



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

## PAYMENT INSTRUCTIONS FOR A BENEFIT

(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:

#### Election of benefit

Please select only **ONE** benefit option. Please read the [instructions for form PENS.E/7-B \(04.2025\)](#) for a description of each option.

#### A. NORMAL RETIREMENT BENEFIT (article 28)

1. Full retirement benefit, paid as a monthly benefit with no lump sum
2. Maximum lump sum and the balance paid as a monthly benefit
3. Fixed lump-sum commutation, provided that it is less than the maximum lump sum, and the balance paid as a monthly benefit

Requested fixed lump sum A3:  
US\$ \_\_\_\_\_

#### B. EARLY RETIREMENT BENEFIT (article 29)

1. Full early retirement benefit, paid as a monthly benefit with no lump sum
2. Maximum lump sum and the balance paid as a monthly benefit
3. Fixed lump-sum commutation, provided that it is less than the maximum lump sum, and the balance paid as a monthly benefit

Requested fixed lump sum B3:  
US\$ \_\_\_\_\_

#### C. DEFERRED RETIREMENT BENEFIT (article 30)

Deferred retirement benefit

#### D. WITHDRAWAL SETTLEMENT (article 31)

A final cash withdrawal settlement, which will extinguish all other entitlements.

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)



## Section 3:

### Bank account information for payment of a monthly benefit under option A or B

Applicable only if you elect a monthly benefit under option A or B

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)

Checking

Savings

6. Name of branch (if applicable)

7. Account type

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)



## Section 4:

Bank account information for payment of a lump sum (if any) or withdrawal settlement under option A, B or D

Applicable only if you elect D or if you want the LUMP SUM under option A or B to be paid to an account other than the one that you indicated for your monthly benefit under section 3

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)

Checking

Savings

6. Name of branch (if applicable)

7. Account type

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)



## Section 5:

### 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 6:

### Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I have read [articles 28, 29, 30, and 31 of the UNJSPF Regulations](#).
- I have read the [instructions for form PENS.E/7-B \(04.2025\)](#).
- I have enclosed 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 and all the required documents, as listed in the [instructions for form PENS.E/7-B \(04.2025\)](#).

Signature (please sign within the lines of the box)

\_\_\_\_\_  
Date (DD/MM/YYYY)