



UNITED NATIONS JOINT STAFF PENSION FUND

NEW YORK (Headquarters)
c/o United Nations P.O. Box 5036 NY, NY 10163-5036
Tel: (212) 963-6931; Fax: (212) 963-3146
E-mail: UNJSPF@UN.ORG
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OFFICE AT GENEVA
c/o PALAIS DES NATIONS
CH-1211, Geneva 10
Tel: +41 (0) 928-8800; Fax: +41 (0) 928-9099
E-mail: UNJSPF.GVA@UNJSPF.ORG
Web: <http://www.unjssf.org>

PAYMENT INSTRUCTIONS FOR COMMENCEMENT OF CHILD(REN)'S BENEFIT(S) UNDER ARTICLE 36

PART A: TO BE COMPLETED IF THE CHILD(REN) RESIDES (RESIDE) WITH YOU. OTHERWISE, GO DIRECTLY TO PART B ON PAGE 2

IMPORTANT

Please Enter Your Retirement Number

PLEASE PRINT OR TYPE

R/					
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I, _____
(SURNAME) (FIRST) (MIDDLE)

hereby submit payment instructions for the benefit which becomes payable in accordance with Article 36 of the UNJSPF Regulations. I also certify that the child(ren) on whose behalf I am to receive benefit(s) from the Fund is (are) alive, unmarried, and reside with me.

METHOD OF PAYMENT: (Select ONLY ONE of the options below).

Pay with my own benefit using my current payment instructions on record.

O R

Pay separately to my child _____'s account as follows:
(Child's Name)

CURRENCY OF PAYMENT: _____
(Please Specify)

ACCOUNT TYPE: _____
(Checking/Savings)

NAME OF FINANCIAL INSTITUTION
(SWIFT CODE of Financial Institution)
(ADDRESS)
(CITY, STATE, POSTAL CODE, COUNTRY)

BANK ACCOUNT NUMBER / IBAN
Please provide any other bank identifiers like local routing codes (e.g., ABA, ABI/CAB, BLZ, Sort code, etc.)

NOTE: To facilitate transfer of funds, please provide a document from your bank indicating bank codes and preferred routing for international payments.

Date: _____
dd/mm/yyyy

Signature ¹

¹ The completed form must bear YOUR ORIGINAL SIGNATURE; no faxes or e-mails will be accepted.



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PAYMENT INSTRUCTIONS FOR COMMENCEMENT OF CHILD(REN)'S BENEFIT(S) UNDER ARTICLE 36

**PART B: TO BE COMPLETED IF THE CHILD(REN) DOES (DO) NOT RESIDE WITH YOU
OR A LEGAL GUARDIAN OR OTHER PERSON/ENTITY PROVIDES FOR THE CHILD(REN)'S MAIN
FINANCIAL SUPPORT**

IMPORTANT
Please Enter Your
Retirement Number

PLEASE PRINT OR TYPE

R/					
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I, _____
(SURNAME) (FIRST) (MIDDLE)

hereby notify the Fund that the child(ren) to whom benefit(s) is(are) due under Article 36 of the UNJSPF Regulations is(are) alive, unmarried, and presently reside with:

(SURNAME) (FIRST) (MIDDLE), _____
(Specify: legal guardian, tutor, etc.)

at the following address:

Mailing Address: _____

E-Mail: _____
Phone No.: _____

Date: _____
dd/mm/yyyy

Signature¹

¹ The completed form must bear YOUR ORIGINAL SIGNATURE; no faxes or e-mails will be accepted.