



BOARD OF DIRECTORS

NOMINATION FORMS

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Be sure to allow adequate time to prepare and submit your documentation. To submit your official nomination, please follow the steps below:

1. **Complete all the required forms and prepare the required accompanying documents.**
2. Email election@kscu.com when you are ready to submit your official Nomination Package. To ensure the information provided in your documents remains confidential, **please DO NOT attach any of the required documents during this step.**
3. Once your email is received, we will follow-up with easy-to-follow instructions on how to **securely submit your documents using a secure file transfer site.**

All forms must not be handwritten and are provided as fillable and savable PDF forms for your convenience. Electronic signatures will be used wherever a signature is needed on the nomination forms. Once your forms have been submitted, they will be sent back to sign using our secure electronic signature platform.

CANDIDATE APPLICATION FOR NOMINATION TO THE BOARD OF DIRECTORS

Personal Information:

Name: _____ Date of Birth: _____

Home Address: _____

KSCU Account Number: _____ KSCU Branch: _____
Email: _____ Telephone: _____
SIN: _____

Current Employer and Position

Education. *List any education you have. Include any certificates, courses or qualifications that may be relevant to your potential role as a Director of Kootenay Savings Credit Union (KSCU).*

Credit Union Experience. *List all Credit Unions for which you have had any involvement. (i.e. Director, officer, employee)*

Business/Financial Experience. *List any experience you have that may be relevant to your potential role as a Director of KSCU.*

NOMINATION FORM

To be eligible for nomination, you must be nominated by at least three adult members in good standing with Kootenay Savings for at least one year prior to the submission of the Nomination Form. A member in good standing means a voting member who holds \$25 in membership shares in their

name; has not been more than 90 days in arrears in any obligation to the Credit Union; has not had an obligation to the Credit Union written off within the previous seven years.

IMPORTANT: On a joint account with two or more members, where only \$25 is held in membership shares, only the first named on that joint account is entitled to nominate a candidate and vote in the election. If two adult members under one joint account own the minimum membership shares (*\$25 each for a total of \$50 in that joint account*), the two members will have the right to nominate a candidate and vote in the election.

Prior to submitting your documents, please have your nominators verify their voting status by contacting our Member Service Centre at 1.800.665.5728.

> FIRST NOMINATOR

Name _____ Email Address _____

KSCU Account Number _____ KSCU Branch _____

Phone Number _____ * Signature _____

> SECOND NOMINATOR

Name _____ Email Address _____

KSCU Account Number _____ KSCU Branch _____

Phone Number _____ * Signature _____

> THIRD NOMINATOR

Name _____ Email Address _____

KSCU Account Number _____ KSCU Branch _____

Phone Number _____ * Signature _____

*** Once submitted, this Nomination Form will be emailed to each of the three nominators to sign.**

NOMINEE'S ACCEPTANCE

I hereby accept the enclosed nomination for a position on the Board of Directors of Kootenay Savings Credit Union. I am aware of the Director's Conflict of Interest and Code of Ethics Guidelines and certify that the information provided in this application and on related attachments is true and complete to the best of my knowledge. I understand and agree that Kootenay Savings Credit Union may at any time take such steps as it sees fit to verify the information provided. I understand and agree that Kootenay Savings may perform reference, criminal record, bankruptcy, insolvency, and credit checks as required.

Nominee's Full Name: _____

Nominee's Signature: _____

Date: _____

By accepting the nomination for Director, the nominee agrees to abide by the campaigning guidelines as outlined in the Nomination Package.

CONSENT TO ACT AS A DIRECTOR

I, the undersigned candidate for election as a Director of Kootenay Savings Credit Union, acknowledge and do hereby certify that:

1. At least 12 months prior to the closing date of nominations, I was a member in good standing of the Credit Union and was of the full age of nineteen (19) years.
2. I am neither an employee of Kootenay Savings, a subsidiary of the Credit Union, or an associated corporation in which the Credit Union holds share.
3. I am neither a spouse, parent, stepparent, child, stepchild, mother-in-law, father-in-law, daughter-in-law, or son-in-law of an employee of Kootenay Savings Credit Union, a subsidiary of the Credit Union, or an affiliate of the Credit Union.
4. I am neither an employee, officer or director of a bank, trust company, loan company, savings and loan association, investment dealer, deposit-taking institution or another credit union (other than a director of a central credit union) or their wholly-owned or controlled subsidiaries except where that person has been requested or authorized in writing by the directors to serve as a director of a bank, trust company, loan company, savings and loan association, investment dealer, deposit-taking institution, lending institution, other credit union or subsidiary;
5. I have not been an employee of the Credit Union, a subsidiary of the Credit Union, or any associated corporation in which the Credit Union holds shares at any time during the 2-year period immediately before such election or proposed appointment.
6. I am neither an employee of the Credit Union Deposit Insurance Corporation, an auditor or solicitor of a credit union, nor a public servant concerned by my duties with the affairs of a credit union.
7. I acknowledge that no person may hold office as a Director of a Credit Union if he or she:
 - a) has not yet been discharged from bankruptcy
 - b) under the age of 19
 - c) is found to be incapable of managing his / her own affairs by reason of mental infirmity
 - d) is a corporation
 - e) unless the court orders otherwise, convicted in the Province of British Columbia or elsewhere of an offence:
 - i. in connection with the promotion, formation, or management of a corporation: or,
 - ii. involving fraud, unless five (5) years has elapsed since the expiration of a period fixed for suspension on the passing of sentence without sentencing or since a fine was imposed, or the term of imprisonment and probation imposed by this paragraph ceases on a pardon being granted under the Criminal Records Act (Canada); or
 - f) in the case of reporting company, a person whose registration in any capacity has been cancelled under:
 - i. the Securities Act by either the British Columbia Securities Commission or the executive Director; or,
 - ii. The Mortgage Brokers Act by either the Commercial Appeals Commission or the registrar unless the commission, the executive Director, or the registrar, whichever

is applicable, otherwise orders, or unless 5 years have elapsed since the cancellation of the registration.

8. I am eligible to be insured as required under the *Financial Institution Act* and the Credit Union Deposit Insurance Corporation Master Bond.
9. I will comply with the Election Guidelines set out by Kootenay Savings Credit Union.
10. I will not campaign for a position on the board and understand that the credit union will be in charge of promoting the election and its candidates.
11. I will not interfere with or seek assistance in connection with the election from an Employee of the Credit Union.
12. If elected, I will observe and comply with the Conflict-of-Interest Guidelines and Code of Ethics prescribed for Directors.
13. If elected, I will comply with the Credit Union Incorporation Act with respect to Training.
14. I know of no reason why I may not hold office as a Director of the Credit Union.

And, if elected, I hereby do agree with the following:

- Attend all regular and special meetings of the Board when notified, unless prevented by circumstances beyond my control.
- Participate to the best of my ability in determination of policy and other matters coming before the Board, give full attention to the matters of the Credit Union and vote on all issues submitted or proposed for Board action.
- Consider the business of the Credit Union and its members to be confidential in nature.
- Give all assistance possible to my colleague board members, appointed officers, management, and employees of the Credit Union in the discharge of the duties of their offices.
- Disclose any conflict of interest to the Board and refrain from voting on issues related to such conflict, should I ever find myself under obligation to any other group or organization that may create such conflict with the Credit Union.
- Attend the Credit Union's annual strategic planning session, Board training sessions as well as other informational/educational sessions.
- Continually seek to learn more about the Credit Union organization and its services and about my individual responsibilities as a board member.

I hereby consent to be nominated for the position of Director on the Board of Kootenay Savings Credit Union.

Date: _____

Nominee's Name: _____

Nominee's Signature: _____

Your signature on this form indicates that you have reviewed all the information in the Nomination Package and accompanying forms and appendices. Your signature also authorizes KSCU to obtain a credit report, conduct a criminal records check, and gather any other information deemed relevant by KSCU. If further consent is required to enable KSCU to obtain such information, you agree to provide such consent upon request. Failure to provide such consent may disqualify you as a candidate. Furthermore, your signature on this form represents consent for KSCU to consider the information gathered when determining the eligibility of a nominee as a candidate for the KSCU Board.

DIRECTOR'S DISCLOSURE STATEMENT

I have read the Kootenay Savings Credit Union Conflict of Interest Policy, and hereby declare that I:

- a) have no duty to any person or interest, direct or indirect, in any private or personal business, nor do I hold any office or property which may give rise to a conflict with the duties and responsibilities owed to Kootenay Savings Credit Union by virtue of my being a Director, Officer, or Related Party of KSCU.
- b) I am not a Director, Member, Officer or Employee of any other corporation, or a partner in, or owner of any firm.
- c) I do not have any material direct or indirect ownership, interest or participation in outside business enterprises which have, or are contemplating having, dealings with Kootenay Savings Credit Union.
- d) I have not accepted, and will not accept, any gift or hospitality of material value offered or tendered by virtue of my position as a Director, Officer or Related Party of Kootenay Savings Credit Union.

With the exception(s) of (if applicable):

--

I agree to comply with and be bound by Kootenay Savings Credit Union's conflict of interest policies for Directors, Officers, and Related Parties and employees as they apply to me. I will notify the President & CEO immediately, in writing, of any change to my conflict-of-interest status.

I understand that I am a Related Party of Kootenay Savings Credit Union according to the Financial Institutions Act and/or the International Financial Reporting Standards IFRS. I also understand that certain individuals and corporations may be related parties of Kootenay Savings Credit Union by reason of their relationship to me. In order to assist Kootenay Savings Credit Union in identifying its related parties, I make the following disclosure:

1. The name of my spouse (including any person with whom I am now living as married or common law, having done so continuously for the past two years) and any child (less than 18 years of age) and any child holding a Kootenay Savings Credit Union account regardless of age. Please note all accounts:

Name:	KSCU Account & Branch:	Age (Children only):
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. The corporations in which I have or control, directly or indirectly, 50% or more of the votes that are attached to the outstanding voting shares of the corporation, and that may be cast in the election of Directors, are:

--

Any additional Kootenay Savings Credit Union accounts of which I am associated:

Name/Organization:	KSCU Account & Branch:	% of Ownership
_____	_____	_____
_____	_____	_____

Name: _____ Date: _____

Signature: _____

CODE OF ETHICS FOR DIRECTORS, OFFICERS & RELATED PARTIES

A Director or Officer, in discharging their office with Kootenay Savings Credit Union, shall:

1. Always act in the best interest of Kootenay Savings Credit Union, acknowledging that the interests of Kootenay Savings Credit Union are paramount to any personal interests and the interests of any other organization of which the Director may be a member, officer or employee.
2. Exercise diligence, care, prudence and common sense and shall keep informed of the policies, business and affairs of Kootenay Savings Credit Union and of the statutes and rules to which Kootenay Savings Credit Union is subject and by which it is governed.
3. Deal with fellow Directors, Officers, and employees of Kootenay Savings Credit Union openly, honestly and in good faith and make available to and share with fellow Directors and Officers of Kootenay Savings Credit Union all information as may be relevant and properly disclosed to ensure the proper conduct and sound operation of the business and affairs of Kootenay Savings Credit Union.
4. Treat in confidence all matters and information involving Kootenay Savings Credit Union, the Board of Directors, its committees and the employees and members of Kootenay Savings Credit Union, not disclose the same where it is not in the public record or domain unless sanctioned by the Board of Directors to do so and refrain from entering into any transaction in which the Director makes use of confidential information in order, directly or indirectly, to obtain a benefit or advantage for the Director, Officer or anyone else, other than Kootenay Savings Credit Union.
5. Ensure that the policies of Kootenay Savings Credit Union, adopted by the Board of Directors, are accurately and clearly communicated to the members of Kootenay Savings Credit Union and ensure that the actions and conduct of the business and affairs of Kootenay Savings Credit Union are conducted and carried out in accordance with those policies.
6. Disclose to the Board of Directors any financial or personal interest, direct or indirect, which the Director, or Officer may have which may conflict with Kootenay Savings Credit Union or which may otherwise have bearing upon any transaction or business in which Kootenay Savings Credit Union may have or

contemplate having an involvement, whether such interest arises by reason of the personal affairs, employment, office or other association of the Director or Officer and in such circumstances refrain from participation in or voting upon such transaction or business.

7. Request such information through the Board of Directors from Officers and employees of Kootenay Savings Credit Union as may be necessary to permit the full discharge of the duties of a Director or Officer and ensure that accurate records, minutes and memoranda are maintained with respect to the conduct and discharge of the business of the Board of Directors.
8. Be mindful of the democratic basis upon which Kootenay Savings Credit Union is founded as a member organization and that the stewardship of the conduct of its affairs and business have been trusted to the Board of Directors to be undertaken and conducted to meet the needs of those members collectively.

I acknowledge that I have read and considered the Code of Ethics for the Directors and Officers of Kootenay Savings Credit Union and agree to conduct myself as a Director or Officer in accordance with and to abide by the Code of Ethics. If I shall be found by my fellow Directors or Officers to have been in default of the Code of Ethics or to have acted contrary to the Code, I may be subject to sanctions by my fellow Directors and Officers including, without limitation, private censure, public censure and agree to be removed from my office as a Director or as an Officer.

Name: _____

Date: _____

Signature: _____

INSTRUCTIONS

1. [See page four](#) for instructions

2. Contact:

BC Financial Services Authority
600-750 West Pender Street
Vancouver, BC V6C 2T8

Web: <https://www.bcfsa.ca/>

Ph: 604-660-3555 Toll-free: 1-866-206-3030 (BC)

Fax: 604-660-3365

Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authorities of sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, sections 13(2)(e), 22(2)(c), and 105 of the *Financial Institutions Act*, and sections 11(3)(e) and 15.1(5)(a)(iii) of the *Credit Union Incorporation Act*. The information is collected for the purposes of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 604-660-3555, 600-750 West Pender Street, Vancouver, B.C. V6C 2T8.

PART A – GENERAL INFORMATION

1. Form being submitted is ☐ New submission ☐ Update to existing information Specify which section of form

2. Personal Information for (check all that apply)

☐ Director

☐ Senior Officer

☐ Subscriber

☐ Shareholder

(controlling 10% or more of the voting shares)

Commencement Date

Significant Shareholder (specify %)

3. Name of Financial Institution

4. Full legal name (first, middle, last)

Salutation

☐ Miss

☐ Mr.

☐ Mrs.

☐ Ms.

☐ Other

5. All Previous Names (first, middle, last)

6. Residential Address (street number, city, province, postal code)

7. Phone Number

8. Citizenship

9. Place of Birth

(city, country)

10. Date of Birth (mm/dd/yyyy)

11. If you were born outside of Canada, indicate the date of your arrival in Canada (mm/dd/yyyy)

12. Have you, at any time, resided in a country outside of Canada

☐ Yes

☐ No

If Yes, please indicate the states and locations (country, state, province or territory) of each residency (mm/dd/yyyy)

From

Until

Location

From

Until

Location

13. Driver's License #

14. Issuing Province/Territory

PART B – EMPLOYMENT

1. Position/Occupation

2. Name of Employer

3. Employer's Address (street number, city, province, postal code)

4. Phone Number

5. Email Address

A most recent resume must be included with this form as per [Instructions](#)

PART C – OTHER INFORMATION

1. List any memberships in professional societies or associations (if none, please indicate)

2. List any Directorships held (if none, please indicate)

3. List any companies in which you own or control more than 10% of the voting shares (if none, please indicate)

4. Connected party of a Trust or Insurance Company per section 48 of the *Financial Institutions Act* ☐ Yes ☐ No

5. Have you ever been convicted of, or are you currently charged with an offence, under the *Criminal Code* of Canada, provincial/territorial legislation or the legislation of any jurisdiction outside of Canada, for which you have not been granted a pardon? (includes impaired driving but not minor traffic offences) ☐ Yes ☐ No

If Yes, please provide the type and details of the conviction or offence:

From (mm/dd/yyyy)	Description
From (mm/dd/yyyy)	Description

A Criminal Record Check report must be provided as per [Instructions](#)

6. Has any disciplinary action been taken against you by professional organizations or self-regulatory bodies, or civil judgments where monetary awards have been made, but not satisfied, or findings of liability against you involving fiduciary, trust or fraud claims? ☐ Yes ☐ No

If Yes, please provide the type and details of the judgement or action:

From (mm/dd/yyyy)	Description
From (mm/dd/yyyy)	Description

7. Under the laws of any province, territory, state, or country, have you ever: (a) been petitioned into bankruptcy, (b) made a voluntary assignment in bankruptcy, or (c) filed a proposal under any bankruptcy or insolvency legislation? ☐ Yes ☐ No

If Yes to 7. (a) or (b), please provide the following:

i. Date of Assignment or Receiving Order (mm/dd/yyyy)

ii. Date of Absolute Discharge (mm/dd/yyyy)

iii. If Conditional, Date of Conditional Discharge (mm/dd/yyyy)

If Conditional Discharge, provide description of conditions:

iv. Cause of Bankruptcy/Insolvency

If Yes to 7. (c) please provide the following:

v. Date of proposal

vi. Proposal was

☐ Accepted

☐ Rejected

vii. Current Status

viii. Description of Proposal Terms

A Bankruptcy and Insolvency Records Search Results report must be provided as per [Instructions](#).

PART D – CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief, and hereby undertake to submit a new Personal Information Return and supporting documents to the BC Financial Services Authority immediately upon any change therein.

I consent to the BC Financial Services Authority making such enquiries as it sees fit of government institutions, courts, credit bureaus, financial institutions, current and past employers, and professional organizations or self-regulatory bodies to which I belong or have belonged, for the purpose of investigating my suitability to be a person in a position to control or influence a financial institution, including, but not limited to, a criminal records search through the Royal Canadian Mounted Police or other law enforcement bodies and a bankruptcy and insolvency records search.

I acknowledge and agree that the information contained in this return and supporting documents will be used for the purposes described above. I understand that it is an offence under the *Financial Institutions Act* and the *Credit Union Incorporation Act*, as applicable, to make a false statement and that it may also be an offence under the CRIMINAL CODE of Canada.

I understand that the BC Financial Services Authority may also request additional information from me.

I am aware that I have duties and obligations under the *Company Act*, *Business Corporations Act*, *Financial Institutions Act*, or the *Credit Union Incorporation Act*, as applicable, and that it is my responsibility to fully understand these duties and obligations.

Position/Title at Financial Institution

Signature

Date

Failure to supply all required documents may delay your ability to commence duties.

Instructions for Completing the Personal Information Return

This return is required pursuant to sections 13(2)(e), 22(2)(c), 105, 289(3)(a) and (b) of the *Financial Institutions Act*, and sections 11(3)(e), 15.1(5)(a)(iii) and 108(2)(a) and (b) of the *Credit Union Incorporation Act*, as applicable.

1. To protect your privacy, mark the envelope “Private and Confidential”.
2. Upon completion, please submit all documents through the Secured File Transfer System. For further information on the submission method, please contact Financial Regulatory and Standards by email at Filings@bcfsa.ca.
3. This return must not be handwritten except for the signature and is offered as a fillable and saveable PDF form for your convenience.
4. All applicable information must be provided. If additional space is required for answers, attach additional typed/ printed sheets as necessary.
5. A resume that includes employment history up to the date of submission of this return must be provided.
6. Both a criminal record check, by an appropriate police agency, and a bankruptcy and insolvency check from the Office of the Superintendent of Bankruptcy Canada must be provided.
7. If more than one individual is identified in the search, or any of the boxes on the criminal record check results form are marked “may or may not exist” the applicant must apply for their criminal record. To do so, they must get fingerprinted and send a request to Ottawa to obtain the details. The person needs to send us explanation of what may be on their record and confirmation they have applied for the fingerprint based criminal record check with this form.
8. Please note that this return is to be filed with the BC Financial Services Authority for new directors, senior officers, subscribers, and any controlling shareholders prior to taking office, commencing duties, or acquiring ownership. The bankruptcy and criminal record checks along with a resume do not need to be filed prior to taking office or commencing duties; these documents can be filed with us separately.
9. A new return is required to be completed and submitted to the BC Financial Services Authority immediately upon any change of information contained on the last filed return. A new criminal record check and/or bankruptcy and insolvency report is only required for subsequent changes to information contained in Section C. 5., C. 6. and/or C.7.

Please visit our website at: <https://www.bcfsa.ca/>

**The Master Bond Program
Fidelity Bond Application**

HR Employee Name: _____

Name of Credit Union: _____

Credit Report attached?

☐ Yes

☐ No

Criminal record check attached?

☐ Yes

☐ No

Criminal record check CLEAR?

☐ Yes

☐ No

Reason for Application:

☐ New Applicant

☐ Promotion

☐ Board Director

☐ Other: _____

INSTRUCTIONS FOR APPLICANT

1. Complete this application only if you are currently under consideration for employment, promotion, or for election to the Board of Directors.
2. Complete all questions fully and accurately, as all answers are material to this application. **PLEASE PRINT.**
3. Return the completed application to the Credit Union.

INDIVIDUAL FIDELITY BOND APPLICATION

Fidelity bonding is a firmly established business practice. The fidelity bond you are applying for, within its agreements, conditions and limitations, guarantees that the Credit Union will not sustain a loss by reason of your dishonesty. It also serves notice that you meet the high standards required by the issuer of your bond. Compliance with the Credit Union's rules and faithful and honest discharge of the duties of your position will assure your ability to obtain a bond in any future employment.

INSTRUCTIONS FOR EMPLOYER

To ensure that there are no delays in the processing of this application, ***BEFORE SUBMITTING***, please ensure that:

- a ***full 10 years*** of employment / personal experience is listed (age 18+). ***Gaps in history will require clarification.***
- the applicant ***provides a detailed explanation*** for answering "Yes" to any questions #1-#11 on page 2
- the applicant ***provides a detailed explanation*** for any unfavourable items on their credit report such as collection items, R9, Beacon score under 600, judgements etc.

PLEASE REVIEW THE APPLICATION IN FULL PRIOR TO SUBMITTING TO ENSURE ALL INFORMATION IS PROVIDED.

THE APPLICANT:

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____

(Month/Day/Year)

Social Insurance No. _____

Current Address _____

Previous Address _____

(if less than 3 years at current address)

How many persons are dependent upon you for support (as per most recent income tax return)? _____

Title of new Position: _____

Date of Employment/Promotion/Election: _____

Position Level:

Clerical/Teller

Supervisory

Management

Director

Other

ADDITIONAL NOTES

PREVIOUS EMPLOYMENT: (For the past 10 years for ages 18+ only)

Give full and complete names and addresses of previous employers, time engaged with each, position occupied, and reason for leaving. If there were periods when you were unemployed, please state what you did during that time. If you were not previously employed, provide general information regarding: **school attendance, leave of absence, illness or travel.** **Additional space is provided on Page 5 of this application if required.** If more space is still required, please continue on blank sheet and attach to this application.

Please provide a full 10 year history and ensure there is an explanation for any gaps

Name and Address of Previous Employer	Dates Employed	Last Position Held	Reason for Leaving
1.	From		
	To		
2.	From		
	To		
3.	From		
	To		
4.	From		
	To		

If you answer "Yes" to any of the below questions, please provide a full explanation in a separate letter and attach it to this application

	Yes	No
1. Has any application for a bond been declined by a surety company?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has any person or surety company been compelled to pay a loss on your account?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever failed in your own business?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever voluntarily declared or been petitioned into personal bankruptcy or consumer proposal?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any part of your salary ever been garnished?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been found guilty of an offence for which you have NOT received an unrevoked pardon under the Criminal Code, the Food and Drug Act, or the Narcotic Control Act?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you accepted responsibility for a criminal offence in an "Alternative Measures" or other similar "Restorative Justice Program"?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you presently the subject of any civil action, or have you ever had a civil judgement rendered against you?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been discharged or asked to resign from any position of employment?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has it been determined by a court of law, quasi-judicial tribunal, or Board of Arbitration that you have committed a dishonest or fraudulent act of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you related in any way to any individual currently employed by this Credit Union?	<input type="checkbox"/>	<input type="checkbox"/>

**IT IS IMPORTANT THAT THE APPLICANT READ AND FULLY UNDERSTAND THE CONTENTS OF THE AGREEMENT
HEREUNDER BEFORE SIGNING**

AGREEMENT OF APPLICANT

I hereby warrant that the foregoing statements are true and correct, and in consideration of Stabilization Central Credit Union, hereinafter called the Insurer becoming Insurer for me under this bond (the term "bond" shall include the bond herein applied for, every continuation or alteration thereof, and any new bond) in my present or any other position, I agree to unconditionally indemnify and save harmless the said insurer against all actions, proceedings, liabilities, damages, loss, cost and expense, including costs of realization and legal fees on a solicitor client basis, that it may sustain or become liable for by reason of dishonesty on my behalf.

I ALSO UNDERSTAND AND AGREE THAT:

- (a) In the event I am bonded, and it is later discovered by the Insurer that any of the answers given are untrue or inaccurate, the insurer may, at its option, cancel the bond.
- (b) Should my circumstances change such that any of the answers given on this application (questions #1 to 11) by me are no longer accurate or true, then I shall immediately notify the Credit Union of such change and any failure to do so may result in cancellation of the bond, at the option of the Insurer.
- (c) In the event that I am bonded, I am bound by the terms and provisions of this Agreement.
- (d) The bond is automatically deemed cancelled and terminated on the discovery of any dishonest act on my part whether or not such dishonest act results in any monetary loss to the entity requiring the bond, the Insurer or any other person or organization.
- (e) The Insurer, its agent or the entity requiring the bond, may collect such additional information about me as may be necessary to review and verify the information contained on this bond application. Information may be obtained from sources such as: financial institutions, police forces (federal, provincial, municipal and foreign), current and former employers, credit bureaus, insurance companies, business associates, provincial and federal government departments and foreign governments. The information furnished on this form will be used by the Insurer to determine your eligibility for a bond.
- (f) I may be requested by the Insurer to periodically complete and file an updated "Applicant's Application for Fidelity Bond" in substantially the same form as the one filed herewith, with such modifications as may be requested by the Insurer.

I further represent and warrant that I have not concealed or failed to disclose any facts which, if known to the Insurer, would cause the Insurer to decline the bond or which would make the Insurer's liability greater than would normally be expected and I understand and agree that if any such facts should become known to the Insurer, it may, at its option, cancel the bond.

Signature of Applicant

Date

**NOTE: PLEASE ENSURE ALL QUESTIONS ARE ANSWERED BEFORE
SUBMITTING. INCOMPLETE APPLICATIONS WILL NOT BE APPROVED**

PREVIOUS EMPLOYMENT CONTINUED:

<u>Name and Address of Previous Employer</u>	<u>Dates Employed</u>	<u>Last Position Held</u>	<u>Reason for Leaving</u>
.	From		
	To		
.	From		
	To		
.	From		
	To		
.	From		
	To		
.	From		
	To		
1 .	From		
	To		
1 .	From		
	To		
1 .	From		
	To		
1 .	From		
	To		