



Please type or print the information in BLOCK LETTERS when filling in this form. All pages must be dated and hand-signed.

DESIGNATION OF RECIPIENT(S) OF A RESIDUAL SETTLEMENT AND ANY RETROACTIVE BENEFIT DUE

under article 38 of the UNJSPF Regulations and section J.3 of the Administrative Rules

Section 1:

Participant information

Unique Identification number (UID) (required)	Pension number (optional)	R/ Retirement number (optional)	Date of birth (DD/MM/YYYY)
Last name/surname		First name	Middle name
Number and street of the mailing address			City
State or province	ZIP or postal code	Country	
+			
Country code	Area code	Phone number	Personal email

Section 2:

Designation of recipient(s)

Multiple shares must total 100 per cent. If shares are not indicated or do not total 100 per cent, multiple recipients will share equally.
RECIPIENT 1

Full name	Date of birth (DD/MM/YYYY)	Sex	Relationship	Share (%)
Mailing address				
+				
Country code	Area code	Phone number	Email	

Additional information (e.g. if this recipient is a minor, please provide the full contact details of the parent or appointed legal guardian who has custody of the minor)

Signature (please sign within the lines of the box)

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Date (DD/MM/YYYY)							



Section 2:

(continued)

RECIPIENT 2

Full name _____ Date of birth (DD/MM/YYYY) _____ Sex _____ Relationship _____ Share (%) _____

Mailing address _____

+

Country code _____ Area code _____ Phone number _____ Email _____

Additional information (e.g. if this recipient is a minor, please provide the full contact details of the parent or appointed legal guardian who has custody of the minor)

RECIPIENT 3

Full name _____ Date of birth (DD/MM/YYYY) _____ Sex _____ Relationship _____ Share (%) _____

Mailing address _____

+

Country code _____ Area code _____ Phone number _____ Email _____

Additional information (e.g. if this recipient is a minor, please provide the full contact details of the parent or appointed legal guardian who has custody of the minor)

RECIPIENT 4

Full name _____ Date of birth (DD/MM/YYYY) _____ Sex _____ Relationship _____ Share (%) _____

Mailing address _____

+

Country code _____ Area code _____ Phone number _____ Email _____

Additional information (e.g. if this recipient is a minor, please provide the full contact details of the parent or appointed legal guardian who has custody of the minor)

If you are designating more than four recipients, please check this box and attach the additional sheet(s).

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)



Section 3:

Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I am designating the person(s)/institution(s) provided in section 2 above and in section 2 of the additional sheet, if applicable, as the recipients(s) of any residual settlement and any retroactive due but unpaid benefit owing to me at the time of my death.
- I have read [article 38 of the UNJSPF Regulations and sections B.5 and J.3 of the Administrative Rules](#).
- I have read the [instructions for form PENS.A/2 \(04.2025\)](#).
- I confirm that this designation revokes all previous designations and that I may make future changes by submitting a new designation.
- I understand that a new designation must be completed for each new participation in the Fund.

Section 4:

Signature authentication (this section is **ONLY** applicable if one of the recipients designated is an institution)

I, THE UNDERSIGNED, CERTIFY THAT THE PERSON IDENTIFIED IN SECTION 1 ABOVE SIGNED THIS FORM IN MY PRESENCE.

Printed full name of the United Nations official OR government official OR notary public

Email

Official title and licence OR index number

Signature

Date (DD/MM/YYYY)

Affix official stamp/seal of office here

APPLICABLE ONLY TO NEW ENTRANTS OR RE-ENTRANTS

It may be possible to validate non-contributory service and/or restore prior contributory service, if any, under articles 23 and 24 of the UNJSPF Regulations, provided that you apply within one year of your date of entry or re-entry into the Fund, but before separation should you separate from service earlier. You may also avail yourself of the provisions of any transfer agreement entered into by the Fund for the purpose of securing the continuity of pension rights under article 13 of the UNJSPF Regulations, in accordance with the terms of the relevant agreement. For more information, please visit the UNJSPF website www.unjspf.org.

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)