UNJSPF
United Nations Joint Staff Pension Fund

**FORM PENS.E/6-A EN**
**Information on how to complete this form is available in the instructions for form PENS.E/6-A (04.2025).**

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

# ELECTION TO DEFER PAYMENT

**under article 32 of the UNJSPF Regulations**
**(for participants with less than 5 years of contributory service)**

## Section 1: Participant information

Unique Identification number (UID) (required) | Pension number (optional) | Date of birth (DD/MM/YYYY)

Last name/surname | First name | Middle name

Number and street of the mailing address | City

State or province | ZIP or postal code | Country

\+ Country code | Area code | Phone number | Personal email

## Section 2: Emergency contact

Last name/surname | First name | Middle name

Number and street of the mailing address | City

State or province | ZIP or postal code | Country

\+ Country code | Area code | Phone number | Relationship | Email

## Section 3: Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I elect to defer the payment of a withdrawal settlement under article 32 of the UNJSPF Regulations for a period of 36 months after separation.
- I have read articles 32 and 46 of the UNJSPF Regulations.
- I have read the instructions for form PENS.E/6-A EN (04.2025).
- I understand that I may request the payment of the benefit at any time during the 36-month period by submitting payment instructions (form PENS.E/6-B (04.2025).

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)