



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

ELECTION TO DEFER CHOICE OF BENEFIT

under article 32 of the UNJSPF Regulations
(for participants with 5 years or more of contributory service)

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: 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 3: Acknowledgement and signature

I HEREBY ACKNOWLEDGE AND CONFIRM THAT:

- I elect to defer the choice of benefit under article 32 of the UNJSPF Regulations for up to 36 months after separation.
- I have read articles [24](#), [24 bis](#), [32](#) and [46](#) of the [UNJSPF Regulations](#).
- I have read the [instructions for form PENS.E/7-A EN \(04.2025\)](#).
- I understand that if I fail to submit my benefit election and payment instructions ([form PENS.E/7-B](#)) to the Fund within the 36-month deferment period, the Fund will automatically deem that I have elected a deferred retirement benefit.
- I have enclosed a copy of a **valid Government-issued photo ID** showing my full name, date of birth and scripted signature.

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)