



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

CHANGE IN PAYMENT INSTRUCTIONS

Section 1: Retiree or beneficiary or estate administration information

Unique Identification number (UID) (required) Pension number (optional) R/ Retirement number (optional) Date of birth (DD/MM/YYYY)

Last name/surname First name Middle name

If you have multiple retirement numbers, the change will be applied to all your benefits, unless you check the box below.

Apply the change to the above retirement number only.

Number and street of the mailing address City

State or province ZIP or postal code Country

+ Country code Area code Phone number Personal email

Section 2: Bank account information

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

8. Bank address: street address of bank or financial institution

City

State or province ZIP or postal code

Country

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)



Section 2: (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 3: Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I have read the [instructions for form PF.23 \(04.2025\)](#).
- 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 voided cheque, showing all my banking information.

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)

Section 4: Signature authentication

This section is required only if you sign the form by affixing your thumbprint in lieu of a scripted signature or if your signature has changed.

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 (if applicable)

Signature

Date (DD/MM/YYYY)

Affix official stamp/seal of office here

For administrative reasons, the above payment instructions must remain in force for at least one year.