



BOARD MEMBER NOMINEE INFORMATION FORM

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Email: _____

Have you ever served in any other capacity at Advance Savings? Yes [] No []

If yes, in what capacity? _____

According to the New Brunswick Credit Unions Act and the bylaws of Advance Savings Credit Union, the following persons are disqualified from being a director of the Credit Union. Please check any criteria that might be applicable and provide an explanation:

- (a) Anyone who is less than nineteen years of age
(b) Anyone who is not an individual
(c) Anyone who is not a member of the Credit Union
(d) A person who has the status of a bankrupt
(e) An employee of the Credit Union, Atlantic Central, the New Brunswick Deposit Insurance Corporation or the Financial and Consumer Services Commission
(f) An auditor of the Credit Union or a member of the firm of accountants of which the auditor is a member
(g) A solicitor of the Credit Union
(h) A person employed in the civil service whose official duties are concerned with the affairs of credit unions;
(i) Without the written approval of the other directors, a person, or the spouse of a person, who has a loan with the Credit Union that is more than three months in arrears;
(j) A person, or the spouse of a person, who has a loan with the Credit Union that is more than six months in arrears.
(k) A person who is a former employee or a person who is a member of the immediate family of a former employee who was employed by the Credit Union in the three years preceding the Annual General Meeting.

Explanation: _____

Please detail what professional experience you will bring to the board of directors:

Why do you feel you would be an asset to the board of directors? Please detail what personal experience you will bring to the board of directors:

***You will be given the opportunity to make a brief statement to the membership at the Annual General Meeting.*

I certify that the information on this form is true and correct to the best of my knowledge. I hereby consent to a Credit and Police Record Check being conducted by the Credit Union and to the publishing of my name and information in the meeting materials related to my nomination.

If elected, I understand that I will be required to review and answer annually the FCNB questionnaire below, as part of the Cost of Credit Disclosure Act Renewal process.

Disciplinary Actions, Bankruptcies, Judgments and Civil Proceedings

For the purposes of these questions 'you' refers to the individual, your partners, directors, or officers of a firm, a partnership or a corporation. Please read the questions carefully and answer them accurately and truthfully.

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| (a) Are you, or have you ever, been licensed or registered in any capacity in New Brunswick or elsewhere to deal with the public? | Yes ___ No ___ |
| (b) Have you ever had any type of registration or licensing to deal with the public refused, restricted, suspended, revoked, or cancelled? | Yes ___ No ___ |
| (c) Have you ever been discharged for cause by an employer? | Yes ___ No ___ |
| (d) Have you been subject to discipline form, or are you aware that you are currently the subject of an investigation, by a regulatory body? | Yes ___ No ___ |
| (e) Been convicted of a criminal offence for which you have not received a pardon? | Yes ___ No ___ |
| (f) Been found liable by a court for misrepresentation or fraud? | Yes ___ No ___ |
| (g) Are there any legal proceedings pending against you? | Yes ___ No ___ |
| (h) Are there any court judgments against you that have not been satisfied? | Yes ___ No ___ |

Nominee's Signature: _____

Date: _____

Please submit your application one of the following ways:

1. By email to boardnominations@advancesavings.ca;
2. In person at any branch of Advance Savings Credit Union;
3. By mail to 141 Weldon St, Moncton, NB E1C 5E1 Attn: Board Nominations;
4. By facsimile to (506) 853-8858; or
5. In person to the Chief Executive Officer.