

Annex: p-4

## UNITED NATIONS JOINT STAFF PENSION FUND

NEW YORK (Headquarters) P.O. Box 5036 UNITED NATIONS, N.Y. 10017 Tel: (212) 963-6931 OFFICE AT GENEVA c/o PALAIS DES NATIONS CH-1211, Geneva 10 Tel: +41 (0) 22 928-8800

## CHANGE IN PAYMENT INSTRUCTIONS

Please Enter Your Retirement Number

PLEASE PRINT DR TYPE		R/
(SURNAME)	(FIRST)	(MIDDLE)
MAILING ADDRESS:	The process of the second second	
Telephone No:	e-mail:	
MAKE PAYMENT TO MY ACCOU	NT AS FOLLOWS:	
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CURRENCY OF PAYMENT:	lease specify)	
CURRENCY OF PAYMENT:	lease specify)	BANK ACCOUNT NUMBER
CURRENCY OF PAYMENT:		BANK ACCOUNT NUMBER
CURRENCY OF PAYMENT:  (PI  NAME OF FINANCIAL INSTITUTION	Obtain from v	BANK ACCOUNT NUMBER  Four bank a SWIFT, ABA, Routing, BLZ, ABI, CAB, sorting code, etc. as required for wire transfer
CURRENCY OF PAYMENT:  (PI  NAME OF FINANCIAL INSTITUTION  (NAME OF BRANCH, IF APPLICABLE)	Obtain from y IBAN or	rour bank a SWIFT ABA. Routing, BLZ, ABI, CAB.
CURRENCY OF PAYMENT:  (P)  NAME OF FINANCIAL INSTITUTION  (NAME OF BRANCH, IF APPLICABLE)  (ADDRESS)	Obtain from y IBAN or IBAN or the USA and Switzerland ONLY, please to facilitate the receipt of your benefit.	our bank a SWIFT, ABA, Routing, BLZ, ABI, CAB, sorting code, etc. as required for wire transfer a provide a document from your bank

NOTE: The completed form bearing your original signature must be submitted to the Fund, no faxes or e-mails will be accepted. Following the receipt of the form, the required change might take up to 6 weeks to implement.