Pension Reference:

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

Part 1 - Persoi	nal Details – Plea	se complete	in full					
Forename:		Family n	ame:					
Address:								
Contact Telephor	ne Number:							
Part 2 - Overs	ose Bank Dotaile	- Plassa ca	mploto in	fII				
	eas Bank Details ik or Financial Institu		iipiete iii	iuii				
<u> </u>		•••						
Full Address of B	ank or Financial Ins	iltution:						
	beneficiary account	holder (as quot	ed on the a	ccount) -	up to 35 a	lphabetic	charact	ters
including spaces:								
ank Identificat	tion Code (Swift	BIC) (full 11 cha	racter BIC rec	uired - if 8	characters	s last 3 =	XXX)	
			<u> </u>					
nternational Ba	ink Account Num	iber (IBAN) (2	25 continuous	alpha/nume	ric charac	ters)		
PT								
					II		11	
Account Type								
(0 = Cheque/Current	t, 1 = Savings)							
art 3 – Please s	sian helow:							
art o Tricase s	sign below:							
Signed:			Date:					
-								
By signing this Form	you consent to the proce	essing of your pers	onal data (i.e.	name, add	ress, bank	c account	and pa	ayment
details) by third party	banking agents over wh that data is necessarily	ich the Equiniti Gro	oup and the Pa	ayment Age	ent have n	o control.	. In addi	lition
certain jurisdictions E	equiniti Group and/or the	Payment Agent ma	ay be required	to provide				
and address, to comp	oly with local anti-money	laundering or anti-	terrorism requ	ıırements.				