



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

DECLARATION OF COUNTRY OF RESIDENCE (for the two-track system only)

Section 1: Retiree or beneficiary 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

+ Country code Area code Phone number Personal email

Section 2: Declaration of country of residence

Number and street address (PO Box or (c/o) addresses not accepted) City

State or province ZIP or postal code Country of residence

Section 3: Proof of residence and supporting documents

I have attached (check the applicable box):

A certificate of residence issued by a local government officer or the local police (required)

A duly completed, dated and signed original change of payment options form (form PF.23) (please note that the submission of this form is optional and necessary **ONLY** if you would like to change your payment instructions and/or currency of payment)

Section 4: Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I have read the [instructions for form PENS.E/10 \(04.2025\)](#) and the relevant provisions of the UNJSPF Regulations, Rules and Pension Adjustment System governing the two-track system.
- I elect to have my benefit paid in accordance with the two-track provisions of the Pension Adjustment System.
- I understand that my election is irrevocable.
- I reside at least six months of every year in my declared country of residence.
- I understand that the two-track system may be suspended for my country of residence in accordance with the provisions of the Pension Adjustment System.
- I undertake to notify the Fund of any change in my country of residence as soon as it occurs. I understand that failure to do so, or providing a false statement, may lead to the loss of any cost-of-living adjustments in accordance with the Pension Adjustment System.
- The above information is true and correct.

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)