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)

6. Name of branch (if applicable)

7. Account type

- ○ Checking
- ○ Savings

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)