UNJSPF
United Nations Joint Staff Pension Fund

FORM PENS.E/7-A EN
Information on how to complete this form is available in the instructions for form PENS.E/7-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 CHOICE OF BENEFIT

under article 32 of the UNJSPF Regulations
(for participants with 5 years or more 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 choice of benefit under article 32 of the UNJSPF Regulations for up to 36 months after separation.
- I have read articles 24, 24 *bis*, 32 and 46 of the UNJSPF Regulations.
- I have read the instructions for form PENS.E/7-A EN (04.2025).
- I understand that if I fail to submit my benefit election and payment instructions (form PENS.E/7-B) to the Fund within the 36-month deferment period, the Fund will automatically deem that I have elected a deferred retirement benefit.
- I have enclosed a copy of **a valid Government-issued photo ID** showing my full name, date of birth and scripted signature.

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)