



## NORTH CAROLINA CREDIT UNION DIVISION

### DIVIDEND REQUEST FORM

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Credit unions with year-to-date negative earnings must submit this form to the Administrator by the 20<sup>th</sup> of the month that dividends will be distributed. Upon completion, the application and supporting documents can be emailed to [support@nccud.nc.gov](mailto:support@nccud.nc.gov) or mailed to North Carolina Credit Union Division, 205 W. Millbrook Road, Suite 105, Raleigh, North Carolina 27609.

Provide the following:

- The credit union's current financial statements
- The credit union's current delinquency reports
- A list of rates requested for share and interest-bearing accounts
- A completed Dividend Request Form

Credit Union Name:

Dividend Distribution Date:

Projected Dividend Amount:

Date of credit union Board of Director's meeting approving the dividend rates:

Describe the factors contributing to the net loss:

Discuss any anticipated events that may have a positive or negative impact on earnings subsequent to this request:

Discuss steps the board and management are taking to improve earnings performance:

*I certify that the information listed above is true and accurate.*

_____	_____	_____
Credit Union Officer	Title	Date

*NCCUD reserves the right to request additional information in consideration of your request.*