UNITED NATIONS

DESIGNATION, CHANGE, OR REVOCATION OF BENEFICIARY

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

I, *(First, Middle, Maiden, Surname)*	INDEX NO.	born on *(Day, Month, Year)*
GOMEZ, Cristina	**269935**	**10/03/2010**
Organization/Department/Division/Office	Duty Station	
FPD/MINUSTAH	**Haiti/MINUSTAH**	

hereby designate the person or persons named below as my **beneficiary or beneficiaries** under Staff Rule 112.5 or Staff Rule 212.4. These rules apply to all amounts (salary, allowance and commutation of leave) standing to the staff member's credit at the time of the death, but not to death benefit or repatriation grant payable under the Rules to a surviving spouse and/or dependent children.

NAME OF BENEFICIARY OR BENEFICIARIES	DATE OF BIRTH (DD/MM/YY)	SEX	ADDRESS	PHONE NO.	RELATIONSHIP	SHARE TO BE PAID (%)
GOMEZ, Pablo	**22/02/1982**	**Male**	**Miami (pgbillion11@gmail.com)**	**(786)246-5954**	**Son**	**50**
GOMEZ, Marcelo	**01/03/1984**	**Male**	**Miami (m350zttg@yahoo.com)**	**(786)972-2811**	**Son**	**50**

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.

Cristina Gomez

(Written Signature of Designator in Full)

EMERGENCY CONTACT	RELATIONSHIP	PHONE NO.
Robert TOLZ	**Brother-in-law**	**(212)872-9218**
ADDRESS		
Park Avenue at 56th Street, NY City, NY - USA		

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 designator on the (day) of (month) (year).

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