UNITED NATIONS JOINT STAFF PENSION FUND INSTRUCTIONS FOR PAYMENT OF BENEFITS

1.

2.

3. 4.

5.

6. 7.

8.

(Personal Email Address)

Date:_____

			UID Number									
(For participants with 5 or more years of Co	ontributory Service)											
As a participant in the Pension Fund you will, upon assist you in filling out this form, you should read the situation.									To your			
If you believe you are entitled to a disability benef	it you should not complete this f	orm, but	t should	d refe	r to Ad	dminis	strative	e Rule	H.6.			
If you wish to elect deferment of payment or choice of required by you is to enter your mailing address and which applies if you defer election, but make no final shall not be liable for interest on any due but unpaid	sign the statement below. Pleas choice within 36 months. Howe	se note t	the imp	ortan	t prov	ision	of Arti	cle 32),			
If you wish to submit payment instructions at this tir a) You should complete Parts I and II, and sign b) If you have less than 5 years of contributory Secretary of your Staff Pension Committee.	the form on pages 2 and 3.			out sho	ould g	get in t	touch	with th	ne			
(Please read carefully the notes which are intended	ed as a guide to the benefit to	which	you m	ay be	entit	tled.)						
Completed form should be sent to the Secretary of year	our Staff Pension Committee.											
 Additional points to be noted: a) A participant is not deemed to have reached the birthday, respectively. b) Entitlement to a benefit does not exist until a p c) No benefit can be paid until documentation is p d) Monthly pension benefits may be subject to co 	articipant separates from servior	ce.										
Articles 34, 35, 35 bis, 36 and 37 of the Regulations widowers, divorced surviving spouses, children or se		benefit	s in res	spect	of elig	jible w	/idows	3,				
Full commutation may be possible where the amount	t of a periodic benefit would be	below U	S\$300	per y	ear.							
You should have on file a "Designation of Recipient of	of Residual Settlement form. Any	desired	chang	je in s	such d	lesign	ations	shou	ld			
be submitted on form PENS.A/2.												
Please refer to Article 46 of the Regulations regarding	g forfeiture of benefits.											
NOTE: The following portion is to be complethe Regulations; please note that your accelect to such deferment, please return the RETAIN pages 2 and 3, to be used when	ccount accrues interests on his page to the Secretary o	nly uni f your S	til you	r sep	oarat	ion d	late. I	lf you				
l,	, wish to de	fer payr	ment c	or cho	oice c	of ben	efit fo	or a				
(Print Name) period of up to 36 months from the date of my s	eparation, as provided for in	Article	32 of	the F	Regul	ations	S.					
My future mailing address is:												
(Number and Street)	(City)			(State	or Pr	ovince)				
	(Zip or Postal code)		_		(Coı	untry)						

(Best phone number (Home or Cell)

Signature:

UNITED NATIONS JOINT STAFF PENSION FUND

	participants with 5 or more years of Contributory Service)		UID Number						
)T	participants with 5 or more years of	Contributory Service)							
a	t I - ELECTION OF BENEFIT (Please	mark the applicable box below and sign	at th	ne bo	ttom	of the	page.)	
	(Surname)	(First)				(1)	Middle)		
	RETIREMENT BENEFIT FOR PART icle 28) (See note 4)	CICIPANTS WHO HAVE REACHED TH	IE N	ORM	AL F	RETIR	EMEN	IT A	ιGE
	One-third lump sum, OR \$	if less than one third, OR your coon. This means renouncing all rights to a	ontrib	utior	ıs with	n inter	est if		
	EARLY RETIREMENT BENEFIT FOR ACHED THE NORMAL RETIREMEN	R PARTICIPANTS WHO HAVE REACH T AGE (Article 29) (See note 4)	ED A	GE	55, Bl	JT HA	VE N	ОТ	
	One-third lump sum, OR \$	if less than one third, OR your co	ontrib	utior	ıs with	n inter	est if		
IC or	TE 1. Immediate pension at a reduced mal retirement age or at death, if earlie	d rate, with survivor's benefits. Child's be er.	nefit	to co	mme	nce o	nly fro	m th	ie
-	DEFERRED RETIREMENT BENEFIT TIREMENT AGE (ARTICLE 30) (See	FOR PARTICIPANTS AT ANY AGE Unotes 2, 3 and 4)	NDE	R TH	IE NC	RMA	L		
	Full deferred pension, with survivor's	benefits, payable at the normal retireme	nt ag	je					
IC	TE 2. Deferred benefits may be paid, a month prior to the age at which you w	at a reduced rate, on or after age 55. Kin vish your deferred benefit to begin.	ıdly n	otify	the F	und a	pproxi	mat	ely
ne	TE 3. No child's benefit is payable un	der any form of deferred pension.							
ne IC	TE 4. The normal retirement age is 62	der any form of deferred pension. If for those whose participation commences continuous participation had commen					on or	afte	· 1
NC NC ar	TE 4. The normal retirement age is 62 uary 1990. (It is age 60 for those who	for those whose participation commenc	nced	befo	re 199	90.)		afte	· 1

UNITED NATIONS JOINT STAFF PENSION FUND

						T	T				
PART II - PAYMENT INSTRUCTIONS (PLEASE PRI	NT or TYPE - <u>DO NOT US</u>	SE ABI	BRE\	/IAT	IONS	;)					
Ι,					,	herek	by su	bmit			
(Surname)	(First)	(Mi	ddle)		— <i>'</i>		,				
payment instructions for the benefit payable to me as	, , ,										
NOTE: Payment will have to be made in your name to								nd			
are unable to open one, then payment may be se		ons off	fice. I	Payn	nent c	anno	ot be				
remitted to a mailing address, nor can it be made		_									
A. Payment Instructions (If payment instructions are	e not completed in full, this	torm v	Mill be	e retu	urned	i, cau	ising	delay	in		
payment of benefit.)											
1. MONTHLY BENEFIT											
By remittance to my account as follows:		BA	NK AC	COUN.	T NUME	BER					
(NAME OF BRANCH, IF APPLICABLE)											
	Indicate years Of	WIET AP	A Da.:4	ina Pi	7 401	CAR	r 00m²!				
(ADDRESS)	Indicate your SV code, etc. as re							ng			
(CITY, STATE, POSTAL CODE, COUNTRY)											
(GITT, STATE, POSTAL CODE, COUNTRY)											
NOTE: Please provide a document from your bank in	dicating bank codes and r	referre	ed roi	utina	for ir	ntema	ationa	al			
payments.	anouting bann could and p			9							
2. LUMP SUM (Complete only if different from ab	nove)										
By remittance to my account as follows:	OVG.)										
NAME OF FINANCIAL INSTITUTION		BAI	NK ACC	COUNT	NUMBI	ER					
(NAME OF BRANCH, IF APPLICABLE)											
(MAINE OF BILANOTI, II AT LEGABLE)											
	Indicate your S	Indicate your SWIFT, ABA, Routing, BLZ, ABI, CAB or sort						ting			
(ADDRESS)	code, etc. as re	code, etc. as required by your bank for direct deposit.									
(CITY, STATE, POSTAL CODE, COUNTRY)											
(,,,,											
D. Ourress of December 1 and Ourre	80 41- 1	D 1	r.,								
B. Currency of Payment: Lump Sum	Monthly	Benei		D.		>					
(Please Sp NOTE: Benefits may be payable in any currency s	• /	Unios	,		Spec	,	wico				
payment of your benefit will be made in U.S. d								othe	r		
than US dollars is selected, the conversion fro											
Fund involvement.											
C. Mailing address (to be completed in all cases)):										
	•										
(Number and Street)	(City)				((State or Province)					
	(Zip or Postal code)					(Country)					
(Personal Email Address)	(Res	st phone	numh	er (Ho	ome or	(Cell)					
(. S.SS. Email / Adioco)	(DCC			٠٠ (١٠١٥		2011)					
Date:	Signature:										

PENS.E/7(4-01)-

UID Number