



UNITED NATIONS JOINT STAFF PENSION FUND

INSTRUCTIONS FOR PAYMENT OF DISABILITY OR DEATH BENEFIT(S)

IMPORTANT
Please Enter Pension Number

PLEASE PRINT OR TYPE

Grid for entering pension number

Important Notes:

- I. Use this form to submit payment instructions ONLY for Disability or Death benefits payable under the UNJSPF Regulations.
II. Check the appropriate box below for the type of benefit to which you are entitled under the UNJSPF Regulations.
III. All sections of the form overleaf should be completed and the form should be signed by you as a beneficiary of the UNJSPF.
IV. You are invited to provide Emergency contact details, for use by the UNJSPF ONLY when all efforts to reach you through normal channels fail.
V. For assistance in filling out this form, please consult with the Secretary of your Staff Pension Committee.
VI. Upon completion, submit both pages 1 & 2 to the Secretary of your Staff Pension Committee.

TYPE OF BENEFIT DUE UNDER THE UNJSPF REGULATIONS:

- a) Disability benefit (Article 33)
b) Widow's benefit (Article 34)
c) Widower's benefit (Article 35)
d) Divorced surviving spouse's benefit (Article 35 bis)
e) Annuity for spouse married after separation (Article 35 ter)
f) Child's benefit (Article 36)
g) Secondary dependant's benefit (Article 37)
h) Residual settlement (Article 38)



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IMPORTANT

PLEASE ENTER PENSION NUMBER

PLEASE PRINT OR TYPE

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

hereby submit payment instructions for the benefit(s) that becomes (become) payable under the UNJSPF Regulations.

CURRENCY OF PAYMENT: _____
(Please Specify)

ACCOUNT TYPE: _____
(Checking/Savings)

Payee name as shown on Account: _____
(SURNAME) (FIRST) (MIDDLE)

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.

My Contact details:

Mailing Address: _____
(Street)

_____ (City) _____ (Zip code)

_____ (State) _____ (Country)

E-Mail: _____

Telephone Number: (____) _____ - _____

Emergency Contact Details:

Name / Relationship: _____

Mailing Address: _____

E-Mail: _____

Telephone Number: (____) _____ - _____

Date: _____
(Day) (Month) (Year)

Beneficiary's Signature ¹

IMPORTANT: BENEFICIARY'S SIGNATURE WITNESSED, VERIFIED AND CERTIFIED AS AUTHENTIC BY:

(Print Full Name of UN Officer or Governmental Authority)

(Official Title)

(Signature)¹

Date: _____
(Day) (Month) (Year)

AFFIX OFFICIAL STAMP HERE

¹ The completed form bearing ORIGINAL SIGNATURES must be submitted to the Fund; no faxes or e-mails will be accepted.