



Supervisory Committee Member Application

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Employer: _____ Occupation: _____ Hire Date: _____

High School graduate: Yes No

College graduate: Yes No If yes - College and Major: _____

Tell us about yourself:

Are you a member of Pioneer Federal Credit Union: Yes No If yes:

Member since: _____ Member Number: _____

Pioneer Federal Credit Union Services Used:

- | | | |
|------------------|------------------------|----------------------------|
| Checking | Medical/Health Savings | First/Second Mortgage |
| Change Forward | Certificate of Deposit | Home Equity Line of Credit |
| myPioneer | IRA Shares | Consumer Loan |
| myPioneer Mobile | Business Account | |
| Money Market | VISA Credit Card | |

Have you held any officer or director position in the past five years: Yes No If yes, please list below:

Organization	Position	Dates
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a member of any professional societies or associations: Yes No If yes, please list below:

Have you ever served as an official, director, committee member, or employee of any other financial institution: Yes No If yes, please list below:

Institution	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other relevant training or educational accomplishments:

Potential conflicts with Board Meeting attendance – held once per month at 5:30 p.m. in Mountain Home:

Describe your interest in serving, and how you would contribute, as a Pioneer Supervisory Committee Member:

Please answer the following questions that address the minimum qualification requirements:

1. Have you ever been denied fidelity bond coverage, had bond coverage cancelled or revoked, or been notified that you are not eligible to obtain bond coverage? Yes No

- | | | |
|---|-----|----|
| 2. Have you ever had a judgment issued against you in a civil action based upon grounds of fraud, deceit or misrepresentation? | Yes | No |
| 3. Have you ever caused this credit union to suffer a financial loss? | Yes | No |
| 4. Have you ever been removed from office by any regulatory or governmental agency while acting as an officer, agent, employee, consultant, or representative of any financial institution? | Yes | No |
| 5. Have you ever been personally subject to an operating directive for cause while serving as an officer, director, or senior executive management personnel of any financial institution? | Yes | No |
| 6. Have you ever caused or participated in an activity that resulted in the suspension or revocation of a financial institution's certificate of incorporation, or authority or license to do business? | Yes | No |
| 7. Have you ever been convicted of any criminal offense involving dishonesty or a breach of trust? | Yes | No |
| 8. Are there any legal or administrative proceedings pending against you? | Yes | No |

If you answered "Yes" to any of the preceding questions, please attach a separate sheet providing additional information regarding the circumstances.

In the event that a background check will be conducted, please provide the following information:

Date of Birth: _____ City/State of Birth: _____

Any other names you have used: _____

Previous addresses during the past 5 years:

Certification and Agreement to Serve

I certify that the information provided on this form is true and correct. If appointed to the Supervisory Committee, I pledge to carry out my duties and responsibilities commensurate with said position as promulgated by the Idaho Finance Code and bylaws of Pioneer Federal. I authorize the credit union to obtain a credit report and other information necessary to complete a background check.

Signature

Date