

FORM PF.23/A EN Information on how to complete this form is available in the instructions for form PF.23/A (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 THE COMMENCEMENT OF A DEFERRED RETIREMENT BENEFIT

under article 30 of the UNJSPF Regulations

Section 1: Participant information		1.1	
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	
+	Danie and an all		
Country code Area code Phone number	Personal email		
Section 2: Date of commencement of	deferred retirement benefit		
Desired date of commencement (DD/MM/YYY)	")		
Section 3: Bank account information			
1. Payee name (please provide your full name ex	xactly as it appears on your bank statement)		
2. Name of bank or financial institution	3. Beneficiary a	3. Beneficiary account number and/or IBAN	
4. Bank ID code (SWIFT code, ACH routing numl	acrosort sada E Currency of m	compant (upless otherwise indicated the neumant	
transit number, IFSC, BSB number, NCC, etc.)		ayment (unless otherwise indicated, the payment it 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 finar	cial institution City		
State or province ZIP or post	al code Country		
	Signature (please si	ign within the lines of the box)	
Date (DD/MM/YYYY)			

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Section 3: (continued)			
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: Acknowledgement and signature			
I HEREBY ACKNOWLEDGE AND CONFIRM THAT:     I have read the instructions for form PF.23/A (04.2025).      I have read the instructions for form PF.23/A (04.2025).			
<ul> <li>I have enclosed a recently dated bank statement and/or bank documents and all the required documents, as listed in the instructions for form</li> </ul>	PF.23/A (04.2025).		
<ul> <li>I have enclosed a recently dated bank statement and/or bank documents and all the required documents, as listed in the instructions for form</li> </ul>	nent, such as voided cheque, showing all my banking information		
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I have enclosed a recently dated bank statement and/or bank document and all the required documents, as listed in the instructions for form  Date (DD/MM/YYYY)  Section 5: Signature authentication	nent, such as voided cheque, showing all my banking information PF.23/A (04.2025).  Signature (please sign within the lines of the box)  ON 1 ABOVE SIGNED THIS FORM IN MY PRESENCE.		
I have enclosed a recently dated bank statement and/or bank document and all the required documents, as listed in the instructions for form  Date (DD/MM/YYYY)  Section 5: Signature authentication  I, THE UNDERSIGNED, CERTIFY THAT THE PERSON IDENTIFIED IN SECTION  SECTION 1.	nent, such as voided cheque, showing all my banking information PF.23/A (04.2025).  Signature (please sign within the lines of the box)  ON 1 ABOVE SIGNED THIS FORM IN MY PRESENCE.		
I have enclosed a recently dated bank statement and/or bank document and all the required documents, as listed in the instructions for form    Date (DD/MM/YYYY)	nent, such as voided cheque, showing all my banking information PF.23/A (04.2025).  Signature (please sign within the lines of the box)  ON 1 ABOVE SIGNED THIS FORM IN MY PRESENCE.		
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