

## CONFLICT OF INTEREST DISCLOSURE

A covered Credit Union individual must complete the following questionnaire to disclose any direct conflict and/or potential conflict between themselves and any firm or organization that has, or may have in the coming year, a relationship with the Credit Union.

### DISCLOSURE

This statement of disclosure also requires you to provide information with respect to certain parties that are related to you. These persons are termed "affiliated persons" and include the following:

- a. Your spouse, domestic partner, child, mother, father, brother, or sister.
- b. Any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
- c. Any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

1. Have you or any of your affiliated persons provided services or property to SCU in the past year?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

2. Other than financial products and services available to members of SCU, have you or any of your affiliated persons purchased services or property from SCU in the past year?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

3. Have you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which SCU was or is a party?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

4. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving SCU?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

5. Are you aware of any other events, transactions, arrangements, or other situations that have occurred or may occur in the future that you believe should be examined by SCU in accordance with the terms and intent of SCU's conflict of interest policy?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

*If you answered "yes" to any of the above questions, please provide a description of the relevant activities and whether they involve you or your affiliated persons.*

I hereby confirm that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify my supervisor immediately.

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date