



CONFLICT OF INTEREST DISCLOSURE FORM

(Please answer each question "Yes" or "No")

Name: _____ Position: _____

<p>1. Are you employed by or do you have a material ownership, financial, or other interest either directly or indirectly, in:</p> <p style="margin-left: 20px;">a. A competing institution or financial services company of STCU such as a bank, securities or insurance firm, or finance company? If yes, please describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p style="margin-left: 20px;">b. A vendor, customer, contractor or supplier of goods or services or other principal dealing with STCU or other financial institution? If yes, please describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Are you participating in any business ventures with members or are you indebted to members or vendors other than recognized lending institutions? If yes, please describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Do you currently have a relative employed at STCU? Relative (or "family member") is defined as one of the following: Relationships by blood: parent, child, grandparent, grandchild, brother, sister, uncle, aunt, nephew, and niece. Relationships by marriage: husband, wife (as defined by statelaw), step-parent, step-child, brother-in-law, sister-in-law, father-in-law, mother-in-law, son-in-law, daughter-in-law. Other relationships: Any person with whom the employee has a close personal relationship such as a domestic partner, romantic partner, or cohabitant (roommate). If yes, please list name of relative.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Are there any circumstances or any other matters of a personal or family nature, direct or indirect, which could conflict with the interest of STCU? If yes, please describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Are you a director or board member of any company, corporation or organization outside STCU? If yes, please describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Are there any professional relationships others could perceive as a conflict of interest in performing your duties as an STCU official? If yes, please describe:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Are you a volunteer member or official for any credit union trade or professional association? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you received gratuities or gifts from any STCU vendors, contractors, or service provider? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Would any immediate family members answer affirmatively to any of the above questions to the best of your knowledge? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been convicted of a crime? If yes, please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you have any actual or perceived conflicts of interest that may not have been addressed above? Please list.	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR BOARD/AUDIT COMMITTEE ONLY

I certify that:

- I have received and reviewed the Bank Bribery Act and Conflict of Interest Policy and that the information listed above is complete to the best of my knowledge.
- Should a potential conflict arise during the next year, I will bring it to the attention of the Chair or Vice Chair of the Board.
- I have received and reviewed the STCU Officials Duty of Care Policy.
- I have received and reviewed STCU Leadership Code of Ethics and Business Conduct Policy, and I agree to follow and be bound by its terms for myself and my immediate family.

Print Name: _____ X _____
Signature Date

FOR MANAGEMENT ONLY

I certify that:

- I have received and reviewed the Bank Bribery Act and Conflict of Interest Policy and that the information listed above is complete to the best of my knowledge.
- Should a potential conflict arise during the next year, I will bring it to the attention of the Chair or Vice Chair of the Board.

Print Name: _____ X _____
Signature Date