



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 BENEFIT

under article 40 (c) of the UNJSPF Regulations
(for participants with less than 5 years of additional 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 | Email |

Section 2: Election of benefit

Please select **ONE** option only:

- A. Full retirement benefit (article 28)
- B. Full early retirement benefit (article 29)
- C. Deferred retirement benefit (article 30)
- D. Withdrawal settlement (article 31)
- E. Deferment of payment or choice of benefit (article 32)

Section 3: Bank account information

Applicable **only** if you elect option A, B or D

Method of payment (please select **ONE** option only):

Pay this benefit using my current payment instructions on record

Pay this benefit to the following bank account:

| | |
|--|---|
| 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 <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

Signature (please sign within the lines of the box)

Date (DD/MM/YYYY)

