the conversion

(Insert “20% or more”) **OR** (Insert “Less than 20%”) of the total membership voted. Of those who voted, a majority voted (Insert “in favor of”) **OR** (Insert “against”) conversion.

The action of the members at the special meeting was recorded in the minutes.

This certification signed the (insert date) \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Board Presiding Officer  
(insert typed name and title)

\_\_\_\_\_  
Secretary  
(insert typed name and title\_)

I (insert name), an officer of the (insert name of independent entity that conducted the vote), hereby certify that the information recorded in paragraph 5 above is accurate.

This certification signed the(insert date) \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

(insert signature of officer of independent entity) ( insert typed name, title, and phone number)