

## UNITED NATIONS JOINT STAFF PENSION FUND INSTRUCTIONS FOR PAYMENT OF BENEFITS

# UID Number

## (For participants with 5 or more years of Contributory Service)

As a participant in the Pension Fund you will, upon separation, become entitled to one of the benefits indicated on page 2. To assist you in filling out this form, you should read the instructions below since all parts of the form do not necessarily apply to your situation.

If you believe you are entitled to a disability benefit you should not complete this form, but should refer to Administrative Rule H.6.

- If you wish to elect deferment of payment or choice of benefit (under the terms of Article 32 of the Regulations), the <u>ONLY action</u> required by you is to enter your mailing address and sign the statement below. Please note the important provision of Article 32, which applies if you defer election, but make no final choice within 36 months. However, in accordance with Article 44 the Fund shall not be liable for interest on any due but unpaid benefits.
- 2. If you wish to submit payment instructions at this time, please complete this form as follows:
  - a) You should complete Parts I and II, and sign the form on pages 2 and 3.
  - b) If you have less than 5 years of contributory service, you should NOT complete this form, but should get in touch with the Secretary of your Staff Pension Committee.

#### (Please read carefully the notes which are intended as a guide to the benefit to which you may be entitled.)

- Completed form should be sent to the Secretary of your Staff Pension Committee.
- 4. Additional points to be noted:
  - a) A participant is not deemed to have reached the age of 55, 60, or 62, until the end of the day of his/her 55th, 60th, or 62nd birthday, respectively.
  - b) Entitlement to a benefit does not exist until a participant separates from service.
  - c) No benefit can be paid until documentation is processed and payment is certified by the CEO of the Pension Fund.
  - d) Monthly pension benefits may be subject to cost-of-living adjustments.
- 5. Articles 34, 35, 35 bis, 36 and 37 of the Regulations automatically provide for certain benefits in respect of eligible widows, widowers, divorced surviving spouses, children or secondary dependants.
- 6. Full commutation may be possible where the amount of a periodic benefit would be below US\$300 per year.
- 7. You should have on file a "Designation of Recipient of Residual Settlement form. Any desired change in such designations should be submitted on form PENS.A/2.
- 8. Please refer to Article 46 of the Regulations regarding forfeiture of benefits.

(Print Name)

<u>NOTE:</u> 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 to such deferment, please return this page to the Secretary of your Staff Pension Committee and <u>RETAIN</u> pages 2 and 3, to be used when notifying your final decision.

I,

3.

, wish to defer payment or choice of benefit for a

period of up to 36 months from the date of my separation, as provided for in Article 32 of the Regulations.

My future mailing address is:

(Number and Street)	(City)	(State or Province)		
	(Zip or Postal code)	(Country)		
(Personal Email Address)	(Best phone number (Home or Cell)			
Date	Signature:			



# UNITED NATIONS JOINT STAFF PENSION FUND

					UID I	Numl	ber		
or pa	articipants with 5 or more years of Contri	butory Service)							
Part	t I - ELECTION OF BENEFIT (Please mark	the applicable box below and sig	n at the	e bot	tom of	the p	age.)		
	(Surname)	(First)			(	(Middle	e)		
	RETIREMENT BENEFIT FOR PARTICIPAN	NTS WHO HAVE REACHED THE	E NOR	MAL	. RETIR	₹EME	ENT /	AGE	
1. 2.	Full pension One-third lump sum, OR \$ greater, AND the balance as a pension. Thi	if less than one third, OR your consistent of the second sec	ntributio minimu	ons v um p	with inte ension	erest i	 if 		
	EARLY RETIREMENT BENEFIT FOR PAR ACHED THE NORMAL RETIREMENT AGE		IED AC	GE 5	5, BUT	HAV	/E N(	от	
1. 2.	Full early retirement pension One-third lump sum, OR _\$ greater, AND the balance as an early retire	if less than one third, OR your con	ntributio	ons v	with inte	erest i	if		
NO <sup>-</sup> norr	FE 1. Immediate pension at a reduced rate, nal retirement age or at death, if earlier.	with survivor s benefits. Child s be	enefit to	o cor	nmence	) only	from	the	
	DEFERRED RETIREMENT BENEFIT FOR FIREMENT AGE (ARTICLE 30) (See notes 2		NDER 1	ΓHE	NORM	AL			
	Full deferred pension, with survivors benefi	ts, payable at the normal retiremer	nt age						]
	FE 2. Deferred benefits may be paid, at a r month prior to the age at which you wish yo		Kindly n	notify	the Fu	nd ap	prox	imate	əly
NO	ΓΕ 3. No child s benefit is payable under an	y form of deferred pension.							
	ΓΕ 4. The normal retirement age is 62 for th uary 1990. (It is age 60 for those whose con	· ·				ed or	n or a	after 1	1
D. V	WITHDRAWAL SETTLEMENT AT ANY AG	E UNDER THE NORMAL RETIR		T A	GE (Arti	icle 3	1)		
	A final cash withdrawal settlement which wi	Il extinguish all other entitlements							
-									
Da	te: Si	ignature:							



UNITED NATIONS JOINT STAFF PENSION FUND

UID Number								

# **PART II - PAYMENT INSTRUCTIONS** (PLEASE PRINT or TYPE - DO NOT USE ABBREVIATIONS)

, hereby submit

(Surname) (First) (Middle) payment instructions for the benefit payable to me as elected in Part 1 (see page 2).

<u>NOTE</u>: 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** (If payment instructions are not completed in full, this form will be returned, causing delay in payment of benefit.)

# 1. MONTHLY BENEFIT

Ι,

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
(ADDRESS)	code, etc. as required by your bank for direct deposit.
(CITY, STATE, POSTAL CODE, COUNTRY)	

<u>NOTE</u>: Please provide a document from your bank indicating bank codes and preferred routing for international payments.

2. LUMP SUM (Complete only if different from above.)

By remittance to my account as follows.	
NAME OF FINANCIAL INSTITUTION	BANK ACCOUNT NUMBER
(NAME OF BRANCH, IF APPLICABLE)	
(ADDRESS)	Indicate your SWIFT, ABA, Routing, BLZ, ABI, CAB or sorting code, etc. as required by your bank for direct deposit.
(CITY, STATE, POSTAL CODE, COUNTRY)	-

B. Currency of Payment: Lump Sum

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(Please Specify) Monthly Benefit

(Please Specify)

<u>NOTE</u>: 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. With respect to the lump sum, 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.

C. Mailing address (to be completed in all cases):

(Number and Street)	(City)	(State or Province)		
	(Zip or Postal code)	(Country)		
(Personal Email Address)	(Best phone	umber (Home or Cell)		
Date:	Signature:			
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