Instructions for NCUA IC7: The converting state-chartered credit union must notify its members of a special meeting to vote on the conversion and provide its members a copy of the conversion ballot. The notice and ballot must be given to members (a) at least 14 days after the credit union notifies NCUA of its intent to convert and (b) not more than 30 nor less than 7 days before the date of the special meeting. When the converting credit union distributes this notice to its members it should also send a copy to the NCUA Regional Director, if it has not already done so.

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Ballot for Conversion to Nonfederally Insured Status

(<u>insert name of converting credit union</u>)

Name of Member: (insert name) Account Number: (insert account number)

The credit union must receive this ballot by   (insert date and time for vote). Please mail or bring it to: (Insert name and address of independent entity and address)

I understand if the conversion of the   (insert name of credit union) is approved, the National Credit Union Administration share (deposit) insurance I now have, up to $100,000, or possibly more if I use different account structures, will terminate upon the effective date of the conversion. Instead, my shares in the   (insert name of credit union) will be insured up to $ (insert dollar amount) by   (insert name of insurer), a corporation chartered by the State of   (insert name of state). The federal insurance provided by the National Credit Union Administration is backed by the full faith and credit of the United States Government. The private insurance provided by   (insert name of insurer) is not.

I FURTHER UNDERSTAND THAT IF THIS CONVERSION IS APPROVED, AND THE   (insert name of credit union) FAILS, THE FEDERAL GOVERNMENT DOES NOT GUARANTEE THAT I WILL GET MY MONEY BACK.

I vote on the proposal as follows (check one box):

[   ] **Approve** the conversion to private insurance and authorize the Board of Directors to take all necessary action to accomplish the conversion.

[   ] **Do not approve** the conversion to private insurance.

Signed _____ Date_____
          (insert printed member's name)

NCUA IC7 (6/05)