



UNITED NATIONS JOINT STAFF PENSION FUND

NEW YORK (Headquarters)
c/o United Nations P.O. Box 5036 NY, NY 10163-5036
Tel: (212) 963-6931; Fax: (212) 963-3146
E-mail: UNJSPF@UN.ORG
Web: <http://www.unjspf.org>

OFFICE AT GENEVA
PALAIS DES NATIONS
CH-1211, Geneva 10
Tel: +41 (0) 22 928-8800; Fax: +41 (0) 22 928-9099
E-mail: UNJSPF.GE@UN.ORG
Web: <http://www.unjspf.org>

PAYMENT INSTRUCTIONS FOR COMMENCEMENT OF DEFERRED RETIREMENT BENEFIT UNDER ARTICLE 30

PLEASE PRINT OR TYPE

IMPORTANT

Please Enter Your Retirement Number

UNJSPF ID

R/					
----	--	--	--	--	--

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)

Payee name as shown on account: _____
(SURNAME) (FIRST) (MIDDLE)

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: _____
dd/mm/yyyy

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: _____
dd/mm/yyyy

AFFIX OFFICIAL STAMP/SEAL HERE

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