

FORM 1

To be completed by United Nations group life insurance beneficiaries who do not have a United States social security number and do not reside in the United States of America

**UNITED NATIONS GROUP LIFE INSURANCE
BENEFICIARY CERTIFICATION**

Name

Date of Birth (day month year)

Address:

I certify that I do not have a United States social security number and do not reside in the United States of America.

Signature of Beneficiary

Date (day month year)