UNITED NATIONS JOINT STAFF PENSION FUND

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I(SURNAME) hereby notify the UNJSPF of a change	(FIRST) in my mailing address as s	hown below:	(MI	DDLE)		_	
Mailing Address:							
Additional contact information:							
E-Mail:							
Phone No.:							
Date:(Day) (Month) (Year)				Signa	ature ¹		

¹ The completed form bearing <u>YOUR ORIGINAL SIGNATURE</u> must be submitted to the Fund; no faxes or e-mails will be accepted.