
Purpose

This procedure is used by the *Staff Member* to nominate beneficiaries and indicate the percentage of their entitlement.

Reference

Factsheets contain additional information on the different eligibility and documentation requirements for this subject.

This quick guide, the simulation and the factsheets are provided for information and navigational purposes only. The United Nations Staff Rules and Regulations, and Administrative Instructions are the authoritative documents on this subject and staff members should refer to those documents for the complete eligibility and documentation requirements as it pertains to their situation

Intended Audience

- *Staff Member*

Global Process

This process begins after the *Staff Member* has logged into the **Umoja** portal.

- *Staff member* nominates one or more beneficiaries through the Umoja Employee Self-Service portal.
- The *staff member* prints the beneficiary (P2) form, and signs it in front of the *HR Partner*.
- The *HR Partner* counter signs the form, places it in the *staff member's* file, and approves the beneficiaries in the Umoja Approver Work Centre.

Pre-requisites

None

Objectives

As part of the demonstration, we will show you:

- How to nominate beneficiaries
- Print the Beneficiary (P2) form

Scenario

A *staff member* designates three beneficiaries and indicates that they are entitled to 50%, 30% and 20%, respectively.

Menu Path

[Employee Self Service SM](#) > [Personal Information](#)> [Beneficiary Details](#)

Procedure

1. Start the transaction using the menu path:

[Employee Self-Service](#)>[Personal Information](#)>[Beneficiary Details](#)

Overview - Umoja qa portal - Q3J - Internet Explorer



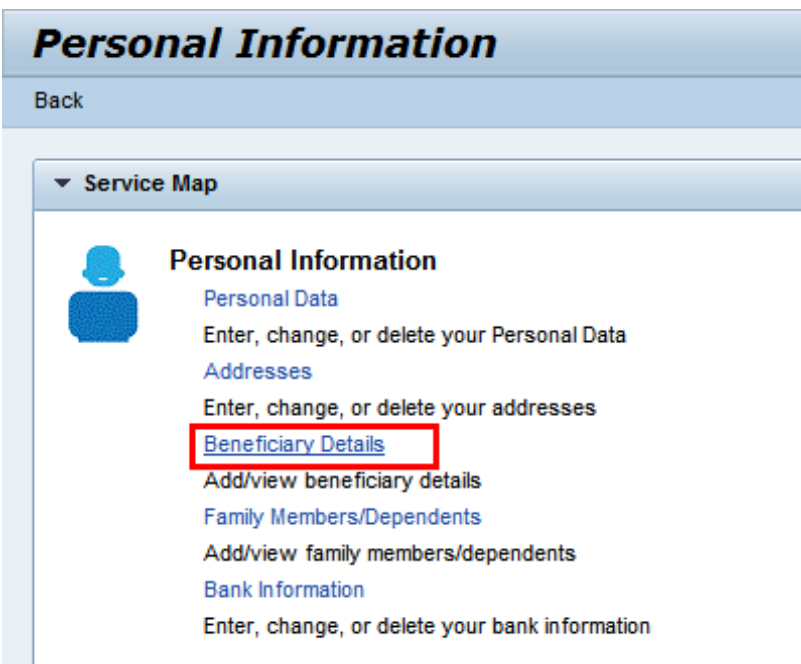
2. Click on the [Employee Self-Service SM](#) link.

Employee Services



3. Click on the [Personal Information](#) link.

Personal Information



4. Click on the [Beneficiary Details](#) link.

Fill Out Form Update Beneficiary Details

(P2.FORM) Date of Last Change:

ID	Name	Email	Date of Birth	Gender	Address	Phone	Relationship	Share (%)
	Vivienne Every							0
								0
								0
								0
								0

Delete

- In the Name column, enter the first and last name of the beneficiary you want to nominate. In this demonstration, we entered "Vivienne Every".

Fill Out Form Update Beneficiary Details

(P2.FORM) Date of Last Change:

ID	Name	Email	Date of Birth	Gender	Address	Phone	Relationship	Share (%)
	Vivienne Every	@gmail.com X						0
								0
								0
								0
								0

Delete

- In the Email column, enter the email address of the beneficiary. If the beneficiary does not have an email address, leave the field blank. In this demonstration, we entered "VEvery@gmail.com".

Fill Out Form Update Beneficiary Details

(P2.FORM) Date of Last Change:

ID	Name	Email	Date of Birth	Gender	Address	Phone	Relationship	Share (%)
	Vivienne Every	VEvery@gmail.com	12.12.1940	X				0
								0
								0
								0
								0

Delete

- In the Date of Birth column, select or enter the date of birth of the beneficiary as it appears on the birth certificate or passport, using the DD.MM.YYYY format. In this demonstration we entered "12.12.1940."

Fill Out Form Update Beneficiary Details

(P2/FORM) Date of Last Change

Name	Email	Date of Birth	Gender	Address	Phone	Relationship	Share (%)
Vivienne Every	VEvery@gmail.com	12/12/1940	Female				0
							0
							0
							0
							0

Delete

- In the Gender column, select the gender of the beneficiary from the list. In this demonstration, we selected "Female".

Fill Out Form Update Beneficiary Details

(P2/FORM) Date of Last Change

Name	Email	Date of Birth	Gender	Address	Phone	Relationship	Share (%)
Vivienne Every	VEvery@gmail.com	12/12/1940	Female	Port au Prince Haiti			0
							0
							0
							0
							0

Delete

- In the Address column, enter the full mailing address, including zip code (if applicable) and country. In this demonstration we entered "Rue Liberte' Port-au-Prince Haiti".

Fill Out Form Update Beneficiary Details

(P2/FORM) Date of Last Change

Name	Email	Date of Birth	Gender	Address	Phone	Relationship	Share (%)
Vivienne Every	VEvery@gmail.com	12/12/1940	Female	Port au Prince Haiti	5095681265		0
							0
							0
							0
							0

Delete

- In the Phone column, enter the phone number where the beneficiary can be reached, include the country code and area code (if applicable). In this demonstration, we entered "5095681265".

Fill Out Form Update Beneficiary Details

(P2.FORM) Date of Last Change:

ID	Name	Email	Date of Birth	Gender	Address	Phone	Relationship	Share (%)
	Vivienne Every	VEvery@gmail.com	12.12.1940	Female	Port au Prince Hall	5095681265	Mother	0
								0
								0
								0
								0

Delete

- In the Relationship column, enter your relationship to the beneficiary. In this demonstration, we entered "Mother".

Repeat the above steps for each beneficiary you wish to nominate, In this demonstration, we added two additional beneficiaries.

Fill Out Form Update Beneficiary Details

(P2.FORM) Date of Last Change:

ID	Name	Email	Date of Birth	Gender	Address	Phone	Relationship	Share (%)
	Vivienne Every	VEvery@gmail.com	12.12.1940	Female	Rue Liberte', Port au Prince Hall	5095681265	Mother	50
	Robert Every	REvery@gmail.com	03.04.1975	Male	Rue Liberte', Port au Prince Hall	5095681598	Brother	30
	Sarah Dube	Dube@sir.com	11.02.1965	Female	2210 Urbanside Dr, Ottawa On Canada K1G 3G2	6195267595	Friend	20
								0
								0

Delete

- Once you have listed all the beneficiaries and their contact information, proceed to the Share column and enter the percentage of benefits you wish each beneficiary to receive. The total percentage of all the beneficiaries must equal 100%. In this demonstration, we will assign the percentages of 50%, 30% and 20%, adding up to 100%.

Fill Out Form Update Beneficiary Details



13. Click on the **Next** button.

Review Form Update Beneficiary Details

ID	Name	Email	Date of birth	Gender	Address	Phone	Relationship	Share
	Vivienne Every	VEVERY@GMAIL.COM	12.12.1949	Female	RUE LIBERTE, PORT AU PRINCE HAITI	5095681265	MOTHER	50
	Robert Every	REVERY@GMAIL.COM	03.04.1975	Male	RUE LIBERTE, PORT AU PRINCE HAITI	5095681596	BROTHER	50
	Sarah Dube	DSB@AOL.COM	11.02.1965	Female	2210 URBANDALE DR, OTTAWA ON CANADA K1G 3G2	8195267595	FRIEND	20
								0
								0

I hereby revoke all the 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.

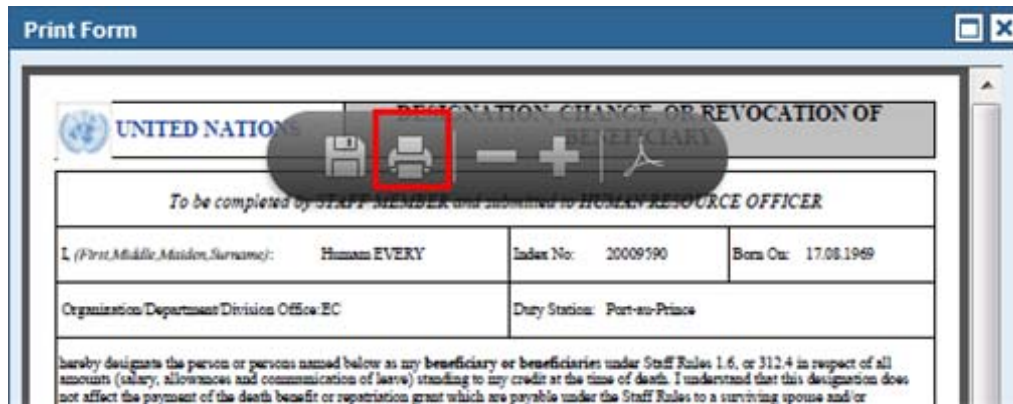
Print

14. Click on the **Print** button.



Accurately review the information and make all necessary corrections of any errors. You need to click on the PRINT button and print the form now as the system will not let you print the form once submitted.

Print Form



Print Form

UNITED NATIONS

DESIGNATION, CHANGE, OR REVOCATION OF BENEFICIARY

To be completed by **STAFF MEMBER** and submitted to **HUMAN RESOURCE OFFICER**

L (First, Middle, Maiden, Surname):	Human EVERY	Index No:	20009590	Born On:	17.08.1969
Organization/Department/Division/Office			EC		
Duty Station:			Port-au-Prince		

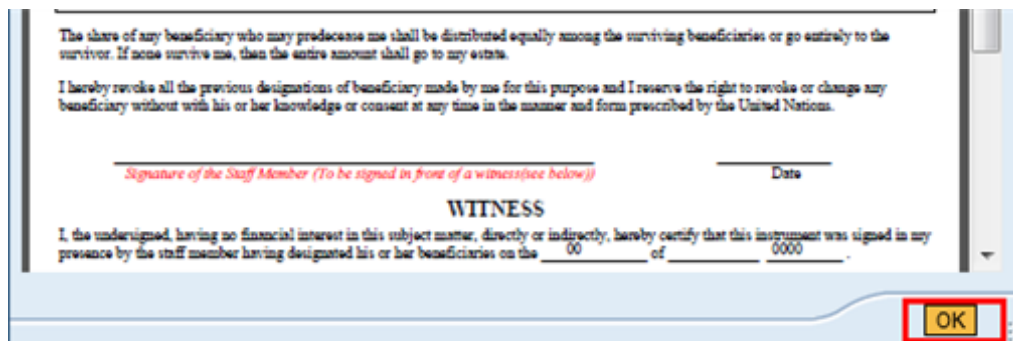
I hereby designate the person or persons named below as my beneficiary or beneficiaries under Staff Rules 1.6, or 312.4 in respect of all amounts (salary, allowances and communication of leave) standing to my credit at the time of death. I understand that this designation does not affect the payment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

15. Click on the Printer  icon to print the form.



You may have to hover over the top of the Print Form to display the Printer icon. You can also save the form by clicking on the Save icon.

Print Form



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

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

Date

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 ____⁰⁰ of ____⁰⁰⁰⁰.

OK

16. Once the form has printed, click on the **OK** button to return to the designated of beneficiaries screen.

Review Form Update Beneficiary Details



17. Click on the **Send** button to submit to the HR Partner.

Beneficiary Details - Umoja qa portal - Q3J - Internet Explorer



18. Click on the **Employee Self-Service SM** tab to return to the main menu.



Remember, the beneficiary information entered in ESS will not be approved and legally valid unless the signed ESS copy or P2 form is submitted to the HR Partner for counter signature. If you fail to countersign in the presence of the HR Partner, the previous beneficiary information on file, if any, will be the only valid legal document for beneficiary purposes.

