

THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

1000 Washington St , Suite 810

Boston, Massachusetts

02118-6200

AFFIDAVIT for FEDERAL CREDIT UNIONS

I, _____ of _____
(name and title of credit union officer) (address)

Upon my oath depose and say that:

1. _____ Federal Credit Union has complied with all conditions governing the sale of insurance products by federal credit unions established by the National Credit Union Administration or any other federal credit union regulatory agency, by guideline or subsequent regulation.

and further upon my oath depose and say that:

2. _____ Federal Credit Union has complied with **18 U.S.C.S. §1033** *Crimes by or affecting persons engaged in the business of insurance whose activities affect interstate commerce.*

Subscribed this _____ day of _____, 20____ under the pains and penalties of perjury.

Signed

Credit Union Officer

Address _____

Tel. No. () _____

Email: _____