

REQUEST FOR PAYMENT OF PENSION BY BANK TRANSFER



PERSONAL DETAILS				
Name:				(Mr/Mrs/Miss/Ms)
Address:				
Date of Birth:		National Insurance no:		
Date pension to commence:				

Please complete **either** your bank **or** building society details below:

BANK DETAILS			
Name and address of bank:			
Sort code:		Account number:	

BUILDING SOCIETY DETAILS			
Name and address of building society:			
Sort code:		Account number:	
Roll number:			

VERIFICATION OF DETAILS	
Signature:	Date:

Please return this form to Wiltshire Pension Fund, County Hall, Trowbridge, Wiltshire BA14 8JN