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| **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.)

**EXAMINERS AND SUPERVISOR RECOMMENDATIONS AND COMMENTS:**

***Examiner’s Recommendation:***

***SE/DSA Concurrence:***

**APPROVAL/DENIAL RECOMMENDATIONS**

**Analyst Comments:**

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| **APPROVE** |  | **DISAPPROVE** |  |
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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_