

# TEMPLATE: Regional Summary of Secondary Capital Plan

REGIONAL SUMMARY Secondary Capital Plan Application	
Charter Number	
Credit Union Name	
Supervisor Name	
Examiner Name	
CAMEL Rating / Effective Date	
Financial Data Date	
Total Assets	
Current Net Worth Ratio	
Proposed Net Worth Ratio	
Proposed Uninsured Secondary Capital Amount	

**General FOM Description:**

**Reason for Request and Strategy for Funds Received:**

At a minimum, the examiner must review the Secondary Capital Plan (Plan) to ensure it was approved by the Board of Directors and addresses the following regulatory requirements from §701.34(b)(1):

1. Does the Plan state the maximum aggregate amount of uninsured secondary capital the credit union plans to accept?
2. Does the Plan identify the purpose for which the aggregate secondary capital will be used, and how it will be repaid?
3. Does the Plan explain how the credit union will provide for liquidity to repay the secondary capital upon maturity of the accounts?
4. Does the Plan demonstrate the planned uses of secondary capital conform to the credit union's strategic plan, business plan, and budget?
5. Does the Plan include supporting pro forma financial statements, including any off-balance sheet items, covering a minimum of the next two years?

**Balance sheet and income statement projections and assumptions**

(Consider the impact the secondary capital account will have on liquidity, income, and net worth.)

**Other pertinent information**

(Consider the appropriateness of the secondary capital account. Discuss any negative trends or concerns noted at previous examinations that could impact credit union viability.)

<b>EXAMINERS AND SUPERVISOR RECOMMENDATIONS AND COMMENTS:</b>
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*Examiner's Recommendation:*

*SE/DSA Concurrence:*

<b>APPROVAL/DENIAL RECOMMENDATIONS</b>
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**Analyst Comments:**

**APPROVE** ☐

**DISAPPROVE** ☐

Supervision Analyst \_\_\_\_\_ Date\_\_\_\_\_

**APPROVE** ☐

**DISAPPROVE** ☐

Director of Supervision \_\_\_\_\_ Date\_\_\_\_\_

**APPROVE** ☐

**DISAPPROVE** ☐

Associate Regional Director \_\_\_\_\_ Date\_\_\_\_\_

**APPROVE** ☐

**DISAPPROVE** ☐

Regional Director \_\_\_\_\_ Date\_\_\_\_\_