



TCSB EMPLOYEES CREDIT UNION LIMITED
DIRECTOR NOMINATION FORM

Date: _____

Nominee Name: _____

Nominee Membership No.: _____

Home Address: _____

Home Telephone No.: _____ Business Telephone No.: _____

I, _____, as a TCSB Employees Credit Union Nominee declare that I,

- a) have familiarized myself with the Act and the Regulations passed pursuant thereto, and in particular those provisions of the Act and the Regulations which are particularly relevant to the obligations of Directors of Credit Unions in Ontario;
- b) have familiarized myself with these By-Laws;
- c) am aware of the duties, legal obligations and liabilities of a Credit Union Director;
- d) if elected, am willing to commit the necessary time to discharge faithfully my duties;
- e) if elected, will participate in required training programs; and
- f) am not disqualified from being a Director of a Credit Union in Ontario.

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Signature of Nominee

According to By-Law 7.12.4, in order for this nominations to be valid, 2 members of the TCSB Employees Credit Union, who are eligible to vote and the nominee, signifying his/her acceptance of the nomination, must sign the form.

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Name of Nominating Member Signature Date

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Name of Nominating Member Signature Date

Please ensure that this completed nomination form is delivered to the Credit Union office in a sealed envelope, addressed to **The Chair of the Nominating Committee** by **October 31st 2011**.