

To be completed by STAFF MEMBER and submitted to HUMAN RESOURCES OFFICER

I, (<i>First, Middle, Maiden, Surname</i>)	INDEX NO.	born on (<i>Day, Month, Year</i>)
Organization/Department/Division/Office	Duty Station	

hereby designate the person or persons named below as my **beneficiary or beneficiaries** under Staff Rules 1.6, or 312.4 in respect of all amounts (salary, allowances and commutation of leave) standing to my credit at the time of death. I understand that this designation does not affect payment of the death benefit or repatriation grant which are payable under the Staff Rules to a surviving spouse and/or dependent child or children.

I also understand that, should I die as a result of an incident covered by the Malicious Act Insurance Policy, the proceeds will be paid to the beneficiary(ies) named below, unless I have a surviving spouse and/or dependent child or children, in which case the proceeds of the policy will be paid to them.

NAME OF BENEFICIARY OR BENEFICIARIES	DATE OF BIRTH (DD/MM/YY)	SEX	ADDRESS	PHONE NO.	RELATIONSHIP	SHARE TO BE PAID (%)
<i>(Total must add up to 100%)</i>						

The share of 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 hereby revoke all previous designations of beneficiary made by me for this purpose and I reserve the right to revoke or change any beneficiary without his or her knowledge or consent at any time in the manner and form prescribed by the United Nations.

Signature of Staff Member (To be signed in front of a witness (see below))

Date

EMERGENCY CONTACT	RELATIONSHIP	PHONE NO.	EMAIL
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ADDRESS

WITNESS

I, the undersigned, having no financial interest in this subject matter, directly or indirectly, hereby certify that this instrument was signed in my presence by the staff member having designated his or her beneficiaries on the _____ of _____ .
(day) (month) (year)

(Name and Signature of OHRM Witness)	(Address of OHRM Witness)
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