## International payment mandate form

ISLE OF MAN

Country



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 blank ink.

| Beneficiary   | Petails   |                    |  |
|---|---|--------------------|--|
| Beneficiary   | Details   |                    |  |
| Beneficiary   |   | Pension nur        | mber/  |
| name  |   | Ref no.            |  |
| Address   |   |                    |  |
|   |   |                    |  |
| City  |   | Country            |  |
| Post code/  |   | Email address      |  |
| Zip code  |   |                    |  |
| Banking Int   | formation   |                    |  |
| Receiving ba  | nk name   | Beneficiary F      | Bank Swift Code (8 or 11 characters) 11 digit is recommended |
| Receiving ba  | TIKTIGITIE  | Deficitedly E      | ann swite code (o or in characters) in digit is recommended  |
|   |   |                    |  |
| Receiving bank address  |   |                    |  |
|   |   |                    |  |
| City  | Country   | Post code/Z        | ip code Currency of account                                  |
|   |   |                    |  |
| Beneficiary Account Number (22 digit IBAN required)   |   |                    | 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 trans  | sferred to Convera's affiliate companies and securely h | neld in a datab    | pase in the United States.                                   |
| Signature   |   |                    | Date   |
|   |   |                    |  |
|   |   |                    |  |
| For pension provider use only   |   |                    |  |
|   |   |                    |  |
| Signature   |   |                    | Date   |
|   |   |                    |  |