

**Beneficiary Mandate**  
**APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER**  
**GERMANY**    **Note - Each field on the mandate form must be completed.**

Part 1 Beneficiary Details

Surname \_\_\_\_\_ Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Tel No or Email Address \_\_\_\_\_

Reference Number

Part 2 Account details      **Please note you must fill in ALL details requested in this section, failure to do so WILL result in a delay in processing your pension.**

Name & Address of Bank \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BIC or SWIFT Code \_\_\_\_\_

A maximum of an **8-figure bank code** (ignore the letters BLZ if given), followed by a maximum **10-figure account number** to be prefixed by zeros if less than 10 digits.

Bank Code

Account Number:

International Bank Account Number (IBAN):

Please contact your bank or financial institution if you require clarification on the above banking requirements. Alternatively, If possible, please forward a void cheque or deposit slip (to CAPITA).

The account is in the name of

Part 3 Please read and sign below

I confirm that the information supplied above is correct and wish my payment to be paid by Direct Credit transfer to the account quoted above.

Signature       Date