

## UNFCU: Membership Application Form



Membership Application # [513F3999](#)

## UNFCU: Membership Application Form

### Membership Application #

Primary Member Information (Required)

App # **513F3999**

Please review the information below in its entirety for accuracy and then sign your name(s) where indicated. If the account is to be owned jointly, the joint owner must also sign where indicated. If you notice errors or would like to make any edits after reviewing the document, please write in the correct information clearly and legibly on the printed form.

Purpose for Membership Application: **New Membership**

Membership Eligibility Type: **National Officer**

**KAMULONI**

Name (Last)

**MISHECK DAVIS**

(First)

**Davis**

(Middle)

U.S. Social Security / Identification  
Number

**Malawi**

Country of Citizenship

**12/13/1992**

Date of Birth (MM/DD/YYYY)

**kamulonim@gmail.com**

Email Address (Maximum characters 35) (By providing your email address, you authorize UNFCU to use this email for all communication)

**UNDP**

**UN Volunteer**

**(265) 994099461**

Agency/Duty  
Station/Employer

Occupation

Primary Phone  
Number

ALT Phone Number

**09/23/2024**

Employment Date

Grade

**6440454**

Payroll Index Number

**Employed**

Staff Type

**UNDP, Misheck Kamuloni, NRIS, LILONGWE, Malawi**

#### Mailing Address

**Area 25 C, Lilongwe, Lilongwe 207225, Malawi**

#### Current Home Address

Checking Account (Optional)

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Yes, I/we would like to open a UNFCU **Checking** Account. I understand that I will automatically receive Transmatic overdraft protection and a USD 500 Checking Line-of-Credit (if I qualify) upon opening my checking account unless I opt out by writing my initials in the designated spaces below.

Yes Transmatic (This feature automatically transfers funds from your savings account to your checking account to cover an insufficient checking account balance. There is no fee for adding this feature to your account, but each use is subject to a fee. See Schedule of Fees and Service Charges at [www.unfcu.org](http://www.unfcu.org) for details).

No Checking Line-of-Credit (This is a loan attached to your checking account that can protect you from incurring overdraft and nonsufficient funds (NSF) fees. Please see the Checking Line-of-Credit Agreement in the "UNFCU Disclosures and Agreements" brochure for terms of use. To increase your line of credit, you must complete and submit a consumer loan application for approval once you are a member).

Debit Card Yes

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Joint Member Information (Optional)

App #

TIN Certification & Backup Withholding Information (Required)

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Primary –**KAMULONI**

**MISHECK DAVIS**

**Davis**

**(For non-US Persons)**

**Area 25 C, Lilongwe, Lilongwe, 207225, Malawi**

Permanent Residential Address

Foreign TIN

The IRS does not require your consent to any provisions of this document other than the certifications required to establish your status as a nonUS person and, if applicable, obtain a reduced rate of withholding.

*MISHECK DAVIS DAVIS*

**X KAMULONI**

**02/22/2025**

**Signature (Primary  
Member)**

**(Date MM/DD/YYYY)**

For nonUS Persons, type of beneficial owner:



[ ] Individual or Joint [ ] Tax Exempt Organization [ ] International Organization [ ] Corporation

Beneficiary Designation App # **513F3999**

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I/we hereby designate the following beneficiary:

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**Kamuloni**

**Schicksal**

Name(Last)

(First)

(Middle)

Name(Last)

(First)

(Middle)

**Child**

Relationship

**UNDP Misheck Kamuloni NRIS**

Relationship

Address Line1

Address Line 2

**LILONGWE**

**Malawi**

(City, State/Province)

(Zip/Postal Code)  
(Country)

(City, State/Province)

(Zip/Postal Code)  
(Country)

**04/13/2022**

Date of Birth (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

**UNFCU: Membership Application Form**

Beneficiary Designation App # **513F3999**

I/we hereby designate the following beneficiary:

Name(Last) (First) (Middle)

Relationship

Address Line1 Address Line 2

(City, State/Province) (Zip/Postal Code)  
(Country)

Date of Birth (MM/DD/YYYY)

Beneficiary Designation App # **513F3999**

I/we hereby designate the following beneficiary:

Name(Last) (First) (Middle)

Relationship

Address Line1 Address Line 2

(City, State/Province) (Zip/Postal Code)  
(Country)

Date of Birth (MM/DD/YYYY)

Beneficiary Designation App # **513F3999**

I/we hereby designate the following beneficiary:

Name(Last) (First) (Middle)

Relationship

Address Line 1 Address Line 2

(City, State/Province) (Zip/Postal Code)  
(Country)

Date of Birth (MM/DD/YYYY)

Beneficiary Designation App # **513F3999**

I/we hereby designate the following beneficiary:

Name(Last) (First) (Middle)

Relationship

Address Line 1 Address Line 2

(City, State/Province) (Zip/Postal Code)  
(Country)

Date of Birth (MM/DD/YYYY)

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Beneficiary Designation App #

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I/we hereby designate the following beneficiary:

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Name(Last) (First) (Middle)

Name(Last) (First) (Middle)

Relationship

Relationship

Address Line1

Address Line 2

Address Line 1

Address Line 2

(City, State/Province)

(Zip/Postal Code)  
(Country)

(City, State/Province)

(Zip/Postal Code)  
(Country)

Date of Birth (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

**Transfer on death beneficiary designation:** By completing the beneficiary designation section of this application, I wish to designate a transfer on death beneficiary (ies) for any current and future accounts opened under this membership agreement number.

The words "I", "me", "my", "myself" mean each person signing the membership application/signature card including anyone who has access to the account(s). I understand that my account(s) will be subject to the terms and conditions of the UNFCU Disclosures and Agreements which I viewed and consented to at the beginning of this online enrollment process and which are subject to change with or without written notice to me as required by applicable law. I understand that my account(s), including my beneficiary designations and this agreement are governed by the laws of the State of New York, federal laws, the NCUA Rules and Regulations and the bylaws and policies and procedures of UNFCU and any amendments thereto. I agree that UNFCU has the right of setoff and I give my express consent to enable UNFCU to exercise such right against any balance in any of my UNFCU accounts, including accounts on which I am a joint owner, to liquidate any UNFCU indebtedness, owed by me or any person who is listed as a joint owner on my accounts with UNFCU, including a deceased joint owner. UNFCU may take such action without further notice to me or any joint owner.

**I hereby make application for membership in the United Nations Federal Credit Union and agree to all of the terms and conditions contained in this Membership Application and UNFCU's Disclosures and Agreements. I certify that the information provided in this application is correct and understand that UNFCU is relying upon such information in consideration of this application.**

*MYCHECK DAVIS DAVIS*

X *K-AMULOMI*

02/22/2025

Signature (Primary  
Member)

(Date MM/DD/YYYY)

Office Use Only

Approved: \_\_\_\_ Yes \_\_\_\_ No

X

Member Number

Membership Agreement Number

MSR Signature

(Date MM/DD/YYYY)

X

Reviewer Signature

(Date MM/DD/YYYY)