

Date (DD/MM/YYYY)

FORM PENS.E/10 EN Information on how to complete this form is available in the instructions for form PENS.E/10 (04.2025).



Please type or print the information in BLOCK LETTERS when filling in this form. The page must be dated and hand-signed.

DECLARATION OF COUNTRY OF RESIDENCE

(for the two-track system only)

Section 1: Retiree or beneficiary information			
Unique Identification number (UID) (required) Pe	_	R/	onal) Date of birth (DD/MM/YYYY)
Last name/surname	First name	Mi	iddle name
+			
Country code Area code Phone number Personal email			
Section 2: Declaration of country of residence			
Number and street address (PO Box or (c/o) addresses not accepted)		Cit	ty
tate or province ZIP or postal code		Co	ountry of residence
Section 3: Proof of residence and supporting documents			
I have attached (check the applicable box):			
A certificate of residence issued by a local government officer or the local police (required) A duly completed, dated and signed original change of payment options form (form PF.23) (please note that the submission of this form			
is optional and necessary ONLY if you would like to change your payment instructions and/or currency of payment)			
Administration Administration Administration			
Section 4: Acknowledgement and signature			
I HEREBY ACKNOWLEDGE AND CONFIRM THAT:			
 I have read the instructions for form PENS.E/10 (04.2025) and the relevant provisions of the UNJSPF Regulations, Rules and Pension Adjustment System governing the two-track system. 			
 I elect to have my benefit paid in accordance with the two-track provisions of the Pension Adjustment System. 			
I understand that my election is irrevocable.			
 I reside at least six months of every year in my declared country of residence. I understand that the two-track system may be suspended for my country of residence in accordance with the provisions 			
of the Pension Adjustment System.			
• I undertake to notify the Fund of any change in my country of residence as soon as it occurs. I understand that failure to do so, or providing a false statement, may lead to the loss of any cost-of-living adjustments in accordance with the Pension Adjustment System.			
The above information is true and correct.			
	Siç —	gnature (please sign within	the lines of the box)

Page 1 of 1 Form PENS.E/10 EN (04.2025)