



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

PAYMENT INSTRUCTIONS FOR A DISABILITY BENEFIT under article 33 of the UNJSPF Regulations

Section 1: Participant information

Unique Identification number (UID) (required)		Pension number (optional)	Date of birth (DD/MM/YYYY)
Last name/surname		First name	Middle name
Number and street of the mailing address		City	
State or province	ZIP or postal code		Country
+ Country code	Area code	Phone number	Personal email

Section 2: Bank account information

1. Payee name (please provide your full name exactly as it appears on your bank statement)	
2. Name of bank or financial institution	3. Beneficiary account number and/or IBAN
4. Bank ID code (SWIFT code, ACH routing number, sort code, transit number, IFSC, BSB number, NCC, etc.)	5. Currency of payment (unless otherwise indicated, the payment of your benefit will be in United States dollars)
6. Name of branch (if applicable)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings 7. Account type
8. Bank address: street address of bank or financial institution	City
State or province	Country
9. Intermediary or correspondent bank (if applicable)	SWIFT code of intermediary or correspondent bank
City of intermediary or correspondent bank	Country of intermediary or correspondent bank

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)



Section 2: (continued)

10. Additional bank account information (if applicable)

If your account is held at a financial institution, such as a **brokerage firm (individual retirement account), UNESCO USLS, AMFIE/AMFI or UNSSCA**, please specify:

Name of the financial institution _____ Bank ID code _____

Beneficiary account number with the financial institution _____

11. Other information (if applicable)

Section 3: Emergency contact

Last name/surname _____ First name _____ Middle name _____

Number and street of the mailing address _____ City _____

State or province _____ ZIP or postal code _____ Country _____

+ _____
Country code Area code Phone number Relationship Email

Section 4: Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I have read [article 33 of the UNJSPF Regulations](#).
- I have read the [instructions for form PENS.E/2-A \(04.2025\)](#).
- I have enclosed a copy of a **valid Government-issued photo ID** showing my full name, date of birth and scripted signature.
- I have enclosed a **recently dated bank statement and/or bank document** showing all my banking information or a **voided cheque and all the required documents**, as listed in the [instructions for form PENS.E/2-A \(04.2025\)](#).

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)