

The Platform 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 comp	oleted. Missing o	details may delay payment	ts.
Forename(s)	Surname		Date of Birth (DD/MM/YYYY)
Telephone number (for security purposes, we v	vill call you to verify	that this instruction came from	n you)
02. New Bank Details			
Payments can only be made to an account I request that benefits are to be paid to the			
Bank Name		Bank Address	
Payee Name			
Account Number		Sort Code	
SWIFT / BIC Code		IBAN Number	
Building Society reference or roll number		Account Currency	
the state of the s	etails provided ab	ove, clearly show your full n	tached. This statement must be on the bank name, address and be dated within the last s rmat and certified by a suitable certifier.
Bank Statement Attached		Original Statement	Certified Copy of Statement
I confirm that the information provided	in this Form is t	o the best of my knowled	ge true and correct.
Member's Signature Date (DD/MM/YYYY)			YYY)
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:	Security check c	ompleted by:	Approved by:
Date:	Date:		Date: