



# UNITED NATIONS JOINT STAFF PENSION FUND

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## INSTRUCTIONS FOR PAYMENT OF BENEFITS Under Article 40(c)

(For participants with less than 5 years of additional contributory service)

Pension Number

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**Part I - ELECTION OF BENEFIT** (Please mark the applicable box below and sign at the bottom of the page.)

\_\_\_\_\_ (SURNAME) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE)

- 1. A final cash withdrawal settlement, which will extinguish all other entitlements (Article 31) .....
- 2. Full pension (Article 28) with survivor's benefits .....
- 3. Full early retirement pension (Article 29) with survivor's benefits.....
- 4. Full deferred pension (Article 30) with survivor's benefits, payable from the normal retirement age (See note below).....

**NOTE:** *The normal retirement, which is age 62, for those whose participation commenced or recommenced on or after 1 January 1990. (It is age 60 for those whose continuous participation has commenced before 1990.) However, deferred benefits may be paid, at a reduced rate, on or after age 55. Kindly notify the Fund approximately one month prior to the age at which you wish your deferred benefit to begin.*

### Part II - MAKE PAYMENT TO MY ACCOUNT AS FOLLOWS:

#### CURRENCY OF PAYMENT:

*(Please specify)*

NAME OF FINANCIAL INSTITUTION	BANK ACCOUNT NUMBER
(NAME OF BRANCH, IF APPLICABLE)	
(ADDRESS)	Obtain from your bank a SWIFT, ABA, Routing, BLZ, ABI, CAB, IBAN or sorting code, etc. as required for wire transfer
(CITY, STATE, POSTAL CODE, COUNTRY)	

**NOTE:** *If possible, for bank accounts outside the USA and Switzerland ONLY, please provide a document from your bank indicating bank codes and preferred routing to facilitate the receipt of your benefit.*

### PART III - MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:** *The completed form bearing your original signature must be submitted to the Fund, no faxes or e-mails will be accepted.*