

# UNITED NATIONS JOINT STAFF PENSION FUND

## INSTRUCTIONS FOR PAYMENT OF DISABILITY OR DEATH BENEFIT(S)

**IMPORTANT**  
Please Enter Pension Number

PLEASE PRINT OR TYPE

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### Important Notes:

- I. Use this form to submit payment instructions **ONLY** for Disability or Death benefits payable under the UNJSPF Regulations. For other types of benefits, please obtain the appropriate form from the Secretary of your Staff Pension Committee or the Pension Fund's website: [unjspf@un.org](mailto:unjspf@un.org).
- II. Check the appropriate box below for the type of benefit to which you are entitled under the UNJSPF Regulations.
- III. All sections of the form overleaf should be completed and the form should be signed by you as a beneficiary of the UNJSPF. When completing the form, please bear in mind that your benefit must be paid to a bank account in your name or to a joint account which includes your name. Only in exceptional cases, where a beneficiary does not have a bank account and is unable to open one, can payment be sent in care of a UN office. Payment cannot be remitted to a mailing address, nor can it be made to third party. Your signature on the form must be duly authenticated or witnessed, either by an officer of the United Nations or a local governmental authority. The full name, official title and signature of the Official authenticating your signature and their stamp/seal of office must be affixed to this form. If your signature is not authenticated or witnessed, your payment instructions will be returned which will delay the processing of your benefit.
- IV. You are invited to provide Emergency contact details, for use by the UNJSPF **ONLY** when all efforts to reach you through normal channels fail.
- V. For assistance in filling out this form, please consult with the Secretary of your Staff Pension Committee.
- VI. Upon completion, submit both pages 1 & 2 to the Secretary of your Staff Pension Committee.

### TYPE OF BENEFIT DUE UNDER THE UNJSPF REGULATIONS:

- |   |                          |
|---|--------------------------|
| a) Disability benefit (Article 33)                              | <input type="checkbox"/> |
| b) Widow's benefit (Article 34)                                 | <input type="checkbox"/> |
| c) Widower's benefit (Article 35)                               | <input type="checkbox"/> |
| d) Divorced surviving spouse's benefit (Article 35 bis)         | <input type="checkbox"/> |
| e) Annuity for spouse married after separation (Article 35 ter) | <input type="checkbox"/> |
| f) Child's benefit (Article 36)                                 | <input type="checkbox"/> |
| g) Secondary dependant's benefit (Article 37)                   | <input type="checkbox"/> |
| h) Residual settlement (Article 38)                             | <input type="checkbox"/> |

# UNITED NATIONS JOINT STAFF PENSION FUND

## INSTRUCTIONS FOR PAYMENT OF DISABILITY OR DEATH BENEFIT(S)

PLEASE PRINT OR TYPE

**IMPORTANT**  
PLEASE ENTER PENSION NUMBER

I, \_\_\_\_\_  
(SURNAME) (FIRST) (MIDDLE)

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hereby submit payment instructions for the benefit(s) that becomes (become) payable under the UNJSPF Regulations.

CURRENCY OF PAYMENT: \_\_\_\_\_  
(Please Specify)

ACCOUNT TYPE: \_\_\_\_\_  
(Checking/Savings)

NAME OF FINANCIAL INSTITUTION	BANK ACCOUNT NUMBER / IBAN
(SWIFT CODE of Financial Institution)	Please provide any other bank identifiers like local routing codes (e.g., ABA, ABI/CAB, BLZ, Sort code, etc.)
(ADDRESS)	
(CITY, STATE, POSTAL CODE, COUNTRY)	

**NOTE:** To facilitate transfer of funds, please provide a document from your bank indicating bank codes and preferred routing for international payments.

**My Contact details:**

Mailing Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (Zip code)  
\_\_\_\_\_  
(State) (Country)

E-Mail: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Details:**

Name / Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_  
(Day) (Month) (Year)

**Beneficiary's Signature <sup>1</sup>**

<b>IMPORTANT: BENEFICIARY'S SIGNATURE WITNESSED, VERIFIED AND CERTIFIED AS AUTHENTIC BY:</b>		
_____ (Print Full Name of UN Officer or Governmental Authority)	_____	
_____ (Official Title)	_____	
_____ (Signature) <sup>1</sup>	Date: _____ (Day) (Month) (Year)	
		<b>AFFIX OFFICIAL STAMP HERE</b>

<sup>1</sup> The completed form bearing ORIGINAL SIGNATURES must be submitted to the Fund; no faxes or e-mails will be accepted.