

PO Box 1246 Sutherland House Russell Way Crawley RH10 0HZ

www.equiniti.com Tele: 0345 121 2514

Pension Reference:

Application for payment of pension in BMD currency by direct deposit to: ${\bf Bermuda}$

art 1 - Personal Details - Please cor Forename:	Family name:
Full Beneficiary Address Required : (PO BC	DXES are not accepted)
Contact Telephone Number:	
Part 2 – Overseas Bank Details – Plea	ase complete in full
Full Name of Bank or Financial Institution:	ase complete in run
Full Address of Bank or Financial Institution	
Full Address of Bank of Financial Institution	1:
Full name of the beneficiary account holder including spaces:	r (as quoted on the account) - up to 35 alphabetic characters
ank Identification Code (Swift BIC) (full 11 character BIC required - if 8 characters last 3 = XXX)
	uli 11 chidiacter pro required - ii o characters last 3 – XXX)
Bank Account Number	
Account Type	
(0 = Cheque/Current, 1 = Savings)	
Payment reason:	
Part 3 –Please sign below:	
Signed:	Date:
_	
details) by third party banking agents over which the you should be aware that data is necessarily transmi- certain jurisdictions Equiniti Group and/or the Payme	of your personal data (i.e. name, address, bank account and payment Equiniti Group and the Payment Agent have no control. In addition itted outside the UK, where Data Protection controls may differ. In ent Agent may be required to provide details such as your full name ering or anti-terrorism requirements.