

**Merchant Navy Officers Pension Fund
Benefit Payment Mandate Form**

Your Details (please complete in full)	
Name:
Address:
Your membership number:
Your date of birth:
Your National Insurance number:

Please note:

- We cannot pay your money into an account which is not your own;
- Unless otherwise stated, payments will be made by direct payment to your account;
- Take care when completing this form as any errors could lead to your payment being rejected or being paid to someone else's account, which might take you considerable time to reclaim.

Please pay my money into my Bank/Financial Institution account as detailed below.

Name of Bank/Financial Institution:

Account Holder Name(s):

(This MUST be the name as stated on your bank statement or bank card)

Sort Code:

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Account Number:

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You can get this from your bank statement or chequebook, this is not the long number on your debit card.

Some Post Office Accounts do not accept payments, other than state benefits.

Roll Number (if applicable):

For overseas or non-GBP accounts please provide the following information:

SWIFT (BIC) (*mandatory*):

Routing/BSB/Transit Number (if applicable):

Account Number / IBAN (delete as appropriate):

Intermediary Swift (BIC) (if applicable):

Intermediary Account Number (if applicable):

Currency of Account (3 letter currency code):

I accept that SWIFT payments may incur a bank charge and will be converted at the banks exchange rate at the time of payment. Any incorrect or missing information will incur delays and may result in additional costs.

Signed (by member):

Date:

Name (block capitals):