

## Appendix 6 – Annual Disclosure Statement

This form is to be signed by all Directors of Northern Savings Credit Union (Northern Savings) and its wholly owned subsidiaries.

Directors are to be guided by [Governing Policy B-2 Business Conduct for Directors and Officers](#), per this excerpt from page four regarding the requirement for detailed disclosure:

*“Directors and Officers must provide Northern Savings with complete information regarding their personal and business interests so that any conflict with respect to those interests can be identified. Each Director and Officer is required to complete an annual disclosure form and file such with the Corporate Secretary. Each Director and Officer is to provide complete information on related parties and business interests. When a Director or Officer enters into new business interests or has additional related parties these must be reported to the Corporate Secretary on a timely basis. The annual disclosure forms and changes thereto will be provided to the GEHR Committee in its role as the credit union’s Conduct Review Committee.”*

By signing below:

- I have read and understand the Vision, Mission and Values statements of Northern Savings Credit Union;
- I hereby certify that I have read and understand the following:

Initial

Governing Policy B-1 Credit Union Code of Conduct \_\_\_\_\_

Governing Policy B-2 Business Conduct for Directors and Officers \_\_\_\_\_

Governing Policy B-3 Business Conduct for Employees \_\_\_\_\_

- I hereby certify that I understand what the policy requires of me as a Director of Northern Savings, or its wholly owned subsidiary;
- I declare that I will abide by the policies indicated above;
- I acknowledge that I will update this disclosure at any time during the year should there be changes to my circumstances pertaining to this disclosure, for example: external business holdings; related party relationships, etc.;
- I declare that I will inform the appropriate persons in the event that I know of a breach of this policy by myself or Directors, officers or employees of Northern Savings and its wholly owned subsidiaries; and
- I declare that I realize that if I breach any part of the above policies, it would be just reason to terminate my employment.

\_\_\_\_\_ I declare that I have not breached this policy in the past.

OR

\_\_\_\_\_ I declare that on review of this policy, I am aware that I have breached the policy as follows:

- I am an owner, partner or sole proprietor of the following business enterprise(s):

Name of Business or Organization

Position/ Relationship

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This Business has a membership with Northern Savings: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Business or Organization

Membership #

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- In addition to my work at Northern Savings, I also perform work for, or am employed or contracted by the following business enterprise(s). List the entities and your role within the business.

Name of Business or Organization

Position / Relationship

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- I am a director, employee, or officer of the following business enterprise(s):

Name of Business or Organization

Position / Relationship

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This Business or Organization has a membership with Northern Savings: Yes ☐ No ☐

- I am a director, employee or volunteer for the following non-profit or other community-based organization(s):

Name of Business or Organization

Position / Relationship

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This organization has a membership with Northern Savings: Yes ☐ No ☐

- I am an owner or director, as declared above, of a business(es) or organization(s) that obtains business income or donations from Northern Savings in the amount of \$2,500 or greater annually.

Yes ☐ No ☐

Business or Organization Name:

Position / Relationship

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Describe the business dealings with, or donations received from, Northern Savings:

**Related Party Declaration** – per the definition of a Related Party in Northern Savings Credit Union's Governing Policy E4 – Credit Risk

I understand that being a Director of Northern Savings Credit Union (Northern Savings) I am a related party of Northern Savings according to the Financial Institutions Act. I also understand that certain individuals and corporations may be related parties of Northern Savings by reason of their relationship to me. Therefore, to assist Northern Savings to identify its related parties, I make the following disclosure:

1. The name of my spouse (including any person with whom I am living as married, having done so continuously for the past two years) is:
  
  
  
  
  
  
  
  
  
  
2. My spouse is employed by the following business(es) and / or organization(s):
  
  
  
  
  
  
  
  
  
  
3. The names of my children and those of my spouse's children who are less than 18 years of age and who live in the same home as me are:

4. I declare that I am not a director nor officer of a subsidiary or investee company of Northern Savings Credit Union except for:

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Company Name

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Position Held (Director or Officer)

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Company Name

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Position Held (Director or Officer)

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Company Name

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Position Held (Director or Officer)

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Company Name

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Position Held (Director or Officer)

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Name (Print)

/ /

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Date

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Signature