



UNITED NATIONS JOINT STAFF PENSION FUND
PARTICIPANT SIGNATURE SPECIMEN FORM

First Name: _____ Last Name: _____

Organization Acronym: _____

UNJSPF ID:

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Employer ID/Index Number :

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You may use this form to register your signature with UNJSPF. UNJSPF will retain this signature on file for comparison against signatures you may later submit. Having a signature on file may reduce the time necessary to process benefit payments. **This form must be signed in the presence of a UN Official or Government Authority**, who is required to authenticate the form with their full name, official title, and signature, and affix their office stamp. Once completed, return the signed form, **with a copy of your government issued ID bearing your name, date of birth, photograph and signature** to UNJSPF via Member Self-Service upload or by mail.

Signature Specimen

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Please remain within the lines of the box.

UN Official/Government Authority:

First Name: _____ Last Name: _____

Title: _____ Date: _____

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(DD / MM /YY)

Signature of UN Official/Government Authority

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Office Stamp/Seal

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