UNJSPF
United Nations Joint Staff Pension Fund

FORM PENS.E/8 EN
Information on how to complete this form is available in the instructions for form PENS.E/8 (04.2025).

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

under article 40 (c) of the UNJSPF Regulations
(for participants with less than 5 years of additional 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

Email _____

Section 2: Election of benefit

Please select **ONE** option only:

- ◯ **A. Full retirement benefit** (article 28)
- ◯ **B. Full early retirement benefit** (article 29)
- ◯ **C. Deferred retirement benefit** (article 30)
- ◯ **D. Withdrawal settlement** (article 31)
- ◯ **E. Deferment of payment or choice of benefit** (article 32)

Section 3: Bank account information

Applicable **only** if you elect option A, B or D

Method of payment (please select **ONE** option only):

- ◯ Pay this benefit using my current payment instructions on record
- ◯ Pay this benefit to the following bank account:

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

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY) _____

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Section 3: (continued)

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)

Section 4: 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 5: Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I I have read the relevant articles 32, 40 and 46 of the UNJSPF Regulations.
- I have read the instructions for form PENS.E/8 (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/8 (04.2025).

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)