

Beneficiary Mandate
APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER
NEW ZEALAND 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 **6-figure bank code**, followed by a **10-figure account number**.

Bank Code:

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Account Number:

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(Leading zero's that are part of an account number must be shown).

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