

**UNITED NATIONS JOINT STAFF PENSION FUND
INSTRUCTIONS FOR PAYMENT OF BENEFITS**

(For participants with 5 or more years of Contributory Service)

Pension Number

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As a participant in the Pension Fund you will, upon separation, become entitled to one of the benefits indicated on page 2. To assist you in filling out this form, you should read the instructions below since all parts of the form do not necessarily apply to your situation.

If you believe you are entitled to a disability benefit you should not complete this form, but should refer to Administrative Rule H.6.

1. If you wish to elect deferment of payment or choice of benefit (*under the terms of Article 32 of the Regulations*), the ONLY action required by you is to enter your mailing address and sign the statement below. Please note the important provision of Article 32, which applies if you defer election, but make no final choice within 36 months. However, in accordance with Article 44 the Fund shall not be liable for interest on any due but unpaid benefits.
2. If you wish to submit payment instructions at this time, please complete this form as follows:
 - a) You should complete Parts I and II, and sign the form on pages 2 and 3.
 - b) If you have less than 5 years of contributory service, you should NOT complete this form, but should get in touch with the Secretary of your Staff Pension Committee.

(Please read carefully the notes which are intended as a guide to the benefit to which you may be entitled.)

3. Completed form should be sent to the Secretary of your Staff Pension Committee.
4. Additional points to be noted:
 - a) A participant is not deemed to have reached the age of 55, 60, or 62, until the end of the day of his/her 55th, 60th, or 62nd birthday, respectively.
 - b) Entitlement to a benefit does not exist until a participant separates from service.
 - c) No benefit can be paid until documentation is processed and payment is certified by the CEO of the Pension Fund.
 - d) Monthly pension benefits may be subject to cost-of-living adjustments.
5. Articles 34, 35, 35 bis, 36 and 37 of the Regulations automatically provide for certain benefits in respect of eligible widows, widowers, divorced surviving spouses, children or secondary dependants.
6. Full commutation may be possible where the amount of a periodic benefit would be below US\$300 per year.
7. You should have on file a "Designation of Recipient of Residual Settlement" form. Any desired change in such designations should be submitted on form PENS.A/2.
8. Please refer to Article 46 of the Regulations regarding forfeiture of benefits.

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 to such deferment, please return this page to the Secretary of your Staff Pension Committee and RETAIN pages 2 and 3, to be used when notifying your final decision.

I, _____, wish to defer payment or choice of benefit for a period of up to 36 months from the date of my separation, as provided for in Article 32 of the Regulations.

(Print Name)

My future mailing address is:

(Number and Street)	(City)	
(State or Province)	(Postal Code)	(Country)

Date _____

Signature: _____

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Part I - ELECTION OF BENEFIT (Please mark the applicable box below and sign at the bottom of the page.)

(Surname)

(First)

(Middle)

A. RETIREMENT BENEFIT FOR PARTICIPANTS WHO HAVE REACHED THE NORMAL RETIREMENT AGE
(Article 28) (See note 4)

- 1. Full pension.....
- 2. One-third lump sum, OR \$ _____ if less than one third, OR your contributions with interest if greater, AND the balance as a pension. This means renouncing all rights to a minimum pension.....

B. EARLY RETIREMENT BENEFIT FOR PARTICIPANTS WHO HAVE REACHED AGE 55, BUT HAVE NOT REACHED THE NORMAL RETIREMENT AGE (Article 29) (See note 4)

- 1. Full early retirement pension
- 2. One-third lump sum, OR \$ _____ if less than one third, OR your contributions with interest if greater, AND the balance as an early retirement benefit.....

NOTE 1. Immediate pension at a reduced rate, with survivor's benefits. Child's benefit to commence only from the normal retirement age or at death, if earlier.

C. DEFERRED RETIREMENT BENEFIT FOR PARTICIPANTS AT ANY AGE UNDER THE NORMAL RETIREMENT AGE (ARTICLE 30) (See notes 2, 3 and 4)

Full deferred pension, with survivor's benefits, payable at the normal retirement age.....

NOTE 2. Deferred benefits may be paid, at a reduced rate, on or after age 55. Kindly notify the Fund approximately one month prior to the age at which you wish your deferred benefit to begin.

NOTE 3. No child's benefit is payable under any form of deferred pension.

NOTE 4. The normal retirement age is 62 for those whose participation commenced or recommenced on or after 1 January 1990. (It is age 60 for those whose continuous participation had commenced before 1990.)

D. WITHDRAWAL SETTLEMENT AT ANY AGE UNDER THE NORMAL RETIREMENT AGE (Article 31)

A final cash withdrawal settlement which will extinguish all other entitlements.....

Date: _____

Signature: _____

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PART II - PAYMENT INSTRUCTIONS (PLEASE PRINT or TYPE - DO NOT USE ABBREVIATIONS)

I, _____, hereby submit

(Surname)

(First)

(Middle)

payment instructions for the benefit payable to me as elected in Part 1 (see page 2).

NOTE: *Payment will have to be made in your name to your account only. If you do not have a bank account and are unable to open one, then payment may be sent in care of a United Nations office. Payment cannot be remitted to a mailing address, nor can it be made to a third party.*

A. Payment Instructions (If payment instructions are not completed in full, this form will be returned, causing delay in payment of benefit.)

1. MONTHLY BENEFIT

By remittance to my account as follows:

NAME OF FINANCIAL INSTITUTION	BANK ACCOUNT NUMBER
(NAME OF BRANCH, IF APPLICABLE)	
(ADDRESS)	Indicate your SWIFT, ABA, Routing, BLZ, ABI, CAB or sorting code, etc. as required by your bank for direct deposit.
(CITY, STATE, POSTAL CODE, COUNTRY)	

NOTE: *Please provide a document from your bank indicating bank codes and preferred routing for international payments.*

2. LUMP SUM (Complete only if different from above.)

By remittance to my account as follows:

NAME OF FINANCIAL INSTITUTION	BANK ACCOUNT NUMBER
(NAME OF BRANCH, IF APPLICABLE)	
(ADDRESS)	Indicate your SWIFT, ABA, Routing, BLZ, ABI, CAB or sorting code, etc. as required by your bank for direct deposit.
(CITY, STATE, POSTAL CODE, COUNTRY)	

B. Currency of Payment: Lump Sum _____ Monthly Benefit _____
(Please Specify) (Please Specify)

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. With respect to the lump sum, 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.**

C. Mailing address (to be completed in all cases):

_____ (Number and Street)

_____ (City)

_____ (State or Province)

_____ (Postal Code)

_____ (Country)

Date: _____

Signature: _____