## 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 Guinea-Bissau

| Beneficiary Details                    |                               |  |
|--|-------------------------------|--|
| Beneficiary<br>name                    |                               | Pension number/<br>Ref no.   |
| Address                                |                               |  |
| City                                   |                               | Country  |
| Post code/<br>Zip code                 |                               | Email address  |
| Banking Information                    |                               |  |
| Receiving bank name                    |                               | Beneficiary Bank Swift Code (8 or 11 characters) 11 digit is recommended |
| Receiving bank address                 | S                             |  |
| City                                   | Country                       | Post code/Zip code Currency of account                                   |
| Beneficiary Account Nu                 | umber (25 digit IBAN required | (k   |
| Type of account (cheque, savings etc.) |                               | Account name (name as quoted on bank account)                            |
| Purpose of payment                     |                               |  |

## Declaration

I hereby confirm that the information provided above is correct to the best of my knowledge, and confirm that I wish for my pension payments to be paid into the account noted above.

The information you provide within this form will be used by Convera to process your pension payments. The information you provide may be transferred to Convera's affiliate companies and securely held in a database in the United States.

| Signature     |                   | Date |
|---------------|-------------------|------|
| For pension p | provider use only |      |
| Signature     |                   | Date |

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