

Method of Payment Form

If you would like any assistance completing this form, please contact the Pensions Team on 0345 304 74 74.

Name: _____ Pension no: _____

Please complete in block capitals, including postcode:

Personal Details

National Insurance no:

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Date of birth: _____ / _____ / _____

Address: _____

Postcode: _____ Telephone no: _____

E-mail: _____

Bank Account Details

Please note the account details provided must be in name of the person who will be in receipt of the pension.

ACCOUNT HOLDER: _____

ACCOUNT NUMBER (8 digits required):

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SORT CODE (6 digits required):

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ROLL NUMBER: (if applicable) _____

IBAN NUMBER: (overseas accounts only) _____

SWIFT NUMBER: (overseas accounts only) _____

I certify that all of the information above is correct and complete to the best of my knowledge.

Signed: _____ Date: _____ / _____ / _____

Print Name: _____