



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

## SIGNATURE SPECIMEN OF PARTICIPANT, RETIREE OR BENEFICIARY

### Section 1:

#### Participant, retiree or beneficiary information

|                                                      |                           |                                    |                            |
|------------------------------------------------------|---------------------------|------------------------------------|----------------------------|
| Unique Identification number (UID) (required)        | Pension number (optional) | R/<br>Retirement 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                    |
| +<br>Country code   Area code   Phone number   Email |                           |                                    |                            |

### Section 2:

#### Acknowledgement and signature specimen

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I am providing my signature specimen for the process of registering it with UNJSPF.
- I have read the [instructions for form PENS.S/1 \(04.2025\)](#).
- 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)

### Section 3:

#### Signature authentication

I, THE UNDERSIGNED, CERTIFY THAT THE PERSON IDENTIFIED IN SECTION 1 ABOVE SIGNED THIS FORM IN MY PRESENCE.

|                                                                                          |       |
|------------------------------------------------------------------------------------------|-------|
| Printed full name of the United Nations official OR government official OR notary public | Email |
| Official title and licence OR index number                                               |       |

Signature

Date (DD/MM/YYYY)

Affix official stamp/seal of office here