**Complete Part 1 to determine if approval is required. If approval is required, complete Parts 2, 3, and 4 and submit to the Department with the most recent month-end income statement and balance sheet. If the credit union is operating under a written directive that requires dividends be approved by the Department, proceed directly to Parts 2 and 3.**

|  |  |
| --- | --- |
| **PART 1** | **Determines whether approval is required under Kentucky Revised Statute (KRS)** [**286.6-325**](https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=14791) |
|  |  | **Rounded to nearest $1.00** |
| **1** | **YTD NET INCOME (LOSS) AFTER payment of Dividends,****including estimated net income (loss) for the current dividend period**  | **$**  |
| **2**  | **Dividends paid thus far this year**  | **$**  |  |
| **3**  | **Dividends now requested** (same as Line 9, Part 2)  | **$**  |  |
| **4** | **Total Dividends & Interest** | **Add lines 2 + 3, then insert here ------>** | **$**  |  |
| **5** | **Total** (Add Line 1 + Line 4) |  | **$**  |
|  |
| **6** | **Undivided Earnings Preceding Year-end** | **$**  |
| **7** | **YTD Net Loss as a percentage of Undivided Earnings** | **Divide line 1 by 6 then insert here ----->** | **%** |
|  |
| **8** | **Is Line 4 MORE than Line 5 *and* is line 7 greater than 1%?** | **YES** | **Approval Required, Complete to Parts 2 & 3** |
| **NO** | **Approval Not Required** |

|  |  |
| --- | --- |
| **PART 2**  | **Share accounts** (Include the rates for all accounts reported as dividend expense on the 5300 Call Report.) |
| **Share type** | **Rate** | **Share type** | **Rate** |
|  | **%** |  | **%** |
|  | **%** |  | **%** |
|  | **%** |  | **%** |
|  | **%** |  | **%** |
| **9** | **Total Dividends requested** (same Line 3, above) | **$** |

|  |  |
| --- | --- |
| PART 3 | **CERTIFICATION** |
| The Board of Directors of the below named credit union, by proper resolution at a meeting held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, declared a dividend as set forth above for the period-ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_. Approval of this action is requested. |

|  |  |
| --- | --- |
| PART 4 |   |
| Describe the factors contributing to the net loss. |
|  |
| Discuss any anticipated events that may have a positive or negative impact on earnings subsequent to this request. |
|  |
| Discuss steps the board and management are taking to improve earnings performance. |
|  |

**By signing below, you certify that the above information and attached documents are correct**.

|  |
| --- |
|  |
| Name of Credit Union |
|  |
| Location (City) |
|  |
| Signature of President or Secretary |
| Date Phone ( ) Email  |

|  |
| --- |
| **For Department Use Only** |
| **Date:** |
|  | **Approved** |  | **Disapproved** |
| **By:** |