

**OFFICIAL NOMINATING PETITION FOR TCT FCU BOARD OF DIRECTORS
(A MINIMUM OF 20 VALID SIGNATURES IS REQUIRED FOR NOMINATION)**

RETURN ALL BALLOTS TO THE ADDRESS ON THE LAST PAGE OF THIS FORM,

BY: **February 17, 2025**

PETITIONS RECEIVED AFTER THIS DATE WILL BE DECLARED INVALID.

We the undersigned, being members in good standing of the TCT Federal Credit Union, hereby recommend for nomination,
(Print) Mr./Mrs./Ms. _____

NO.	SIGNATURE	PRINT NAME	SOC. SEC. NUMBER (LAST 4 ONLY)
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NOTE: ALL POTENTIAL CANDIDATES FOR ELECTION TO THE TCT FCU BOARD OF DIRECTORS MUST SIGN AND DATE THIS STATEMENT AND RETURN IT TO THE SECRETARY OF TCT FCU AT THE ADDRESS BELOW. FAILURE TO COMPLY WITH THIS REQUEST WILL AUTOMATICALLY RESULT IN YOUR DISQUALIFICATION FROM THE NOMINATING PROCESS.

STATEMENT OF INTENT

I HEREBY AFFIRM THAT IF I AM ELECTED TO THE POSITION OF BOARD OF DIRECTOR OF THE TCT FEDERAL CREDIT UNION, I SHALL SERVE IN THIS POSITION FOR THE TERM INDICATED ON THE ELECTION BALLOT.

SIGNATURE

DATE

TCT FEDERAL CREDIT UNION
 SECRETARY OF THE BOARD
 416 Rowland St.
 Ballston Spa, NY 12020

