

The Core SIPP

Change of Bank Account

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. Bank Details

I confirm that I would like to have all future benefit payments made to the following bank account, held in my own name**:

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

*Please note where the form is received directly from the Member, this instruction will not be acted upon until security checks have been completed.

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

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)
--------------------	-------------------

For Office Use Only

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