



If you are on the two-track system, please **DO NOT** use this form to report a change of your country of residence. Please use **form PENS.E/11** instead.
Please type or print the information in BLOCK LETTERS when filling in this form. The page must be dated and hand-signed.

CHANGE OF CONTACT INFORMATION

Section 1:

Retiree or beneficiary information

Unique Identification number (UID) (required)

Pension number (optional)

R/ Retirement number (optional)

Last name/surname

First name

Middle name

Section 2:

Contact information

Number and street of the mailing address

City

State or province

ZIP or postal code

Country

+ Country code Area code Phone number

Email

Section 3:

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 4:

Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- The above information is true and correct.
- I have read the [instructions for form PF.23/M \(04.2025\)](#).
- I have enclosed any other required documents, where applicable, as listed in the [instructions for form PF.23/M \(04.2025\)](#).

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)