



## UN Group Life Insurance Beneficiary Certification Form 2

Please submit the completed form to: Health and Life Insurance Section (HLIS),  
Email: [hlis@un.org](mailto:hlis@un.org) – Fax: (917) 367-1670

***\*Please Note: This form is to be completed by United Nations Group Life Insurance beneficiaries with a United States Social Security Number or beneficiaries who reside in the United States of America.***

Name (Last, First): <i>(or where an estate is the beneficiary, its executor)</i> _____	Date of Birth: <i>(DD/MM/YY)</i> _____
Phone Number: _____	Email: _____

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Complete **only one** of the three selections below:

- My United States Social Security Number is: \_\_\_\_\_
- The estate tax identification number is: \_\_\_\_\_
- My United States visa number is: \_\_\_\_\_

***I hereby certify that the information I have given above is true and correct.***

Date: _____ <i>(DD/MM/YY)</i>	Signature of Beneficiary: _____ <i>(or state executor)</i>
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