

Primary Member Information (Required)

Please complete the information below to apply for a UNFCU Savings Account. If the account is to be owned jointly, the joint owner must provide their signature and information where indicated. You can open an account with as little as US \$50. Please refer to the "Additional Membership Services" and "Return Instructions" on the back of this application.

Check One: UN Agency Staff/Affiliate/Retired Relative of Staff/Affiliate/Retired Relationship to Member: _____

Name (Last) _____ (First) _____ (Middle) _____

Social Security/Identification Number _____ Nationality _____ Type of Visa (if applicable) _____

Date of Birth (MM/DD/YY) _____ Email Address (By providing your email address, you authorize UNFCU to use this email for all online communications) _____

Agency/Duty Station/Employer _____ Occupation _____ Daytime Telephone Number _____ Work Telephone Number _____

Employment Date _____ Grade _____ Payroll Index Number _____ Check One: Professional Staff General Staff

Mailing Address (Street & Number) _____ (Apt. Number) _____ (City, State/Province) _____ (Zip/Postal Code) _____ (Country) _____

Residential Address (Street & Number) _____ (Apt. Number) _____ (City, State/Province) _____ (Zip/Postal Code) _____ (Country) _____

Checking Account (Optional)

Please check "Yes" or "No" below.

Yes, I/we would like to open a UNFCU Checking Account. No, I/we do not want to open a UNFCU Checking Account.

Joint Member Information (Optional)

Name (Last) _____ (First) _____ (Middle) _____ Occupation _____

Social Security/Identification Number _____ Nationality _____ Type of Visa (if applicable) _____

Date of Birth (MM/DD/YY) _____ Email Address (By providing your email address, you authorize UNFCU to use this email for all online communications) _____

Mailing Address (Street & Number) _____ (Apt. Number) _____ (City, State/Province) _____ (Zip/Postal Code) _____ (Country) _____

Residential Address (Street & Number) _____ (Apt. Number) _____ (City, State/Province) _____ (Zip/Postal Code) _____ (Country) _____

TIN Certification & Backup Withholding Information (Required)

For US Persons: By checking this box, under penalties of perjury, I certify that: I am a US person (including a US resident alien); the number shown on this form is my correct taxpayer identification number; and I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

For non-US Persons: By checking this box, under penalties of perjury, I declare: that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that I am a beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates; the beneficial owner is not a US person; the income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty; and for broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner. The IRS does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-US person and, if applicable, obtain a reduced rate of withholding. Permanent residence address (note: Your "permanent residence" is the address in the country where you generally reside and the country where you claim to be a resident for purposes of that country's income tax. This information will not affect your mailing address reflected above. This address can not be a P.O. box or in-care-of address):

Street & Number _____ City/State/Province _____ Zip/Postal Code _____ Country (do not abbreviate) (no P.O. box) _____

For non-US Persons, type of beneficial owner:

Individual or Joint Tax Exempt Organization International Organization Corporation

X _____ (Date MM/DD/YY)
Signature (Primary Member)

X _____ (Date MM/DD/YY)
Signature (Joint Member)

Beneficiary Designation (Optional)

I/we hereby designate the following beneficiary:

Name (Last) _____ (First) _____ (Middle) _____

Relationship _____

Address (Street & Number) _____ (Apt. Number) _____

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

Date of Birth (MM/DD/YY) _____

Beneficiary Designation (Optional)

I/we hereby designate the following beneficiary:

Name (Last) _____ (First) _____ (Middle) _____

Relationship _____

Address (Street & Number) _____ (Apt. Number) _____

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

Date of Birth (MM/DD/YY) _____

Membership Agreement (Required)

The words "I", "me", "my", "myself" mean each person signing the membership application/signature card including anyone who has access to the account(s).

General Terms: I understand that this account shall be subject to the terms and conditions of the UNFCU Disclosures and Agreements brochure and other terms and conditions which are subject to change upon written notice to me. The UNFCU Disclosures and Agreements brochure also describes the availability of funds placed in my accounts. I understand that by opening a UNFCU savings and/or checking account, I may automatically receive additional products/services as enhancements to my account if I am qualified and eligible. If I do not wish to receive any or all of these enhancements, I may opt out on the back of this membership application or at any time in writing. I understand that my account(s) and this agreement shall be 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 set-off 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.

Joint Account Agreement: If this account is opened or otherwise noted as a joint account, it is a joint account with right of survivorship and UNFCU is authorized to recognize any one of the signatories subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with UNFCU that all sums now paid or heretofore or hereafter paid on shares, by any or both joint owners to their credit as such joint owners, with all accumulations thereon, are and shall be owned by them jointly, and be subject to the withdrawal or receipt of either one of them and payment to either one of them or the survivor(s) or the estate(s) of the deceased joint owner(s) shall be valid and discharge UNFCU from any liability for such payment. Both accountholders consent to the application of the full or partial amount on deposit to the payment of any indebtedness to UNFCU on the part of either accountholder, irrespective of each accountholder's contribution to the account. UNFCU may use the funds to satisfy a debt or judgment of any accountholder if ordered to do so by a court of law. The accountholders understand that UNFCU will not recognize any claims of the deceased depositor's estate or any provisions of the deceased depositor's will.

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. I understand that the beneficiary designation shall be governed by New York law and subject to the terms of the UNFCU Disclosures and Agreements brochure. I understand that the beneficiary(ies) identified above shall receive in equal parts all monies held in the aforementioned accounts upon my death (following any set-offs or deductions made by UNFCU), or the death of the last surviving accountholder in the case of a joint account. I understand that to change the designation of the beneficiary(ies) at any time, I and any person listed as a joint accountholder on my account(s) must complete a UNFCU Totten Trust Form.

Important Information About Opening a New Account: As of 1 October 2003, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we are required to ask for your name, address, date of birth and other information, including documents that will allow us to identify you.

I hereby make application for membership in the United Nations Federal Credit Union. 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.

X _____ (Date MM/DD/YY)
Signature (Primary Member)

X _____ (Date MM/DD/YY)
Signature (Joint Member)

Office Use Only

Approved: Yes No

Additional UNFCU Services¹

While opening your UNFCU Savings and/or Checking account, you may also enroll in the UNFCU services listed below.

ATM card¹

Withdraw cash, make deposits, obtain account balances, transfer funds between accounts at thousands of ATMs worldwide².

ChequeMate™ debit card^{2,4}

Make purchases wherever MasterCard® is accepted. Withdraw cash, make deposits², obtain account balances, transfer funds between accounts at thousands of ATMs worldwide (only available to members with a UNFCU Checking account).

Transmatic

Automatically transfer funds from your savings account to your checking account to cover an inadequate checking account balance when a cheque is written.

Checking Line-of-Credit

Automatically transfer funds from your preestablished credit line of up to US \$25,000³ to your checking account to cover an inadequate balance.

eStatements

UNFCU members may choose to receive their monthly statements electronically, via eStatements. To sign up for eStatements log onto Internet Banking then click on "Online Forms". Finally, select the eStatements enrollment form). To access eStatements you must be enrolled in Internet Banking. Visit www.unfcu.org for further information.

If you **DO NOT** wish to participate in any or all of the following UNFCU Membership Products/Services, you must write your initials in the space provided next to each service:

- ATM Card _____
- ChequeMate™ Debit Card _____
- Transmatic _____
- Checking Line-of-Credit _____

¹ Additional fees and service charges may apply for certain services. See "Schedule of Fees and Service Charges" enclosed in your UNFCU membership kit and available online at www.unfcu.org.

² Deposits accepted only at select UNFCU ATMs. For a complete listing of UNFCU ATMs, select "ATM & Branch Locator" on www.unfcu.org.

³ UNFCU PIN required.

⁴ Subject to approval by UNFCU.

Return Instructions

To avoid any delays in obtaining your UNFCU membership, before mailing your application please print legibly use blue or black ink only, and verify that you:

- Sign the TIN Certification and Backup Withholding Information, and the Membership Agreement sections (required).
- Enclose a US \$50 cheque for your minimum deposit (required). **Please do not send cash.**
- Enclose proper identification and eligibility documents (required):
 - UN Staff:** Copy of contract and passport.
 - Non-UN Staff:** Signed letter of introduction from UNFCU member stating his/her name and UNFCU member number, your name, and your relationship to the UNFCU member; copy of driver's license or passport and copy of most recent utility bill (telephone, gas or electric).

Please return your completed application, minimum deposit and required documents to:

United Nations Federal Credit Union
ATTN: Account Processing Centre
Court Square Place
24-01 44th Road
Long Island City, NY 11101-4605, USA

Thank you again for your interest. We look forward to welcoming you to UNFCU.

Thank you for your interest in the United Nations Federal Credit Union.

As an organization dedicated to serving the United Nations community, we are sensitive—and therefore responsive—to your unique needs. To help you and your family achieve your financial goals, we offer a full range of world-class products, backed by a professional staff committed to providing the best possible service. You can find a complete list of all of our offerings in the Membership Brochure, or you may visit our website at www.unfcu.org. Membership to the United Nations Federal Credit Union is open to: employees and Retirees of the United Nations and Specialized Agencies; employees of the United Nations International School; employees of the United Nations Foundation; employees of the United Nations Association; employees of the US Fund for UNICEF who work in or are paid from New York; family of UNFCU members, including spouses, parents, children, grandchildren, grandparents, siblings; employees of the United Nations Child-Care Centre; and individuals who share in household financial responsibilities and reside with a UNFCU member.

Additional Information

If you have any questions about this application, please do not hesitate to call us at **+1 347-686-6000** or Toll-Free in the US/Canada at **1-800-891-2471** to speak to a Member Service Representative Monday-Friday 04:00–22:00 (4:00 am–10:00 pm) EST and Saturday 07:00–15:00 (7:00 am–3:00 pm) EST. You may also access information online at www.unfcu.org.



United Nations Federal Credit Union
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24-01 44th Road
Long Island City, NY 11101-4605 USA
+1 347-686-6000
www.unfcu.org
email@unfcu.com

Accounts and shares are insured by the National Credit Union Administration (NCUA) to the maximum of US \$100,000 for each member or shareholder. Unless otherwise noted, fees may be associated with certain products and services. Certain UNFCU products and services are subject to approval. Federal and state laws may limit the availability of certain products and services in select areas.

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membership
application

