International payment mandate form



If you would like your Pension provider to instruct Convera UK Financial Limited (Convera) to pay your pension into your overseas bank account please complete the form below. Please use the amendable fields below or if printed in BLOCK CAPITALS using black ink.

Country	Canada				
Beneficiary Details					
Beneficiary name Address		Pension nun Ref no.	nber/		
City Post code/ Zip code		Country Email addres	SS		
Banking Inf	ormation				
Receiving bank name		Beneficiary bank Swift code (11 digit)			
Receiving ba	nk address	Beneficiary l	oank routing (9 dig	it** Transit Code)	**4 digit bank code plus 5 digit Institution transit code**
City	Country	Post code/Zi	p code	Currency of acco	unt
Beneficiary b	ank account number	Account name (name as quoted on bank account)			
Type of accou	unt (cheque, savings etc.)	Purpose of payment			
Declaration					
payments to The informat	irm that the information provided above is correct to be paid into the account noted above. ion you provide within this form will be used by Conv ferred to Convera's affiliate companies and securely	era to process	your pension payn	nents. The informa	
Signature			Date		
For pension p	provider use only				
Signature			Date		