

DESIGNATION, CHANGE OR REVOCATION OF BENEFICIARY

Instructions: Please complete this form using **CAPITAL LETTERS**, sign and have it witnessed by a person who has no direct or indirect financial interest in this matter. One or more beneficiaries may be designated.

Candidates under recruitment - upload your signed and witnessed form to the on-boarding portal.

Active Staff/Consultants/Interns - this form may be updated at any time during service to change or revoke a designation of beneficiary by completing a new form which will supersede the previous one.

- Staff members should upload any new form via GSM employee self-service-Add/Modify my WHO Beneficiaries.
- Consultants/Interns should provide any new form to their HR focal point.

BAGIRISHYA RWEMA DOMINIQUE

born on 16/09/1999

First name, Middle name, Family name

Day, Month, Year

Fixed-term and temporary staff

hereby unconditionally designate the person or persons named below as my **beneficiary** or **beneficiaries** under Staff Rule 495. This designation applies to the amount standing to my credit at WHO at the time of death with the exception of those amounts relating to entitlements or allowances payable under the Staff Rules to a surviving spouse and/or dependent children.

Consultant/Intern

hereby unconditionally designate the person or persons named below as my beneficiary or beneficiaries. This designation applies to the amount standing to my credit at WHO at the time of death, including the benefits accruing from any insurance coverage.

Full legal name of beneficiary	Date of birth (dd/mm/yy)	Sex (F/M)	Relationship	Share to be paid (%)
BIGIRABAGABO RWEMA BERNARDIN	16/09/1999	M	BROTHER	50%

PHONE: +250782428742

E-MAIL: rwemabernardin4@gmail.com

ADRESS : NYAGATARE, RWANDA.

Full legal name of beneficiary	Date of birth (dd/mm/yy)	Sex (F/M)	Relationship	Share to be paid (%)
MPAYIMANA CYIZA LANDRY	22/05/2001	M	BROTHER	50%

Phone: +250780105612

E-mail: cyizalandry5@gmail.com

Address: Kigali, Rwanda.

Full legal name of beneficiary	Date of birth (dd/mm/yy)	Sex (F/M)	Relationship	Share to be paid (%)

Address, e-mail and phone number

The share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries or be paid entirely to the sole survivor. If none of the beneficiaries listed above survives me, then the entire amount shall go to my estate. This designation cancels and supersedes all previous designations made by me for this purpose.

BAGIRISHYA RWEMA DOMINIQUE

14/03/2024

Written signature of designator (in full)

Day, Month, Year

WITNESS

I, the undersigned, having no financial interest in this subject matter, directly or indirectly, hereby certify that this document was signed in my presence by the designator on (14, 03, 2024r)

KEZA SUGIRA MERVEILLE

Full legal name (CAPITAL LETTERS)

Signature of witness

Address of witness