



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

CHANGE OF COUNTRY OF RESIDENCE

(for the two-track system only)

Section 1: Retiree or beneficiary information

Unique Identification number (UID) (required)

Pension number (optional)

R/ Retirement number (optional)

Last name/surname

First name

Middle name

Date of birth (DD/MM/YYYY)

+ Country code Area code Phone number

Personal email

Section 2: Change of country of residence

Former country of residence

New country of residence

Number and street address (PO Box and third-party addresses (c/o) not accepted)

City

State or province

ZIP or postal code

Date of arrival in new country (DD/MM/YYYY)

Section 3: Proof of residence and supporting documents

I have attached (check the applicable option):

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)

I have attached the following supporting documents as proof of date of arrival:

A copy of the page of my passport showing the immigration/customs stamp

Transportation ticket stub

Boarding pass

Other official document showing my date of arrival

Section 4: Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I have read the [instructions for form PENS.E/11 \(04.2025\)](#).
- The above information is true and correct.

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)