UNJSPF
United Nations Joint Staff Pension Fund

FORM PENS.E/12 EN
Information on how to complete this form is available in the instructions for form PENS.E/12 (04.2025).

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

APPLICATION FOR EMERGENCY FUND ASSISTANCE

(not applicable for active staff)

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

Section 2: Applicant information

Last name/surname | First name | Middle name

Date of birth (DD/MM/YYYY) | Number and street of the mailing address

State or province | ZIP or postal code | City

Country | Email

\+ Country code | Area code | Phone number

Section 3: Nature of the emergency and description of the circumstances surrounding the financial hardship

Nature of the emergency

- ○ **Medical expenses.** Does the retiree or beneficiary have medical insurance? ○ Yes ○ No
- ○ **Funeral expenses**
- ○ **Natural disasters**
- ○ **Other, please specify:** _____

Amount requested: _____

Please clearly describe the circumstances surrounding the financial hardship

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)

UNJSPF
United Nations Joint Staff Pension Fund

Section 4: Bank account information

1. **Payee name** (please provide your full name exactly as it appears on your bank statement)

2. **Name of bank or financial institution**

3. **Beneficiary account number and/or IBAN**

4. **Bank ID code** (SWIFT code, ACH routing number, sort code, transit number, IFSC, BSB number, NCC, etc.)

5. **Currency of payment** (unless otherwise indicated, the payment of your benefit will be in United States dollars)

6. **Name of branch** (if applicable)

7. **Account type**

○ Checking ○ Savings

8. **Bank address:** street address of bank or financial institution

City

State or province

ZIP or postal code

Country

9. **Intermediary or correspondent bank** (if applicable)

SWIFT code of intermediary or correspondent bank

City of intermediary or correspondent bank

Country of intermediary or correspondent bank

10. **Additional bank account information** (if applicable)

If your account is held at a financial institution, such as a **brokerage firm (individual retirement account), UNESCO USLS, AMFIE/AMFI or UNSSCA**, please specify:

Name of the financial institution

Bank ID code

Beneficiary account number with the financial institution

11. **Other information** (if applicable)

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)

UNJSPF
United Nations Joint Staff Pension Fund

Section 5: Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- The above information is true and correct.
- I have read the instructions for form PENS.E/12 (04.2025).
- I have included with my application any supporting documents relating to both the need for assistance and the associated costs.
- I have provided a copy of **a valid Government-issued photo ID** showing my full name, date of birth and scripted signature.
- I have enclosed **a recently dated bank statement and/or bank document, such as a voided cheque, showing all my banking information**.

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)