

SECTION 1: PARTICIPANT INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------------------|----------------------|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Unique Identification Number (UID) (Required) | | | | | | | | Pension Number (Optional) | | | | | | Retirement Number (Optional) | | | | | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | R/ | <input type="text"/> |
| Last name | | | | | | | | First name | | | | | | Middle name | | | | | | | | |
| Date of Birth (DD/MM/YYYY) | | | | | | | | Organization | | | | | | Duty Station | | | | | | | | |
| Telephone Number (including country code and/or area code) | | | | | | | | | | | | Work E-mail | | | | | | | | | | |

SECTION 2: PRIOR-CONTRIBUTORY SERVICE IN THE CASE OF A DEFERRED RETIREMENT BENEFIT

| Organization | Date from (DD/MM/YYYY) | Date to (DD/MM/YYYY) |
|----------------------|-------------------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please submit a separate form for each period of prior-contributory service you are interested in restoring.

SECTION 3: ACKNOWLEDGEMENT AND SIGNATURE

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I am interested in restoring my prior contributory service for a period of service for which I previously elected a deferred retirement benefit that is not yet in payment, as specified in Section 2 above, in accordance with Article 24 *bis*.
- I understand that failure to make my election to restore within one year of my re-entry to the Fund will result in forfeiture of my right to restore the period of contributory service under Article 24 *bis*.
- I have read Article 24 *bis* of the UNJSPF Regulations and Section F of the Administrative Rules.
- I have read *Instructions Form PENS.C/8 (Rev.05.2023)*: <https://www.unjspf.org/resources/forms/>
- I hereby request the UNJSPF to provide me with an estimate of the impact of restoring contributory service from my deferred retirement benefit.
- I understand that restoration of my prior contributory service will not proceed unless and until I submit a final Election to Restore, on the PENS.C/9 form in accordance with instructions to be provided to me with the estimate. I understand that the PENS.C/9 must be submitted within sixty (60) days of receipt of the estimate.

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)



Go to <https://www.unjspf.org/resources/forms/> for more information.

APPLICABLE ONLY TO NEW ENTRANTS OR RE-ENTRANTS:

It may be possible to validate prior non-contributory service and/or restore prior contributory service, if any, under articles 23 & 24 of the UNJSPF Regulations, provided that you apply within one year of your entry/re-entry date to the Fund, but before separation should you separate from service earlier. You may also avail yourself of the provisions of any transfer agreement entered by the Fund for the purpose of securing continuity of pension rights under article 13 of the Regulations of the Fund, in accordance with the terms of the relevant agreement. For more information, please visit the UNJSPF website at www.unjspf.org.