

CERTIFICATE OF ENTITLEMENT /

DATE

I certify that I receive a benefit(s) under the Regulations of the United Nations Joint Staff Pension Fund and that, on the date of my signature as indicated below, I continue to be entitled to this (these) benefit(s).

SIGNATURE /
(See below if you are unable to sign)
DATE

↑
FOLD

IF YOU ARE UNABLE TO SIGN YOUR NAME, AFFIX YOUR THUMBPRINT HERE
SI VOUS N'ETIEZ PAS EN MESURE DE SIGNER CI-DESSUS, VEUILLEZ APOSER VOTRE EMPREINTE DIGITALE ICI
SI NO LE FUE POSIBLE FIRMAR, PONGA SU HUELLA DIGITAL AQUI

Witness Name / Nom du témoin/ Apellido del testigo	Witnessed or attested to by a UN system official, attending physician or local government authority. Validée par un fonctionnaire du système des Nations Unies, par le médecin traitant ou par les autorités locales. Validada por un funcionario del sistema de las Naciones Unidas, por el médico a cargo o por las autoridades locales.		
Witness Title / Titre du témoin / Cargo del testigo	SIGNATURE / FIRMA	OFFICIAL STAMP (SEAL) SCEAU OFFICIEL	

MOISTEN GLUE /

You must return this certificate within 45 days of the above date in order to ensure continued payment of your benefit.

1. Detach form here.
2. Complete all required entries.
3. Moisten glue edge, fold, press to seal. Place postage and mail.

WARNING:
 Any wilful misrepresentation for the purpose of collecting benefits from the Fund might lead to prosecution by the appropriate national authorities.

↑
FOLD



L.I. ■ 1(514) 800 635 4726 CustomMind™ Solutions by Pama Enterprises Inc. 800 635 4726

Introduction Patent Number 4,951,864

↑
FOLD

G