

# UNITED NATIONS JOINT STAFF PENSION FUND

## DESIGNATION OF RECIPIENT OF A RESIDUAL SETTLEMENT UNDER ARTICLE 38 OF THE REGULATIONS

Pension Number

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**INSTRUCTIONS:** Please read the instructions below before filling out this form

1. A residual settlement (equal to your own contributions with compound interest) becomes due to the designated recipient(s) should you die in service and there are no survivors entitled to a benefit under articles 34, 35, 36 or 37 of the Regulations of the United Nations Joint Staff Pension Fund.

**Note:** A residual settlement may become payable after a former participant in receipt of a monthly benefit dies, provided that (i) there are no survivors entitled to a benefit under articles 34, 35, 36 or 37, **AND** (ii) the total amount of the benefits previously paid to him/her was less than his/her own contributions with compound interest. The difference would be paid to the designated recipient(s).

2. If more than one recipient is designated, the recipients will share equally unless otherwise indicated. The share of a designated recipient who may predecease you will be distributed among surviving recipients in the ratio of their own shares. If no one is designated before your death or if no one designated survives you, the settlement will be paid to your estate.

3. Please complete this form using **BLOCK LETTERS** in type or print and return it duly signed to the Secretary of your Staff Pension Committee, or to the UNJSPF if you are a staff member of the UN, e.g., UNICEF, UNHCR, UNFPA, UNDP, etc. *It is suggested that you keep a copy of the completed form with your other important documents.*

4. You may alter your designation of a recipient at any time by submitting a new form which will supersede the previous one.

I, _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Last name)</span> <span>(First)</span> <span>(Middle)</span> </div>	<b>ORGANIZATION</b>	<b>DUTY STATION</b>
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hereby designate the person(s)/entity(ies) shown hereunder as recipient(s) of the residual settlement. I hereby cancel and revoke any previous designation.

RECIPIENT'S NAME IN FULL	RECIPIENT'S Date of Birth (DD/MM/YY)	Sex	RECIPIENT'S ADDRESS Phone and E-mail	RECIPIENT'S RELATIONSHIP TO YOU (if any)	SHARE TO BE PAID (%)
<i>(Total must add up to 100%)</i>					

Date: \_\_\_\_\_  
(day) (month) (year)

\*(Signature of Participant)

**\*NOTE:** The completed form must bear your ORIGINAL SIGNATURE, no faxes or e-mails will be accepted.

**APPLICABLE ONLY TO NEW ENTRANTS OR RE-ENTRANTS:**

It may be possible to validate prior non-contributory service and/or restore prior contributory service, if any, under articles 23 & 24 of the Regulations, provided that you apply within one year of your entry/re-entry date to the Fund, but before separation should you separate from service earlier. For more information, please visit the UNJSPF website ([www.unjspf.org](http://www.unjspf.org)).