

The Adviser SIPP

Change of Bank Account

For security reasons, please note this instruction will not be acted upon until we have received the original completed and signed form, a valid copy of your bank statement (as detailed below) and security checks have been completed.

01. Member Details

Please ensure all details below are completed. Missing details may delay payments.

Forename(s)	Surname	Date of Birth (DD/MM/YYYY)
Telephone number (for security purposes, we will call you to verify that this instruction came from you)		

02. New Bank Details

Payments can only be made to an account held in the Member's name, either solely or jointly.

I request that benefits are to be paid to the following bank account, which is held solely or jointly in my name:

Bank Name	Bank Address
Payee Name	
Account Number	Sort Code
SWIFT / BIC Code	IBAN Number
Building Society reference or roll number	Account Currency

For bank account verification purposes a valid copy of your bank statement must be attached. This statement must be on the bank's headed paper, match the bank account details provided above, clearly show your full name, address and be dated within the last six months. A download from the internet is acceptable provided it is in a non-editable format and certified by a suitable certifier.

Bank Statement Attached	<input type="checkbox"/> Original Statement	<input type="checkbox"/> Certified Copy of Statement
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I confirm that the information provided in this Form is to the best of my knowledge true and correct.

Member's Signature	Date (DD/MM/YYYY)
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Please return this completed form to:

iPensions Group Limited
2nd Floor, Marshall House
2 Park Avenue,
Sale,
M33 6HE

For Office Use Only

Processed by: _____ Date: _____	Security check completed by: _____ Date: _____	Approved by: _____ Date: _____
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