

UNITED NATIONS JOINT STAFF PENSION FUND

INSTRUCTIONS FOR PAYMENT OF DISABILITY OR DEATH BENEFIT(S)

PLEASE PRINT OR TYPE

<u>IMPORTANT</u>							
Please Enter Pension Number							

Important Notes:

- I. Use this form to submit payment instructions ONLY for Disability or Death benefits payable under the UNJSPF Regulations. For other types of benefits, please obtain the appropriate form from the Secretary of your Staff Pension Committee or the Pension Fund's website: unjspf@un.org.
- 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. When completing the form, please bear in mind that your benefit must be paid to a bank account in your name or to a joint account which includes your name. <u>Only in exceptional cases</u>, where a beneficiary does not have a bank account and is unable to open one, can payment be sent in care of a UN office. Payment cannot be remitted to a mailing address, nor can it be made to third party. Your signature on the form must be duly authenticated or witnessed, either by an officer of the United Nations or a local governmental authority. The full name, official title and signature of the Official authenticating your signature and their stamp/seal of office must be affixed to this form. If your signature is not authenticated or witnessed, your payment instructions will be returned which will delay the processing of your benefit.
- 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 <u>both pages 1 & 2</u> 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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INS	TRUCTIONS FOR F	PAYMENT OF D	SABILITY OR DEATH		
PLEASE PRINT OR TYPE		<u>I M P O R T A N T</u> PLEASE ENTER PENSION NUMBER			
I,(SURNAME)	(FIRST)		(MIDDLE)		
hereby submit payment instruc	tions for the benefit(s) that becomes (b	ecome) payable under the	e UNJSPF Regulations.	
		_	ACCOUNT TYPE:		
Payee name as	(Please Specify)			(Checking/Savings)	
shown on Account: (SU	IRNAME)	(FIRST)		(MIDDLE)	
NAME OF FIN	ANCIAL INSTITUTION		BANK A	CCOUNT NUMBER / IBAN	
(SWIFT CODE	of Financial Institution)				
(Δ	DDRESS)			nk identifiers like local routing codes (e.g., ABA, AB, BLZ, Sort code, etc.)	
V				,,,	
(CITY, STATE, PC	OSTAL CODE, COUNTRY)				
NOTE: To facilitate transfer of fun payments.	ds, please provide a do	cument from your I	bank indicating bank codes	and preferred routing for international	
My Contact details:					
Mailing Address:			E-Mail:		
	(Street)				
	(City)	(Zip code)	Telephor	ne ()	
	(City)	(Zip code)	Number.	·	
	(State)	(Country)	_		
Emergency Contact Details:	()				
Name / Relationship:			E-Mail:		
Mailing Address:			Telephor	ne	
			Number:	······································	
Date:					
(Day) (Month) (Year			Beneficiary's Signature ¹		
IMPORTANT: BENEFICIARY'S	SIGNATURE WITNES		ND CERTIFIED AS AUTH		
INIT OKTANT. BENEFICIANT C	SIGNATORE WITNES				
(Print Full Name of UN Officer or	Governmental Authority)	-			
		_			
(Official Title)					
(C :		Date:	(Day) (Month) (Year)		
(Signature) ¹			(Day) (wonth) (Year)	AFFIX OFFICIAL STAMP HERE	

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