UNITED NATIONS JOINT STAFF PENSION FUND INSTRUCTIONS FOR PAYMENT OF BENEFITS

Pension Number					

- 1. As a participant with less than five years service in the Pension Fund you will, upon separation, become entitled to a withdrawal settlement under Article 31(b)(i) of the Regulations.
- 2. If you believe you are entitled to a different type of benefit, you should not complete this form but should refer the matter to the Secretary of your Staff Pension Committee. In particular, if you claim entitlement to a disability benefit, please refer to Administrative Rule H.6.
- 3. If you wish to elect deferment of payment for up to 36 months under the terms of Article 32 of the Regulations, please enter your mailing address and sign the statement below.
- 4. If you wish to receive your payment as soon as possible, kindly complete page 2 of this form only and return the form to the Secretary of your Staff Pension Committee.
- 5. Please refer to Article 46 of the Regulations regarding the forfeiture of benefits.

Date:

NOTE:	The following portion is to be completed ONLY if you elect deferment of payment under Article 32 of
	the Regulations; please note that your account accrues interests only until your separation date.
	If you elect such deferment, please return this page to the Secretary of your Staff
	Pension Committee and <u>RETAIN</u> page 2, to be used when notifying your final decision.

l,(Print Name)	, wish to defer payment	of my benefit for a period of up
to 36 months, as provided for in Article 32 of	the Regulations.	
My future mailing address is:		
(Number and Street)		(City)
(State or Province)	(Postal Code)	(Country)

Signature:

UNITED NATIONS JOINT STAFF PENSION FUND INSTRUCTIONS FOR PAYMENT OF BENEFITS

(For participants with less than 5 years of Contributory Service)

Pension Number					

PLEASE PRINT or TYPE – <u>DO NOT</u> USE ABBREVIATIONS				
I,(Surname) payment instructions for the benefit payable to m	(First) ne.	, hereby submit (Middle)		
NOTE: Payment will have to be made in your name and are unable to open one, then payment may cannot be remitted to a mailing address, nor the second	ay be sent in ca	are of a United Nations office. Payment		
A. Payment Instructions:				
By remittance to my account as follows:				
NAME OF FINANCIAL INSTITUTION		BANK ACCOUNT NUMBER		
(NAME OF BRANCH, IF APPLICABLE)				
(ADDRESS)		ndicate your SWIFT, ABA, Routing, BLZ, ABI, CAB or sorting ode, etc. as required by your bank for direct deposit.		
(CITY, STATE, POSTAL CODE, COUNTRY)				
NOTE: Benefits may be payable in any currency selected by the recipient. Unless indicated otherwise, payment of your benefit will be made in U.S. dollars. If any currency other than US dollars is selected, the conversion from U.S. dollars will be done by the bank without Pension Fund involvement.* Currency of Payment: U.S. Dollars or Other Currency (Please Specify)				
B. Mailing Address (to be completed in all cases):				
(Number and Street)		City)		
(State or Province)	(Postal Code	e) (Country)		
Date: Signat	ture:			

^{*(}The only exception is the rare case where administrative rule J.2(c) is applicable).