

(Please Type or Print)

| Name | e of Applicant |
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| 1. | How long have you been a member of PHFCU? |
| 2. | What qualifications do you have for this elective office? |
| 3. | Do you have any conflict of interest activities or functions related to this elective of fice? |
| 4. | Have you been bonded before? If yes, explain. Are you bondable? Now? If not, why? |
| 5. | Have you ever been charged or convicted of any State or Federal crime involving dishonesty or breach of trust, which is punishable by imprisonment for a term exceeding one year under State or Federal law? If yes, explain. |

| 6. | Have you ever engaged in any activity for which you were subsequently accused of breaching a fiduciary duty? If yes, explain. |
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| 7. | Have you ever engaged in any activity likely to cause insolvency or substantial dissipation of assets or earnings, or likely to seriously weaken the condition of a credit union, or otherwise seriously prejudice the interests of insured members? If yes, explain. |
| 8. | Have you ever received a suspension notice from work within the past five years? If yes, explain. |
| 9. | Have you ever been charged with fraud or embezzlement? Did this charge result in an indictment or conviction? If yes, explain. |
| 10. | Have you ever served as a director of a financial institution? Did you complete you term of office? If not, please explain why not. |
| 11. | If elected, are you willing to attend all meetings unless legitimate circumstances prevent your attendance? (NOTE: Unexcused absence from three consecutive |

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| | meetings is grounds for removal.) Do your responsibilities require that you be away from the Hawaii at certain times? If so, for how long each time (average)? |
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| 12. | Explain your understanding of the duties and responsibilities of a PHFCU Board of Director. |
| 13. | If elected, are you willing to attend classes on your own time (including taking personal leave) to improve your qualifications to serve PHFCU? The membership? What classes/training have you attended in the last three years which relate to a PHFCU elected position? |
| 14. | If elected, are you willing to keep yourself current through the reading and discussing of <u>all PHFCU</u> matters related to your position? |
| 15. | What do you feel the goals and objectives of PHFCU are, and how long will you contribute to that during your term of office? |
| 16. | Do you understand that all officials of PHFCU can be held liable for any legal suit involving the management and operation of PHFCU? |

| 17. | Are you familio | ar with the PHFCU Campaign | and Election Policies and Procedures? |
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| authorization authorization cancer authorization cancer authorization authorization cancer au | orize investigatio lidacy. I further tion, questionno | on of all statements contained understand that any false or iire or interview may result in r Directors, and that I agree to | mplete to the best of my knowledge. I d herein as necessary in determining my misleading statements given in this ap- my disqualification as a candidate for abide by all of the rules and regulations |
| Date | | Signature of Candidate | Printed Name |
| | | Witness Signature | Printed Name |
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