

CREDIT UNION NATIONAL ASSOCIATION, INC.

NOMINATION & CONSENT FORM CLASS C CUNA DIRECTOR FROM DISTRICT #1

NOMINATIONS MUST BE RETURNED TO
CREDIT UNION NATIONAL ASSOCIATION, INC.
ATTENTION: OFFICE OF CORPORATE SECRETARY
5710 MINERAL POINT ROAD
MADISON, WI 53705
Fax: 608/231-4874 or E-mail: thanson@cuna.coop
AND RECEIVED NO LATER THAN October 16, 2009.

In accordance with the prescribed procedures, _____ Credit Union,
of _____ (State), places in nomination for Director of Credit Union National
Association, Inc. _____ (Name), and certifies
that the same technique was used to calculate the credit union's members as reported on both the
December 31, 2008 and June 30, 2009 NCUA Call Reports.

Nominee's Consent

I, _____, have examined the information on this form, confirm
that it is correct and that I am an employee or voting board member of the nominating credit
union, that I have consent of the above credit union, and hereby consent to being nominated
to the above position.

(Nominee's Signature)

(Date)

Confirmed by _____
(Signature)
Position at Nominating
Credit Union _____
(Chairman or Secretary)

For Corporate Governance Committee use only to verify eligibility.

	<u>Class</u>	<u>District</u>	<u>Affiliation</u>	<u>12/08</u>	<u>6/09</u>
Nominator	_____	_____	_____	_____	_____
Seconder	_____	_____	_____	_____	_____
Seconder	_____	_____	_____	_____	_____

Received by: _____

Date: _____

CREDIT UNION NATIONAL ASSOCIATION, INC.

**NOMINATION SECONDING FORM
CLASS C CUNA DIRECTOR FROM DISTRICT #1**

**SECONDS MUST BE INCLUDED WITH THE NOMINEE'S NOMINATION FORM AND MUST BE
FROM THE SAME CLASS AND DISTRICT AS THE NOMINATING CREDIT UNION.**

In accordance with the prescribed procedures, _____ Credit
Union, of _____ (State), seconds the nomination of

Name _____

Credit Union _____

as a candidate for the CUNA Board of Directors.

By _____
(Signature)

Position at Seconding
Credit Union _____

Date _____

CREDIT UNION NATIONAL ASSOCIATION, INC.

**NOMINATION SECONDING FORM
CLASS C CUNA DIRECTOR FROM DISTRICT #1**

SECONDS MUST BE INCLUDED WITH THE NOMINEE'S NOMINATION FORM AND MUST BE FROM THE SAME CLASS AND DISTRICT AS THE NOMINATING CREDIT UNION.

In accordance with the prescribed procedures, _____ Credit Union, of _____ (State), seconds the nomination of

Name _____

Credit Union _____

as a candidate for the CUNA Board of Directors.

By _____
(Signature)

Position at Seconding
Credit Union _____

Date _____

