

APPLICATION FOR NOMINATION

Name: _____

JFFCU Account # _____ Date of Birth: _____

I, _____ hereby apply for nomination for a full-term elective position on the Board of Directors for Jefferson Financial Federal Credit Union. If elected to the position for which I seek to be nominated, I agree to fulfill the requirements of offices and to serve the full term of office.

Eligibility Requirements per Jefferson Financial FCU's Bylaws:

- Individual must be a member of JFFCU before distribution of ballots;
- Individual cannot have been convicted of a crime involving dishonesty or breach of trust unless the NCUA Board has waived the prohibition for the conviction; and
- Individual meets the minimum age requirement established under Article V, Section of the JFFCU Bylaws:
 - Members must be at least 18 years 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 meetings.

By signing below, I attest that I meet the 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 | 2020 BOARD OF DIRECTOR'S ELECTION

I, _____ hereby request nomination for Jefferson Financial Federal Credit Union's 2020 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 2020 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 2020 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 disqualified. Please print legibly.

DATE	NAME (PRINTED)	NAME (SIGNED)	LAST 4 DIGITS OF SSN

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.

Signature of candidate seeking nomination by petition

