UNJSPF
United Nations Joint Staff Pension Fund

FORM PENS.E/2-B EN
Information on how to complete this form is available in the instructions for form PENS.E/2-B (04.2025).

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 SURVIVORS' BENEFITS

Section 1: Deceased participant or retiree information

Unique Identification number (UID) (required) _____

Pension number (optional) _____

Last name/surname _____

First name _____

Middle name _____

Section 2: Survivor information

Unique Identification number (UID) (required) _____

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

_____ Email

Section 3: Appointed legal guardian information (if applicable)

Last name/surname _____

First name _____

Middle name _____

\+ _____ Country code

_____ Area code

_____ Phone number

_____ Email

Section 4: Type of benefit(s) due under the UNJSPF Regulations

Please select the type of benefit(s) due under the UNJSPF Regulations:

- ○ **Surviving spouse's benefit** (article 34)
- ○ **Divorced surviving spouse's benefit** (article 35 *bis*)
- ○ **Spouse married after separation** (article 35 *ter*)
- ○ **Child's benefit** (article 36)
- ○ **Secondary dependant's benefit** (article 37)

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY) _____

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Section 5: 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)

7. **Account type**

○ Checking ○ Savings

8. **Bank address:** street address of bank or financial institution

City

ZIP or postal code

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

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)

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)

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Section 6: 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 7: Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I have read the relevant article(s) of the UNJSPF Regulations.
- I have read the instructions for form PENS.E/2-B (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-B (04.2025).

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)

Section 8: Signature authentication

I, THE UNDERSIGNED, CERTIFY THAT THE PERSON IDENTIFIED IN SECTION 2 OR 3 ABOVE SIGNED THIS FORM IN MY PRESENCE.

Printed full name of the United Nations official **OR** government official **OR** notary public | Email

Official title and licence **OR** index number

Signature

Date (DD/MM/YYYY)

Affix official stamp/seal of office here