



## **APPLICATION FOR NOMINATION**

Name:	
JFFCU Account #	Date of Birth:
	hereby apply for nomination for a full-term elective position on
	nancial Federal Credit Union. If elected to the position for which I seek to be
nominated, I agree to fulfill the require	ments of offices and to serve the full term of office.
Eligibility Requirements per Jefferson F	Financial FCU's Bylaws:
<ul> <li>Individual must be a member of JF</li> </ul>	
Individual cannot have been convid	cted of a crime involving dishonesty or breach of trust unless the NCUA Board
has waived the prohibition for the o	
Individual meets the minimum age	requirement established under Article V, Section of the JFFCU Bylaws:
Members must be at least 18 years.	ars of age by the date of the meeting (or for appointed offices, the date of the
appointment) in order to vote at	meetings of the members, hold elective or appointive office, sign nominating
petitions requesting special med	etings.
, , , ,	
By signing below, I attest that I meet th	e above eligibility requirements noted above.
SIGNATURE	DATE

## STATEMENT OF QUALIFICATIONS & BIOGRAPHICAL DATA

Please include a brief statement of your qualifications and biographical data.

## PETITION FOR NOMINATION | JEFFERSON FINANCIAL FCU | 2022 BOARD OF DIRECTOR'S ELECTION \_ hereby request nomination for Jefferson Financial Federal Credit Union's 2023 Board of Directors' Election. ATTENTION SIGNERS: Signing this petition is an indication that you are a member of Jefferson Financial Federal Credit Union, and you support the above-stated candidate's nomination for the 2023 Board of Directors' Election. Should the candidate obtain the required number of valid signatures, and provided the candidate meets all other requirements to serve on the Board, he/she will be placed on the ballot for the 2023 Election. For privacy purposes, please provide ONLY the identifying information requested below. For verification purposes, the information provided must reflect what you currently have on record with Jefferson Financial FCU. Signatures that can not be verified will be disgualified. Please print legibly. LAST 4 DIGITS OF SSN DATE NAME (PRINTED) NAME (SIGNED) I do hereby attest that the signatures contained on this petition are the true and valid signatures of members of Jefferson Financial Federal Credit Union. I accept the nomination and agree to serve on the Board of Directors if elected. Jefferson Financial F

PAGE \_\_\_\_\_ OF \_\_\_\_

Signature of candidate seeking nomination by petition