Pension Reference:

Application for payment of pension in BMD currency by direct deposit to: **Bermuda**

Forename:	Family name:
Full Beneficiary Address Required : (PO BO	OVES are not accepted)
full belieficiary Address Required . (FO bo	JAES are not accepted)
Contact Telephone Number:	
art 2 – Overseas Bank Details – Ple	ase complete in full
Full Name of Bank or Financial Institution:	•
Full Address of Bank or Financial Institution	า:
full name of the beneficiary account holder account holder account account holder account a	r (as quoted on the account) - up to 35 alphabetic characters
ale I danstification Code (Code DIC)	
nk identification Code (Swift BIC) (full 11 character BIC required - if 8 characters last 3 = XXX)
Bank Account Number	
count Type	
= Cheque/Current, 1 = Savings)	
Payment reason:	
art 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.