

UNITED NATIONS JOINT STAFF PENSION FUND

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INSTRUCTIONS FOR PAYMENT OF BENEFITS Under Article 40(c)

(For participants with less than 5 years of additional contributory service)

Pension Number

| | | | | | |
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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)

- 1. A final cash withdrawal settlement, which will extinguish all other entitlements (Article 31)
- 2. Full pension (Article 28) with survivor's benefits
- 3. Full early retirement pension (Article 29) with survivor's benefits.....
- 4. Full deferred pension (Article 30) with survivor's benefits, payable from the normal retirement age (See note below).....

NOTE: *The normal retirement, which is age 62, for those whose participation commenced or recommenced on or after 1 January 1990. (It is age 60 for those whose continuous participation has commenced before 1990.) However, 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.*

Part II - MAKE PAYMENT TO MY ACCOUNT AS FOLLOWS:

CURRENCY OF PAYMENT:

_____ *(Please specify)*

| | |
|-------------------------------------|--|
| NAME OF FINANCIAL INSTITUTION | BANK ACCOUNT NUMBER |
| (NAME OF BRANCH, IF APPLICABLE) | |
| (ADDRESS) | Obtain from your bank a SWIFT, ABA, Routing, BLZ, ABI, CAB, IBAN or sorting code, etc. as required for wire transfer |
| (CITY, STATE, POSTAL CODE, COUNTRY) | |

NOTE: *If possible, for bank accounts outside the USA and Switzerland ONLY, please provide a document from your bank indicating bank codes and preferred routing to facilitate the receipt of your benefit.*

PART III - MAILING ADDRESS:

Telephone No: _____ e-mail: _____

Date: _____ Signature: _____

NOTE: *The completed form bearing your original signature must be submitted to the Fund, no faxes or e-mails will be accepted.*