INTERNATIONAL PAYMENT MANDATE FORM



	your Pension provider to instruct Western Union ank account please complete the form below in E			
Country	FRANCE	Currency Code	EUR	
Beneficiary D	etails	D : 1 (0		
Beneficiary Name		Pension number/R	Ref number	
Address				
City		Country	Country	
Doct Code/7in Code		Frank Address		
Post Code/Zip Code		Email Address		
Banking Infor	mation			
Receiving Bank Name		Beneficiary Bank St	Beneficiary Bank Swift Code (8 or 11 characters) 11 digit is recommended	
Receiving Bank Addr	occ			
Receiving Bank Addi	655			
City		Country	Country	
Post Code/Zip Code		Currency of Accou	Currency of Account	
Beneficiary Account Number (27 digit IBAN required)				
Account Name (Nam	ne as quoted on bank account)	Type of Account (0	Type of Account (Cheque, Savings, Current etc)	
Purpose of Payment				
paid into the accoun				
The information you provide within this form will be used by WUIB to process your pension payments. The information you provide may be transferred to WUIB's affiliate companies and securely held in a database in the United States.				
Signature		Date:		
For Pension Provider Use Only				
Signature		Date:		

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