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| **REGIONAL SUMMARY**  **Member Business Loan Nonmember Aggregate Approval** |

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| --- | --- |
| **Charter Number** |  |
| **Credit Union Name** |  |
| **Supervisor Name** |  |
| **Examine Name** |  |
| **CAMEL Rating / Effective Date** |  |
| **Financial Data Date** |  |
| **Total Assets** |  |
| **Net Worth Ratio** |  |

**FOM Description**

**Limit Requested**

(Include the limit to assets or limit to net worth.)

**Reason for Request**

(Include a discussion of the need and purpose for raising the limit.)

**Assessment of Management**

(Include discussion of the credit union’s member business loan policy and practice and participation or purchase policy, if appropriate. Discuss whether the credit union included documentation supporting its ability to manage and monitor a large MBL portfolio. Discuss the credit union’s due diligence practices, particularly for acquired nonmember loans.)

**Financial condition, trends and projections**

**Other pertinent information**

(Include a discussion of any additional risk posed by the waiver on the credit union’s liquidity, income, net worth. Include a discussion of any unresolved examination issues.)

**SSA concurrence (if state-chartered):**

**EXAMINERS AND SUPERVISOR RECOMMENDATIONS AND COMMENTS:**

*Examiner’s Recommendation:*

*Supervisor Concurrence:*

**APPROVAL/DENIAL RECOMMENDATIONS**

**Analyst Comments:**

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| **APPROVE** |  | **DISAPPROVE** |  |

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

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| **APPROVE** |  | **DISAPPROVE** |  |

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

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| **APPROVE** |  | **DISAPPROVE** |  |

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

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| **APPROVE** |  | **DISAPPROVE** |  |

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