

UNITED NATIONS JOINT STAFF PENSION FUND

INSTRUCTIONS FOR PAYMENT OF DISABILITY OR DEATH BENEFIT(S)

PLEASE PRINT OR TYPE

IMPORTANT
PLEASE ENTER PENSION NUMBER

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I, _____
(SURNAME) (FIRST) (MIDDLE)

hereby submit payment instructions for the benefit(s) that becomes (become) payable under the UNJSPF Regulations.

CURRENCY OF PAYMENT: _____
(Please Specify)

ACCOUNT TYPE: _____
(Checking/Savings)

NAME OF FINANCIAL INSTITUTION
(SWIFT CODE of Financial Institution)
(ADDRESS)
(CITY, STATE, POSTAL CODE, COUNTRY)

BANK ACCOUNT NUMBER / IBAN
Please provide any other bank identifiers like local routing codes (e.g., ABA, ABI/CAB, BLZ, Sort code etc.)

NOTE: To facilitate transfer of funds, please provide a document from your bank indicating bank codes and preferred routing for international payments.

My Contact details:

Mailing Address: _____
(Street)

(City) (Zip code)

(State) (Country)

E-Mail: _____

Telephone Number: (_____) _____

Emergency Contact Details:

Name / Relationship: _____
Mailing Address: _____

E-Mail: _____

Telephone Number: (_____) _____

Date: _____
(Day) (Month) (Year)

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Beneficiary's Signature

IMPORTANT: BENEFICIARY'S SIGNATURE WITNESSED, VERIFIED AND CERTIFIED AS AUTHENTIC BY:

(Print Full Name of UN Officer or Governmental Authority)

(Official Title)

(Signature)

Date: _____
(Day) (Month) (Year)

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AFFIX OFFICIAL STAMP HERE

The completed form bearing ORIGINAL SIGNATURES must be submitted to the Fund; no faxes or e-mails will be accepted