

Notice of Meeting of the Members of Ouachita Valley Health System FCU Credit Union

Instructions for NCUA 6305A: Submit a draft notice with your merger request submission (These instructions can be deleted from the form.) Use of this form will meet the requirements of §708b.106. Any variations of this form will be reviewed by our Office of General Counsel, which may delay the processing of your merger request. Brackets provide instructions or indicate that the merging credit union should fill in the appropriate information, or select the appropriate option to conform the notice to the circumstances of the merger.

The merging credit union must conduct the membership vote only after receiving the appropriate approval from the NCUA Regional Director and the applicable State Supervisory Authority.

After receiving the appropriate approvals, the merging credit union must email, at least fifteen (15) calendar days prior to mailing the notice to the members, a copy of the member notice of the meeting to vote on a merger proposal and the merger ballot to CURE at CUREMail@ncua.gov, with a copy to the appropriate regional office. Not more than 90 or less than 45 days before the date of the vote, the merging credit union must provide its members the member notice and merger ballot.

The Board of Directors of Ouachita Valley Health System FCU Credit Union have called a special meeting of the members of this credit union at Ouachita County Medical Center on 12/23/24, at 6:00 p.m. The purpose of this meeting is:

1. To consider and act upon a plan and proposal for merging Ouachita Valley Health System FCU with and into River Valley Community FCU (hereinafter referred to as the "Continuing Credit Union"), whereby all assets and liabilities of the Ouachita Valley Health System FCU will be merged with and into the Continuing Credit Union. All members of Ouachita Valley Health System FCU will become members of the Continuing Credit Union and will be entitled to and will receive shares in the Continuing Credit Union for the shares they own in Ouachita Valley Health System FCU on the effective date of the merger.
2. To ratify, confirm and approve the action of the Board of Directors in authorizing the officers of Ouachita Valley Health System FCU, subject to the approval of members, to do all things and to execute all agreements, documents, and other papers necessary to carry out the proposed merger.

The Board of Directors of Ouachita Valley Health System FCU encourages you to attend the meeting and vote on the proposed merger. Whether or not you expect to attend the meeting, we urge you to sign, date and promptly return the enclosed ballot to vote on the proposed merger.

If you wish to submit comments about the merger to share with other members, you may submit them to the National Credit Union Administration (NCUA) at <https://www.ncua.gov/support-services/credit-union-resources-expansion/resources/comments-proposed-credit-union-mergers> or mail to:

NCUA - Office of Credit Union Resources and Expansion
1775 Duke Street

Alexandria, VA 22314

RE: Member-to-Member Communication for Ouachita Valley Health System FCU

The NCUA will post comments received from members on its website, along with the member's name, subject to the limitations and requirements of its regulations.

Other Information Related to the Proposed Merger:

The Board of Directors has carefully evaluated and analyzed the assets and liabilities of the credit unions and the value of shares in both credit unions. The financial statements of both credit unions, as well as the projected combined financial statement of the continuing credit union, follow as separate documents. In addition, the following information applies to the proposed merger.

Reasons for merger: The Board of Directors has concluded that the proposed merger is desirable and in the best interests of members because

of the ability of Ouachita Valley Health System FCU to maintain a profitable and sustaining credit union to serve its membership for the future. Ouachita Valley Health System FCU members will have access to more products and services with River Valley Community FCU, and will be able to be served for the future.

Net worth: The net worth of a merging credit union at the time of a merger transfers to the continuing credit union. Ouachita Valley Health System FCU does not have a higher net worth ratio than River Valley Community FCU.

Share adjustment or distribution: [Choose option A or B.]

☒ Ouachita Valley Health System FCU will not distribute a portion of its net worth to its members in the merger. The board of directors has determined a share adjustment, or other distribution of Ouachita Valley Health System FCU's net worth is unnecessary because _____.

☐ Ouachita Valley Health System FCU will distribute a portion of its net worth to its members in the merger. The board of directors has determined to distribute a portion of Ouachita Valley Health System FCU's net worth as _____.

Locations of merging and continuing credit union: Ouachita Valley Health System FCU's main office at 638 California Ave SW, Camden, AR 71701 will Close ☒ 12/31/2024. [If the merging credit union has branches, insert the same statement about the branch locations]. River Valley Community FCU has the following locations that are near Ouachita Valley Health System FCU. List address and type of location—i.e. main office, full-service branch for each non-ATM location of the continuing credit union in reasonable proximity to the locations of the merging credit unions.

River Valley Community FCU 340 Cash Road SW, Camden, AR 71701 with a full service branch and ATM location on site.

Changes to services and member benefits:

Ouachita Valley Health System FCU current members will be provided access to the same services as they currently have access to as well as the ability to apply for additional products and services.

Merger-related financial arrangements: NCUA Regulations require merging credit unions to disclose certain increases in compensation that any of the merging credit union's officials or the five most highly compensated employees have received or will receive in connection with the merger. The following individuals have received or will receive such compensation:

Name	Title	Description of increase	Amount
None			

Please note that the proposed merger must have the approval of the majority of members who vote.

Enclosed with this Notice of Special Meeting is a Ballot for Merger Proposal. If you cannot attend the meeting, please complete the Ballot and return it to Chris Abbott at Ouachita County Medical Center. To be counted, your Ballot must be received by 12/23/2024 at 6:00 p.m.

BY THE ORDER OF THE BOARD OF DIRECTORS:



President

11-06-2024

Date

Ballot for Merger Proposal

Instructions for NCUA 6306A: Submit a draft ballot with your merger request submission. (These instructions can be deleted from the form.) The merging credit union must conduct the membership vote only after receiving the appropriate approval from the NCUA Regional Director and the applicable State Supervisory Authority.

After receiving the appropriate approvals, the merging credit union must email, at least fifteen (15) calendar days prior to mailing the notice to the members, a copy of the member notice of the meeting to vote on a merger proposal and the merger ballot to the Office of Credit Union Resources and Expansion (CURE) at CUREMail@ncua.gov, with a copy to the appropriate regional office. Not more than 90 or less than 45 days before the date of the vote, the merging credit union must provide its members the member notice and merger ballot.

Name of Member: _____

Account Number: _____

Your credit union must receive this ballot by **12/23/24**

Please mail or bring it to:

Ouachita Valley Health System Federal Credit Union
PO Box 797
Camden, AR 71711
or bring it to the credit union office at Ouachita County Medical Center

I have read the Notice of Special Meeting for the members of _____.

The meeting will be held on the above date to consider and act upon the merger proposal described in the notice. I vote on the proposal as follows (check one box):

☐ **Approve** the proposed merger and authorize the Board of Directors to take all necessary action to accomplish the merger.

☐ **Do not approve** the proposed merger.

Member Signature

Date

Member Name (printed)