



DESIGNATION OF BENEFICIARY
FOR NON STAFF TRAVELLERS

INSTRUCTIONS

Type or print. Submit one copy
to initiating division.

Name of Non Staff Traveller FRIEDRICH A.J. LOEFFLER	Address DOMSTRASSE 11 17489 GREIFSWALD GERMANY	Tel No +49 333 664 555	Email address Friedrich@ Kgoogle.com	Initiating Division
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DECLARATION

I hereby request the Food and Agriculture Organization of the United Nations (FAO) to pay any monies due to me from FAO under the applicable medical coverage scheme for non staff travellers, in case of my death to the person(s) indicated below. If applicable, I specifically reserve the right to remove or change any or all beneficiaries at any time and without the knowledge or consent of those beneficiaries.

NOTE TO NON STAFF TRAVELLERS

1. If any of the beneficiaries should predecease you, a new designation should be submitted. If no new designation is submitted, the share of the deceased beneficiary will be divided among the surviving beneficiaries in the ratio of their own shares.
2. Unless otherwise stated below, you agree that:
 - if more than one beneficiary is named, the beneficiaries shall receive equal shares;
 - if no beneficiary survives you, the proceeds shall be transferred to your estate.
3. If any person named below is a minor, a guardian (legal representative) must be designated and the name and address provided. A new designation should be submitted when the minor beneficiary becomes of age or change occurs in respect of his/her guardian (legal representative).
4. Where a beneficiary cannot be located by repeated registered mail within one year from the date of death of the non staff traveller his/her share shall be treated as if the beneficiary had predeceased the non staff traveller.
5. National laws may impose conditions on the division of estates or nomination of guardians/legal representatives. Your attention is drawn to the need for any designation to be in line with applicable national laws in order to avoid that the person(s) designated by you in this form be called in national courts to defend his/her/their position. In this context, your attention is also drawn to the need for you to change/update this "Designation of Beneficiary", should the circumstances so warrant.

	Name of beneficiary	Full postal address	Relationship	Date of birth	Percentage share
1	ROBERT KOCH	DOMSTRASSE 20 17489 GREIFSWALD - GERMANY	COUSIN	11-12- 1863	100%
2					
3					
4					

Remarks or Special Instructions (Please refer to Manual Section 406 for insurance coverage for non staff travellers)

Note: This form is valid for three years from the date of signature.

Date **01-01-1900** Non staff traveller's signature

We, the undersigned, having no interest in this subject matter, directly or indirectly, hereby certify that we are personally acquainted with the person subscribing thereto and that this instrument was subscribed in our presence and in the presence of each other

on: **01-01-1900**

	Name of witness (printed)	Full postal address	Index	Signature
1	EMMA FRAATZ	SÜDBUFER 10 17483 GREIFSWALD - D.	/	
2	GERTRUDE BELL	BARRINGTON DRIVE WASHINGTON - UK -	/	