Instructions for NCUA 6308C: Within 10 days after the membership vote, the merging federal credit union must complete this form and mail it to the NCUA Regional Director.

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Certification of Vote on Merger Proposal and Termination of Federal Insurance of the Credit Union

(Merging)

We, the undersigned officers of the Credit Union, certify the completion of the following actions:

1. At a meeting on , 20 , the Board of Directors adopted a resolution approving the merger of our credit union with Credit Union (continuing credit union).

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, and a copy of the merger plan announced in the notice, 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 merger.

4. At the special meeting, the credit union arranged for an explanation of the merger proposal and any changes in federally insured status to the members present at the special meeting.

5. The (insert name of independent entity), an entity independent of the credit union, conducted the membership vote at the special meeting. A majority of the members of our credit union voted to approve the merger as follows:
   - Number of total membership
   - Number of members present who voted in favor of the merger
   - Number of members present who voted against the merger
   - Number of additional written ballots in favor of the merger
   - Number of additional written ballots opposed to the merger

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

This certification signed the day of , 20 .

__________________________________  __________________ ______________
Board Presiding Officer    Secretary
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    Title    Phone Number