

PO Box 1246 Sutherland House Russell Way Crawley RH10 0HZ www.equiniti.com Tele: 0345 121 2514

Application for payment of pension in EUR currency by direct deposit to: Finland

Part 1 - Personal details – please complete in full	
Forename:	Family name:
Address:	
Contact telephone number:	
Part 2 – Overseas bank details – pl	ease complete in full
Full name of bank or financial institut	ion:
Full address of bank or financial instit	tution:
Full name of the beneficiary account including spaces:	holder (as quoted on the account) - up to 35 alphabetic characters
ank Identification Code (Swift BIC) (f.	ull 44 abaractor DIC required if 9 abaractors last 2 VVV
ank identification code (Swift Bic) (it	ull 11 character BIC required - if 8 characters last 3 = XXX)
ternational Bank Account Number (IB	AN) (18 continuous alpha/numeric characters)
FI	
Account type (0 = cheque/current, 1 =	savings)
art 3 – Please sign below:	
Signed:	Date:
details) by third party banking agents over which t you should be aware that data is necessarily trans	ng of your personal data (i.e. name, address, bank account and payment the Equiniti Group and the Payment Agent have no control. In addition smitted outside the UK, where Data Protection controls may differ. In ment Agent may be required to provide details such as your full name ndering or anti-terrorism requirements.

02/2021 v Finland