

UNITED NATIONS JOINT STAFF PENSION FUND

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PAYMENT INSTRUCTIONS FOR COMMENCEMENT OF DEFERRED RETIREMENT BENEFIT UNDER ARTICLE 30

IMPORTANT

Please Enter Your
Retirement Number

PLEASE PRINT OR TYPE

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I, _____
(SURNAME) (FIRST) (MIDDLE)

hereby submit payment instructions for my deferred retirement benefit that becomes payable in accordance with Article 30 of the UNJSPF Regulations

CURRENCY OF PAYMENT: _____
(Please Specify)

ACCOUNT TYPE: _____
(Checking/Savings)

NAME OF FINANCIAL INSTITUTION	BANK ACCOUNT NUMBER / IBAN
(SWIFT CODE of Financial Institution)	Please provide any other bank identifiers like local routing codes (e.g., ABA, ABI/CAB, BLZ, Sort code, etc.)
(ADDRESS)	
(CITY, STATE, POSTAL CODE, COUNTRY)	

NOTE: To facilitate transfer of funds, please provide a document from your bank indicating bank codes and preferred routing for international payments.

Beneficiary Contact Details:

Mailing Address: _____

E-Mail: _____

Phone: _____

Date: _____
(Day)(Month)(Year)

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Beneficiary's Signature ¹

IMPORTANT: BENEFICIARY'S SIGNATURE WITNESSED, VERIFIED AND CERTIFIED AS AUTHENTIC BY:

(Full Name of UN Officer or Governmental Authority)

(Title)

(Signature) ¹

Date: _____
(Day)(Month)(Year)

AFFIX OFFICIAL STAMP/SEAL HERE

¹ The completed form bearing ORIGINAL SIGNATURE must be submitted to the Fund: no faxes or e-mails will be accepted.