

Beneficiary Mandate
APPLICATION FOR RECEIPT OF PAYMENT VIA DIRECT BANK TRANSFER
USA (Note - Each field on the mandate form is mandatory to enable payments to the USA).

**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.**

Part 1 Beneficiary Details

Full name _____

Street Address: _____

City & State: _____

Postal Code: _____

Tel No or Email Address _____

Reference Number

Part 2 Account details: Bank Name _____

Bank Address: _____

BIC or SWIFT Code _____

A **9-figure routing code**, followed by a maximum **17-figure account number**. Please indicate if the account is a checking account or a savings account.

Routing Code:

Account Number:

Account Type (please delete as appropriate). **Please note this is essential information.**
1. Current 2. Saving

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).
Please check that the type of account you have supplied accepts direct payments from overseas.

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