Instructions for NCUA IC8: Within 10 days after the membership vote, the converting credit union must complete this form and mail it to the NCUA Regional Director.

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Certification of Vote on Conversion to Nonfederally Insured Status

We, the undersigned officers of the (insert name of converting credit union), certify the completion of the following actions:

- 1. At a meeting on (insert date), the Board of Directors adopted a resolution to seek the conversion of our primary share insurance coverage from NCUA to (insert name of private insurer).
- 2. Not more than 30 or less than 7 days before the date of the vote, copies of the notice of special meeting and the ballot, as approved by the National Credit Union Administration, were mailed to our members.
- 3. The credit union arranged for the conduct of a special meeting of our members at the time and place announced in the Notice to consider and act upon the proposed conversion.
- 4. At the special meeting, the credit union arranged for an explanation of the conversion to the members present at the special meeting.
- 5. The (Insert name), an entity independent of the credit union, conducted the membership vote at the special meeting. The members voted as follows:
 - (insert) Number of total members
 - (insert) Number of members present at the special meeting
 - (insert) Number of members present who voted in favor of the conversion
 - (insert) Number of members present who voted against the conversion
 - (insert) Number of additional written ballots in favor of the conversion
 - (insert) Number of additional written ballots opposed to the conversion

(Insert "20% or more") **OR** (Insert "Less than 20%") of the total membership voted. Of those who voted, a majority voted (Insert "in favor of") **OR** (Insert "against") conversion.

The action of the members at the special meeting was recorded in the minutes.

This certification signed the _____ day of _____, 20__.

Board Presiding Officer (insert typed name and title) Secretary (insert typed name and title) I (insert name), an officer of the (insert name of independent entity that conducted the vote), hereby certify that the information recorded in paragraph 5 above is accurate.

This certification signed the _____ day of _____, 20__.

(signature of officer of independent entity)(typed name, title, and phone number)