

UNITED NATIONS JOINT STAFF PENSION FUND
INSTRUCTIONS FOR PAYMENT OF BENEFITS

UID Number

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

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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.

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 RETAIN page 2, to be used when notifying your final decision.*

I, _____, wish to defer payment of my benefit for a period of up
(Print Name)

to 36 months, as provided for in Article 32 of the Regulations.

My future mailing address is:

(City)

(Number and Street)

(State or Province)

(ZIP or Postal code)

(Country)

(Personal Email Address)

Best phone number (Home or Cell)

Date: _____

Signature: _____

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PLEASE PRINT or TYPE – DO NOT USE ABBREVIATIONS

I, _____, hereby submit
(Surname) (First) (Middle)
 payment instructions for the benefit payable to me.

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:

By remittance to my account as follows:

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

(City)

(Number and Street)

(State or Province) _____
(ZIP or Postal code) _____
(Country)

(Personal Email Address) _____
Best phone number (Home or Cell)

Date: _____ Signature: _____

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