

To be completed by the individual contractor and returned with the signed Individual Contractor Agreement

NAME OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT	RELATIONSHIP	PHONE No.
ADDRESS Street Address Additional Street Address City State/Province Postal Code Country		

I, \_\_\_\_\_ born on \_\_\_\_\_  
(TYPE or PRINT: First, Middle, Maiden, Surname) (dd/mm/yyyy)

hereby designate the person or persons named below as my beneficiary or beneficiaries. This applies to all amounts related to fees and travel costs standing to my credit at the time of death, including any death benefits or other benefits payable under the Individual Contractor Agreement.

NAME	ADDRESS OF EACH BENEFICIARY	PHONE No.	RELATIONSHIP	SHARE TO BE PAID TO EACH BENEFICIARY (%)

The share due to any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries or go entirely to the survivor. If none survive me, then the entire amount shall go to my estate.

I reserve the right to revoke or change any designation of beneficiary without his/her knowledge or consent at any time in the manner and form prescribed by the United Nations.

\_\_\_\_\_  
 (Written Signature of Designator in Full)

**WITNESS**

I, the undersigned, having no financial interest in this subject matter, directly, or indirectly, hereby certify that this document was signed in my presence by the designator on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 (Signature of Witness)

NAME OF WITNESS	ADDRESS OF WITNESS
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*Incomplete/erroneous information or absence of witness may prevent the access to benefits.*